Optional Practical Training Reporting Form

Report OPT employment, change of name or change of address using this form. Return form to ISSS visa email at isss@temple.edu

Your username (joanw@temple.edu) will be recorded when you submit this form. Not joanw? Sign out

* Required

1. Employment Type *
   - Mark only one oval.
   - New, First time Employment
   - Concurrent Employment - working for two or more employers at the same time.
   - New Employment - remove all other employers from SEVIS
   - Other: ________________________________

2. If New Employment - remove all other employers from SEVIS. List end date with previous employer below
   - Example: December 15, 2012

3. Employer Name *
   - ______________________________________

4. Employer - Self Employed
   - Check all that apply.
     - Other: ________________________________

5. Job Title
   - ______________________________________

6. Start Date
   - Example: December 15, 2012

7. End Date
   - Example: December 15, 2012
8. Employer EIN/Tax ID (Highly Recommended Not Required)

9. Full Time / Part Time
   Mark only one oval.
   - Full Time: more than 20 hours/week
   - Part Time: 20 or less hours/week

10. Employer Address include city, state and zip code *

11. Supervisor’s Last Name

12. Supervisor’s First Name

13. Supervisor’s E-mail

☐ Send me a copy of my responses.