



Optional Practical Training Employment Verification Form

Last Name: _____

First Name: _____

SEVIS ID: _____

RU ID: _____

E-mail Address: _____

Phone: _____

Current Address:

Street Address

City

State

Zip Code

Explain how your employment is related to your course work:

Are you Self-Employed: Yes No Employer EIN (if available): _____

Employer Name: _____

Job Title: _____

Start Date: _____

*End Date: _____

If you change jobs or leave a position, you must report your last date of employment

How many hours do you work per week:

Full-Time (20 or more hours per week)

Part-Time (less than 20 hours per week)

Employer Address:

Street Address

City

State

Zip Code

Supervisor information:

Last Name: _____

First Name: _____

Telephone: _____

E-mail: _____

Any additional information you would like to add to your SEVIS employment record