CALIFORNIA TRINITY UNIVERSITY

2333 Beverly Blvd., Los Angeles, CA 90057
Tel: (213) 484-4440 Fax: (213) 402-6838
Email: admin@catu.edu

OPT Employment Verification Form

This form is required for all F-1 students on Optional Practical Training (OPT). Complete this form and attach a copy of your Employment Authorization Document (EAD) card. Submit these to the CTU admin office (#400) or by email them above. Remember you cannot exceed total **90 days** of unemployment period, then your OPT status will be cancelled.

OPT students are required to report to CTU admin office within **10 days of any change**.

Student Information	
Last Name	**First Name**
Major	**SEVIS ID #: N**
Birth Date	**Phone**
Gender ☐ **Male** ☐ **Female**	**Email**
Employment Authorization Dates (see EAD card): from _____ MM/DD/YYYY **to** _____ MM/DD/YYYY	

Employer Information	
Job Title	Employment Type ☐ Full-Time (>20hours/week) ☐ Part-time (<20hours/week)
Employment Date Start Date: _____ MM/DD/YYYY End Date:_____ MM/DD/YYYY	Estimated Annual Income $_____
Employer / Company Name	Employer EIN
Employer Address	
Your supervisor's Name	Supervisor's Phone
Supervisor's Email	

The information I provided in this form are true and correct to the best of my knowledge, and I understand these requirements and will notify any changes accordingly.

Student Signature_____ Date _____

Employer Signature_____ Date _____

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[Required Question] How does this job relate to your major/field of study? (Include tasks and responsibilities that show you will gain applied experience that directly relates to your degree)

Answer:

Student's Full Name: _____

Student's Signature: _____