



## Mid Florida Technological Institute

### F-1 Student Post-Completion Optional Practical Training Employment Reporting

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Complete this form and submit to your International Student Advisor or the Designated School Official for your employment information to be updated on your SEVIS record.

Students authorized for employment through the use of Post-Completion Optional Practical Training must report to your International Student Advisor or the Designated School Official any change in employer (including the name and address of the employer) and any change in employment status within 10 days of the change.

#### A. Student Information

Student Last / Family Name (printed) \_\_\_\_\_ Student First Name (printed) \_\_\_\_\_

Student SEVIS ID Number \_\_\_\_\_ Student MFTI ID Number \_\_\_\_\_ Program Completion Date \_\_\_\_\_

U.S. Address \_\_\_\_\_ City / State / ZIP Code \_\_\_\_\_

U.S. Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

#### B. Employment Information

Select the appropriate update to your employment status and provide the required information.

- |   |   |
|---|---|
| <input type="checkbox"/> Initial/New Employment       | <input type="checkbox"/> Self-employed Contractor/Temporary Worker                                    |
| <input type="checkbox"/> Self-employed Business Owner | <input type="checkbox"/> Self-employed Contractor/Temporary Worker with Multiple Short Term Contracts |

Job Title: \_\_\_\_\_

Start Date of Employment: \_\_\_\_\_

Employer/Business Name: \_\_\_\_\_

Employer/Business Address: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

- End of Employment

End Date of Employment: \_\_\_\_\_

Previous Employer/Business: \_\_\_\_\_

- Leaving the United States and Completing F-1 Visa Status Prior to the Authorized Optional Practical Training End Date (60 days after the date listed on Employment Authorization Document).

Date of Exit from the United States: \_\_\_\_\_

#### C. Supervisor Information

Supervisor Name (printed) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

**D. Related Coursework Comment**

Provide the job description and describe how it is related to your field of study.

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**F. Student Certification and Signature**

*I hereby certify that the information provided above is accurate and correct. I understand that failure to provide accurate contact information may result in a termination of my F-1 visa status.*

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Student Signature

Date