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**SUPPLEMENT TO EMPLOYMENT NOTIFICATION FORM**

Submit this form and supporting documents to [Robyn@viu.edu](mailto:Robyn@viu.edu) if you have not obtained employment within 3 months of graduation. Please submit the Employment Notification Form as soon as you obtain employment. Contact the Career Services & Alumni Relations Department if you need any assistance or resources in finding a employment.

**1 - PERSONAL INFORMATION (TO BE COMPLETED BY STUDENT)**

**First:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VIU Student ID #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Degree and Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Graduation Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY) **Semester:** ⎕ Spring / ⎕ Summer I / ⎕ Summer II / ⎕ Fall

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Personal Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Status:** ⎕ F-1\* / ⎕ H-1 / ⎕ H-4 / ⎕ K-1 / ⎕ Green Card holder / ⎕ US Citizen / ⎕ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*OPT Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ (MM/DD/YYYY) **OPT End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ (MM/DD/YYYY)

**2 - REASON FOR NOT WORKING DURING REPORTING PERIOD (PLEASE CHECK ONE):**

* **Pregnancy –** Provide written information from institution or a family member.
* **Death –** Provide written information from a family member, or friend.
* **Health-related situations –** Explain below if you or an immediate family member required hospitalization, bed rest or rehabilitation at some point during the reporting period.
* **Continued education** – Submit enrollment agreement or letter of acceptance as a full-time student into a new educational program that is 300 hours or longer.
  + Check here if enrolled at FXUA.
* **Military service –** Submit copy of military orders showing you, your spouse or dependent was transferred.
* **Visa restrictions (international students) –** Submit a copy of visa documentation that you were restricted from working in the US.
* **Completed FXUA ESL program.**
* **Incarceration –** Submit documentation that you were in jail / house arrest full time for over one month.

**Explanation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **3 - FOR OFFICE USE ONLY** | | |
| **Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director of Career Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| ⎕ Pregnancy, death, other health related issues (T6) |  | ⎕ ESL graduate (X6) |
| ⎕ Continuing education (U6) |  | ⎕ Incarceration (Y6) |
| ⎕ Active military service (V6) |  | ⎕ Searching for job (Z6) |
| ⎕ Visa restrictions (W6) |  | ⎕ Not working by choice (Z6) |
|  |  |  |