

## OPT Proof of Employment

\* The information on this document is collected for the below mentioned individual's reporting purpose to the U.S. Department of Homeland Security during his/her Optional Practical Training period.

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### To be completed by the Student

Name: \_\_\_\_\_ COC ID#: \_\_\_\_\_

Associate Degree/Certificate Course: \_\_\_\_\_

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### To be completed by student's Employer

This is the evidence of employment for \_\_\_\_\_  
Student's Name

Job Title: \_\_\_\_\_

Nature of student's job: \_\_\_\_\_

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Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours/Week:  more than 20 hours/week  
Month / Date / Year Month / Date / Year  20 or less hours/week

### Employer Information:

Employer Name: \_\_\_\_\_ Employer EIN: \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

### Supervisor Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



International Students Program 26455 Rockwell Canyons Road, Santa Clarita, CA 91355