

## OPT EMPLOYMENT UPDATE FORM

Instructions: Read this information carefully. Failure to follow instructions may result in a delay in processing. This form is used by OPT students of Millersville University to report their employer's information, the students' local address, and any possible periods of unemployment.												
Submit this form when you have secured your employer and are able to state a local address at your location of employment.												
First Name, Middle Initial Last 1		Last Name	ame				Phone	Phone		Gender		
								☐ Male ☐ Female				
Date of Birth (mm/dd/yyyy)	Emai	nail						MU II	MU ID Number			
Major			* 1						fillersville University Level			
				□ OPT □ STEM-OPT □					□ Undergraduate □ Graduate			
Address (Full Street Address, City, State, Zip Code)												
EMPLOYER INFORMATION												
Company Name								Dates of Employment Start: End:				
Company Address (Full Street Address, City, State, Zip Code)												
Employer Identification Number (EIN)   Employment				Position Title								
	□ P	art-Time										
Supervisor's Name				Supervisor's Email					Supervisor's Phone			
Explain how employment in this facility/in this position related to student's field of study:												