Yeshiva University
Office of International Students and Scholars
REPORT CHANGES TO OPTIONAL PRACTICAL TRAINING (OPT) EMPLOYMENT

During post-completion Optional Practical Training (OPT), F-1 status is dependent upon employment. Students authorized for standard post-completion OPT are limited to an aggregate of 90 days. Students with a 17-month STEM OPT extension are limited to 120 days, applied to the entire 29-month period of post-completion OPT. [8CFR 214.2 (F)(10)(ii)(E)] The unemployment clock starts counting on the OPT start date.

Effective December 7, 2015, the U.S. government implemented new OPT reporting requirements and started tracking unemployment time in SEVIS. It is unknown when SEVIS will begin auto-terminating the SEVIS records of students who fail to report OPT employment or exceed unemployment limits. OPT employment history is taken into account when F-1 students apply for other immigration benefits, such as STEM OPT or H-1B.

Initial OPT employment and subsequent changes to OPT employment, must be reported to the OISS within 10 days of starting a new job or ending a job, to avoid a possible violation of F-1 status. In addition, students are now also required to provide a brief explanation of how their OPT employment relates to their major. The OISS recommends that students request a letter from their employer noting the professional-academic connection. In addition:

- The Student and Exchange Visitor Program (SEVP) recommends that students maintain evidence - for each job - of the position held, proof of the duration of that position, the job title, contact information for the student's supervisor or manager and a description of the work. The same evidence could also be used to establish that the limit on unemployment has not been exceeded.
- Current immigration regulations require Yeshiva University to report employment information provided by the student. Yeshiva University will not Terminate a student’s SEVIS record for failure to report OPT employment. However, SEVIS may begin auto-Terminating records in the future.
- Students may have multiple employers and employment need not be paid, as long as it is related to your major.

To report employment to the OISS during authorized OPT, please complete and return this form to OISS@yu.edu

Once received, we will report the information in SEVIS and mail an updated I-20 to the local address noted below.

PERSONAL INFORMATION:

YU ID: ___________________________ YU School: ___________________________

Name in passport: ____________________________________________________________

<table>
<thead>
<tr>
<th>Last/Family Name</th>
<th>First/Given Name</th>
<th>Middle Name(s)</th>
</tr>
</thead>
</table>

Date of Birth: ___________________________ Month/Day/Year

STUDENT’S LOCAL ADDRESS IN THE US:

Street and Apt. #: ___________________________________________________________

City __________________________________ State _______ Zip Code ____________________

Phone number: ___________________________ Email address:

You will be provided with a new I-20. Do you want it mailed (regular mail) to the address above or will you pick it up?

________________________________________
EMPLOYMENT INFORMATION

Did you leave a previous job? (Circle one) Yes  No

When did the prior job end? (Month/Day/Year) ____________________

New Employment * Denotes Required Field.

Explain how this employment is related to your major:*

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Are you self employed? (Circle one) Yes  No

Employer Name* ____________________________  Employer EIN (SEVP Highly recommends this) ______________

Job Title* _________________________________  Start Date*: _________  End Date __________

Full time/Part Time*

☐ Full-Time: 20 or more hours per week

☐ Part Time: less than 20 hours per week

Employer Address*

Street __________________________________________________________________________________________

City __________________________ State _________ Zip Code___________________________

Supervisor Information

Last Name: _____________________________  First Name: _____________________________

Phone number: ___________________________  Email address: _____________________________