

EMPLOYER FORM: 12-MONTH POST-COMPLETION OPT

Please select ONE:

I have added my new employer information into the SEVP Portal. I am submitting this form to fulfill my OPT reporting requirements.

I also ended my previous employment with _____ on _____

I have updated my current OPT employer's information (address, email, supervisor's name, etc.) in the SEVP Portal. I am submitting this form to fulfill my OPT reporting requirements.

SURNAME FIRST NAME(S) UMKC ID #

Your Current U.S. Address: _____

EMPLOYER INFORMATION:

COMPANY NAME COMPANY WEBSITE

STREET NUMBER AND NAME CITY STATE ZIP CODE

SUPERVISOR'S SURNAME SUPERVISOR'S FIRST NAME(S) SUPERVISOR'S TITLE

SUPERVISOR'S EMAIL SUPERVISOR'S PHONE NUMBER

Please state your employer's EIN or FEIN number (This is NOT the E-Verify number): _____

Please state your job title: _____ Please confirm your start date: _____

Explain how this employment is related to your course of study (please attach a separate page if needed):

PLEASE READ:

- ✓ I certify that the above information is true and correct and that by electronically signing this form that I have read and acknowledged all of the information on these forms.
- ✓ I certify that I understand the rules and regulations of my F-1 visa as well as Post-Completion OPT .
- ✓ I understand the unemployment limits and regulations of my visa: 90 days for OPT.
- ✓ I understand that termination due to exceeding unemployment days or not reporting to my DSO within 10 days of any change in employment is solely my responsibility as the F-1 visa holder.
- ✓ **I understand I must validate my employment and US address with ISAO every 6 months.**
- ✓ I understand my job must be directly related to my field of study and that I must work more than 20 hours per week.
- ✓ I understand that any change in my mailing/residential address, phone number, employer, interruption in employment, termination of employment, or any other change in employment **MUST** be reported to ISAO and the SEVP Portal within 10 days of the change.
- ✓ I understand that any change in my name, visa status, transfer to another school, or change in degree level **MUST** be reported to ISAO within 10 days of the change.

ELECTRONIC SIGNATURE: _____ DATE: _____