

OPT Employer Report Form

Name: _____ Student ID Number: _____

DigiPen Email: _____ Phone: _____

1. Complete this form after you find your OPT employer.

Found Employer Start Date: _____

Change of Employer Start Date: _____

Full time (more than 20 hours/week)

Part time (less than 20 hours/week)

2. Last day of your previous employment: _____

3. Name of Company/Employer: _____

Your Job Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

4. How is this job related to your field of study (major)? Please type below.

I certify that the above information is true and I will report a new employer when I change my employer.

Signature: _____ Date: _____