

The University of Alabama at Birmingham

OPT EMPLOYER INFORMATION FORM

To remain compliant with SEVIS regulations, please complete and email this form to Tracy Maxwell at tmaxwell@uab.edu at your earliest convenience.

Information about you	
Date	Name
Preferred personal or work emai	l address
Address	
Phone	
Information about your OPT emp	<u>oloyer</u>
Employer name	
EIN (employer's federal tax ID n	umber – this is STRONGLY RECOMMENDED BY SEVIS)
Employer address	
Physical address where you wor	k
Job Title	
Supervisor name	
Supervisor phone	Supervisor email
Date employment began	Date employment will end
Employment status Full-time _	_ Part-time Volunteer Hours per week
Will you be self-employed? Yes	No If yes, name of business:
Explain how your employment is	related to your course work/major (this must be completed):