



OPT Employment Verification Form

Name: _____ Date: _____

Wheaton ID: _____ SEVIS ID: _____

Personal Email: _____ US Phone Number: _____

Your Current U.S. Address: _____

Related Course Work Comment (explain how the OPT job is related to your major. This information is reported to USCIS):

Name of Company: _____

Employer Identification Number: _____

Job Title: _____

Is the job Full time or Part time (you must work at least 20 hours a week): _____

Address of Employer: _____

Supervisor Name: _____

Supervisor's Phone number and email address: _____

Dates of Employment: From _____ To _____

If you have more than one job, please include this information for each of your employers. If you are self-employed, please provide proof of your business license. Your business address can be the same as your mailing address.

Reminder: You only have an accumulative 90 days of unemployment during your OPT.

Failure to report employment information may result in automatic termination of SEVIS record and Optional Practical Training benefit.

Please submit this form to: stevens_desnee@wheatoncollege.edu OR fax the form to 508-286-4975.