



Office of International Programs
Montana State University-Bozeman
400 Culbertson Hall
P.O. Box 172260
Bozeman, MT USA 59717-2260
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24-Month STEM OPT Employment Information Form

Last Name: _____ First Name: _____

E-Mail Address: _____

Student (GID) ID: _____ SEVIS ID: _____

I am reporting:

New employment, I have no other job.

Additional employment, I am now working two jobs.

Loss of employment, I am currently not working.

Continuous employment, I am still working the same job.

This position is:

Note: if you are only working a part-time position, this will be counted as unemployment.

Full-time (more than 20 hours per week)

Part-time (20 hours or fewer per week)

Additional information: Please provide any additional information that is important for us to know about your change in employment.

Employer Name: Please enter the name of the company you are working for.

Employer Identification Number (EIN):

Note: this is not your company's e-Verify number. Please ask your employer for this information.

Employer's Address: This should be the physical address where you are working.

Address Line 1 _____

Suite/Unit # _____

City _____

State _____

Zip code _____

Your Job Title:

Please explain how this job is related to your course of study.

Supervisor's Name: please enter the first name and last name of your immediate supervisor.

Supervisor's Phone Number: Use format: XXX-XXX-XXXX

Supervisor's E-Mail: Please make sure this address is correct.

Date of Employment Change: MM/DD/YYYY (If you are reporting new employment, please enter the first day of your employment.

Last Day of Employment: MM/DD/YYYY (If you left your previous job, please enter your final day of employment.

Have you been unemployed for more than 180 days since you started your OPT authorization period?

Yes

No

You must complete the form [I-983](#) Formal Training Plan with each new employer and include it with this form. You can find instructions [here](#). This is required for every new position.