



OPTIONAL PRACTICAL TRAINING

Employment and Address Update Form

The Department of Homeland Security (DHS) requires all international students to report changes to address and employment status within 10 days from the time of the change. This form is only for post-completion OPT participants.

Type and submit your request as a PDF file to cie-student@csulb.edu & attach a copy of your EAD front and Back

Last Name:	First Name:	CSULB ID #:
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Select the option (s) most appropriate for this request:

<input type="checkbox"/> Change in Contact information ➤ Update your MyCSULB account at sso.csulb.edu ➤ Complete section 1 in this form only if you do not have access to your MyCSULB.	<input type="checkbox"/> Report first employer ➤ Complete Sections 1 and 2 ➤ Attach copy of your EAD front and back.	<input type="checkbox"/> Change of Employment status ➤ Complete Sections 1-3	<input type="checkbox"/> Report Termination of OPT ➤ Complete sections 1, 3 and 4 ➤ Submit supporting documents indicated by the termination options you select.
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Section 1 – Student U.S Residential Address and Contact Information

Street Address:		
City:	State:	Zip Code:
E-mail address:	Phone number:	

Section 2- Current Employer Information

<input type="checkbox"/> Employed (single employer)	<input type="checkbox"/> Employed (multiple employers)	<input type="checkbox"/> Self-employed/Business owner	<input type="checkbox"/> Employed by an agency
<input type="checkbox"/> Independent contractor	<input type="checkbox"/> Unpaid	<input type="checkbox"/> Unemployed (Skip to Section 3)	
Name of the company/employer:			
Address:			
City:	State:	Zip Code:	
Employer's Identification Number (EIN#):		Average number of hrs. Per week you work.	
Job Title:	Start Date:	Are you working in an address different than the one listed? <input type="checkbox"/> Y <input type="checkbox"/> N	
Supervisor's Name:		Phone #:	Email:
Briefly explain how your work relates to course work taken while completing your program of study. Use complete sentences.			

Section 3- Prior Employer Information

Name of the company/employer:		
Job Title:	Start Date:	End Date:

Section 4-: Check the appropriate box to indicate the reason you will end OPT

<input type="checkbox"/> I am completing my OPT and exiting the U.S. (Include copy of flight itinerary)	<input type="checkbox"/> I am transferring to a new school. Click here to request to transfer out.
<input type="checkbox"/> I am returning to CSULB and will end my OPT.	<input type="checkbox"/> I am no longer in F-1 status for another reason (attach prove of change of status if applicable i.e. form I-797 Approval Notice)

Initial here to confirm the information provided in this form is true and accurate: _____ Date: _____

For more information, visit our website at www.cpie.csulb.edu/employment