TABLE OF CHANGES – FORM

Form ETA 9035CP, General Instructions for the 9035 & 9035E

OMB Number: 1205-0310 Expiration Date: 05/31/2018

Reason for Form Revision:

This form revision will assist the Department with collecting information needed for program administration, transparency, and enforcement. This form revision will assist the public with clarity of information requested, clarity of program obligations, and streamlining the collection.

Current Page Number and Section	New Page Number and Section	Current Text	Proposed Text	Time Burden Reduction or Increase estimate	Justification
Page 1,	N/A	Please read these	Please read these	0	This change is
Important		instructions carefully	instructions carefully		for clarity of
Note		before completing the	before completing the		instructions.
		ETA Form 9035 or	Form ETA 9035 or		
		9035E –Labor Condition	9035E –Labor		
		Application for	Condition Application		
		Nonimmigrant Workers.	(LCA) for		
		These instructions	Nonimmigrant		
		contain full explanations	Workers. These		
		of the questions and	instructions contain		
		attestations that make up	full explanations of the		
		the ETA Form 9035 and	questions and		
		9035E.	attestations that make		
			up the LCA, Form		
		In accordance with	ETA 9035 and 9035E,		
		Federal Regulations at	with further		
		20 CFR 655.730(b),	information about the		
		incomplete or obviously	employer's obligations		
		inaccurate Labor	provided in 20 CFR		
		Condition Applications (LCAs) will not be	655 Subpart H.		
		certified by the	If the employer plans		
		Department of Labor. If	to file non-		
		the employer received	electronically, which is		
		approval by the	allowed only for		
		Department to submit	certain reasons set out		
		this form non-	below, <u>ALL</u> required		
		electronically <u>ALL</u>	fields and items		
		required sections, fields	containing an asterisk		
		and items must be	(*) must be completed		
		completed as well as any	as well as any fields		
		sections, fields and items	and items where a		
		where is a response is	response is conditioned		
		conditioned on the	on the response to		
		response to another	another required		
		required section/ field or	section/ field or item as		

item,.

Anyone, who knowingly and willingly furnishes any false information in the preparation of ETA Forms 9035 or 9035E and any supporting documentation, or aids, abets, or counsels another to do so is committing a Federal offense 18 U.S.C. §§ 2, 1001).

OMB Notice: These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Obligations to reply are mandatory (Immigration and Nationality Act, Section 212(n) and (t) and 214(c). Public reporting burden for this collection of information, which is to assist with program management and to meet Congressional and statutory requirements is estimated to average 45 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing indicated by the section (§) symbol.

In accordance with 20 CFR 655.740, once an LCA has been received from an employer, a determination will be made by the ETA **Certifying Officer** whether to certify the LCA or return it to the employer not certified. Where all items on the Form ETA 9035 or 9035E are complete and do not contain obvious inaccuracies. the ETA Certifying Officer will certify the LCA within 7 working days of the date the LCA is received and date-stamped by the Department. If the LCA is not certified pursuant to 20 CFR 655.740(a)(2)(i) or (ii), the ETA Certifying Officer will return it to the employer, or the employer's authorized agent or representative, explaining the reason(s) for such return without certification. Except in the case of a disqualification issued by the Wage Hour Administrator, the employer may submit a corrected LCA to the Department for review, which shall be treated as a new LCA and processed on a "first come, first served" basis.

Anyone who knowingly and willingly furnishes false information in the

this burden, to the U.S. preparation of the Department of Labor, Form ETA9035 or Room C4312, 200 9035E and any Constitution Ave., NW,, supplement thereto, or Washington, DC, 20210. aids, abets, or counsels (Paperwork Reduction another to do so is Project OMB 1205-0310. committing a Federal offense under 18 U.S.C. 1001) or other provisions of law. OMB Notice: These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Obligations to reply are mandatory (Immigration and Nationality Act (INA)), Section 212(n) and (t) and 214(c). Public reporting burden for this collection of information, which is to assist with program management and to meet Congressional and statutory requirements is estimated to average XXX minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other

aspect of this collection of

information, including

			suggestions for		
			reducing this burden,		
			to the U.S. Department		
			of Labor, Employment		
			and Training		
			Administration, Office		
			of Foreign Labor		
			Certification, 200		
			Constitution Ave.,		
			NW, Suite PPII 12-		
			200, Washington, DC,		
			20210. (Paperwork		
			Reduction Project		
			OMB 1205-0310).		
Page 1, HOW	N/A	A. A United States	A. A United States	0	This change is
-	IN/A			U A	•
TO FILE, A.,		(U.S.) employer who	(U.S.) employer who		for clarity of instructions.
Who May		desires to apply for an	desires to apply for an		mstructions.
File		LCA on behalf of a	LCA on behalf of a		
		nonimmigrant	nonimmigrant		
		worker(s) must file the	worker(s) must file		
		Form ETA 9035	the Form ETA 9035		
		(paper) or Form ETA	(paper) or Form ETA		
		9035E (electronic).	9035E (electronic).		
Page 1, HOW	N/A	B. 1. For all	B. 1. Online filing of the		This change is
TO FILE, B.,		occupations, online filing	Form ETA 9035E is		for clarity of
How to File		of the ETA Form 9035E	required through the		instructions.
and Retention		is required through the	iCERT Visa Portal		
of Records		accessible at .	System (iCERT		
		Employers with physical	System), which is		
		disabilities that prevent	accessible at		
		them from filing	http://icert.doleta.gov,		
		electronic applications or	unless an employer has		
		employers without	a disability or lacks		
		Internet access can file	Internet access.		
		the LCA by U.S. mail.	Employers with a		
		These employers MUST	disability that prevents		
		obtain permission to file	them from filing		
		their application by U.S.	electronic applications		
		mail by submitting a	or employers without		
		written request to the	Internet access can file		
		following address:	the LCA by U.S. mail.		
			Employers without		
		Office of Foreign Labor	Internet access MUST		
		Certification	obtain prior		
		Employment & Training	permission to file their		
, in the second second		Administration	application by U.S.		
		U.S. Department of Labor	mail by submitting a		
		200 Constitution Avenue,	written request to the		
		NW- Room C4312	following address:		
		Washington, DC 20210			
			Attention:		
L	1			I	

	1		A 1		
			Administrator		
			Office of Foreign Labor		
			Certification		
			Employment & Training		
			Administration		
			U.S. Department of		
			Labor		
			200 Constitution		
			Avenue, NW, Suite PPII		
			12-200		
			Washington, DC 20210		
			Employers filing non-		
			electronically due to		
			disability must notify		
			the Office of Foreign		
			Labor Certification of		
			the reason for the non-		
			electronic filing at the		
			time of submitting the		
			application.		
Page 1,	Page 2,	2. In accordance with	2. In accordance with	0	This change is
HOW TO	HOW TO	20 CFR part 655,	20 CFR part 655,		for clarity of
FILE,	FILE,	Subpart H, either at the	Subpart H, either at the		instructions.
Section B,	Section B,	employer's principal	employer's principal		
How to File	How to	place of business in the	place of business in the		
and	File and	U.S. or at the place of	U.S. or at the place of		
Retention of	Retention	employment in the U.S.,	employment in the		
Records	of Records	the employer shall	U.S., the employer		
		retain copies of the	must retain copies of		
		records required by	the records required by		
		Subpart H for a period	Subpart H for a period		
		of 1 year beyond the	of one (1) year beyond		
		last date on which any	the last date on which		
		nonimmigrant worker is	any nonimmigrant		
		employed under the	worker is employed		
	CX	LCA or, if no	under the LCA or, if		
		nonimmigrant workers	no nonimmigrant		
		were employed under	workers were		
		the LCA, 1 year from	employed under the		
	7/10	the date the LCA	LCA, one (1) year		
		expired or was	from the date the LCA		
		withdrawn. Required	expired or was		
	/	payroll records for the	withdrawn. Required		
		nonimmigrant workers	payroll records for the		
		and other workers in the	nonimmigrant workers		
7		occupational	and other workers in		
		classification shall be	the occupational		
		retained at the	classification,		
		employer's principal	including the names		
		place of business in the	and wage rates of such		
		U.S. or at the place of	workers and the		
		employment for a	information on benefits		

		period of 3 years from	offered required by 20		
		the date(s) of the	CFR 655.760(a)(6),		
		creation of the	shall be retained at the		
		record(s), except that if	employer's principal		
		an enforcement action is	place of business in the		
		commenced, all payroll	U.S. or at the place of		
		records shall be retained	employment for a		A
		until the enforcement	period of three (3)		
		proceeding is completed	years from the date(s)		
		through the procedures	of the creation of the		
		set forth in 20 CFR part	record(s), except that if		
		655, Subpart I. For a	an enforcement action is commenced, all		
		complete list of documents that must be	payroll records shall be		
		retained and/or made	retained until the		
		available for public	enforcement		
		access see 20 CFR	proceeding is	A	
		655.760.	completed through the		
			procedures set forth in		
			20 CFR part 655,		
			Subpart Î. For a		
			complete list of		
			documents that must		
			be retained and/or		
			made available for		
			public access see 20		
			CFR 655.760.		
	Page 2,	1. Enter one of the	1. Enter one of the	0	This change is
Page 2,	Section A,	following	following classification		for clarity of
Section A,	Employme	classification symbols	symbols to indicate the		instructions.
Employment	nt- Based	to indicate the type of	type of visa supported by		
- Based	Nonimmig	visa supported by this	this application: "H-		
Nonimmigra nt Visa	rant Visa Informatio	application: "H-1B",	1B", "H-1B1 Chile", "H-		
Information		"H-1B1 Chile", "H- 1B1 Singapore" or "E-	1B1 Singapore" or "E-3 Australia". Select only		
Information	n	3 Australian". When	one visa classification		
		filing this application	for all nonimmigrant		
		electronically, the	workers employed		
		iCERT System will	pursuant to the LCA.		
		provide a dropdown of	When filing this		
		the acceptable visa	application		
A		classification symbols.	electronically, the		
			iCERT System will		
	7	The H-1B visa allows	provide a dropdown of		
		an employer to	the acceptable visa		
		temporarily employ a	classification symbols.		
		foreign professional	The H 1D wise ellers or		
		worker in the U.S. on a	The H-1B visa allows an		
		nonimmigrant basis in a specialty occupation	employer to temporarily employ foreign		
		or as a fashion model	professional workers in		
		of distinguished merit	the U.S. on a		
		and ability. A	nonimmigrant basis in a		
		una ucinty, 11	i iviiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	•	

specialty occupation requires the theoretical and practical application of a body of specialized knowledge and a bachelor's degree or the equivalent in the specific specialty (e.g., sciences, medicine and health care, education, biotechnology, and business specialties, etc...).

The H-1B1-Chile visa applies to those employers temporarily hiring business professionals who are nationals of Chile under the Chile Free Trade Agreement allows an employer to temporarily employ business professionals who are nationals of Chile under the Chile Free Trade Agreement.

The H-1B1-Singapore visa applies to those employers temporarily hiring business professionals who are nationals of Singapore under the Singapore Free Trade Agreement. allows an employer to temporarily employ business professionals who are nationals of Singapore under the Singapore Free Trade Agreement.

The E-3 visa applies to those employers temporarily hiring business professionals who are nationals of Australia under Title V of the REAL ID Act of 2005 (Division B) in the Emergency Supplemental specialty occupation or as a fashion model of distinguished merit and ability. Under 20 CFR 655.715, a specialty occupation requires the theoretical and practical application of a body of specialized knowledge and a bachelor's degree or the equivalent in the specific specialty (e.g., sciences, medicine and health care, education, biotechnology, and business specialties, etc.).

The H-1B1-Chile visa allows an employer to temporarily employ business professionals who are nationals of Chile under the Chile Free Trade Agreement.

The H-1B1-Singapore visa allows an employer to temporarily employ business professionals who are nationals of Singapore under the Singapore Free Trade Agreement.

The E-3 Australia visa allows an employer to temporarily employ business professionals who are nationals of Australia under Title V of the REAL ID Act of 2005 (Division B) in the Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Tsunami Relief, 2005.

		Appropriations Act for Defense, the Global War on Terror, and Tsunami Relief, 2005.			
Page 2, Section B, Temporary Need Information	Page 2, Section B, Temporary Need Information	Enter the title of the job opportunity for which the LCA is being sought	1. Enter the title of the job opportunity for which the LCA is being sought. The employer's internal job title should be entered in this field. Note: The job title must be the same for all nonimmigrant workers working on a single LCA. The employer may file additional LCAs, as needed.	0	This change is for clarity of instructions.
Page 2, Section B, Temporary Need Information	Page 2, Section B, Temporary Need Information	2. Enter the six -digit Standard Occupational Classification (SOC)/ Occupational Network (O*NET) code for the occupation, which most clearly describes the work to be performed. For example, the six digit SOC code for a computer systems analyst is 15-1051.	2. Enter the six -digit Standard Occupational Classification (SOC)/ Occupational Network (O*NET) code for the occupation, which most clearly describes the work to be performed. For example, the six digit SOC code for a Computer Systems Analyst is 15-1121. Note: More information on SOC codes can be found at http://www.bls.gov/soc/	0	This change is for clarity of instructions.
Page 2, Section B, Temporary Need Information	Page 2, Section B, Temporary Need Information	3. Enter the occupational title associated with the SOC/ O*NET code. For example, the occupational title associated with SOC/ O*NET code 15-1051.00 is "Computer System's Analyst".	3. Enter the occupational title associated with the SOC/ O*NET code. For example, the occupational title associated with SOC/ O*NET code 15-1121 is Computer Systems Analyst.	0	This change is for clarity of instructions.
Page 2, Section B, Temporary Need	Page 3, Section B, Temporary Need	4.Enter whether this position is full-time by indicating "Yes" or "No". whether the position is	4.Indicate whether the position is full-time by marking "Yes" or "No."	0	This change is for clarity of instructions.

Information	Information	full-time by marking	Although there is no		
		"Yes" or "No". Although	regulatory definition		
		there is no regulatory	for full-time		
		definition for full-time	employment for the H-		
		employment for the H-1B,	1B, H-1B1 and E-3		
		H-1B1 and E-3 programs,	programs, the		
		the Department generally	Department generally		<u> </u>
		considers 35 hours per	considers 35 hours per		
		week as the distinction	week or more to be		
		point between full-time	full-time.		
		and part-time.	Note: If the position is		
		Note: If the position is	Note: If the position is		
		Note: If the position is part-time, the employer	part-time (less than 35 hours per week),		
		attests that the foreign	the foreign		
		worker(s) supported by the	worker(s) supported		
		LCA will not regularly	by the LCA must		
		work more than the	not regularly work		
		number of hours indicated	more than the		
		(which may be a range of	number of hours		
		hours) on the United States	indicated (which		
		Citizenship and	may be a range of		
		Immigration Services	hours) on the		
		(USCIS) Form(s) I-129	United States		
		filed for the	Citizenship and		
		nonimmigrant(s). Note:	Immigration		
		All foreign worker(s)	Services (USCIS)		
		under the LCA must be	Form(s) I-129 filed		
		part-time if Item 4 is marked "No"; all	for the		
		nonimmigrant worker(s)	nonimmigrant(s).		
		must be full-time if Item 4	Note: All foreign		
		is marked "Yes." If the	worker(s) under the		
		employer has both full-	LCA must be part-		
		time and part-time	time if Item B.4 is		
		nonimmigrant worker(s),	marked "No"; all		
		then separate LCAs must	nonimmigrant		
	CX	be filed.	worker(s) must be		
			full-time if Item B.4		
		·	is marked "Yes." If		
			the employer has		
_			both full-time and		
			part-time		
			nonimmigrant worker(s), then		
			separate LCAs must		
			be filed.		
			or med.		
Page 2,	Page 3,	5. Enter the beginning date	5.Enter the beginning	0	This change is
Section B,	Section B,	of the worker's period of	date of the nonimmigrant		for clarity of
Temporary	Temporary	employment. Use a	worker's (or workers')		instructions.
Need	Need	month/day/full year	period of employment.		
Information	Information	(MM/DD/YYYY) format.	The beginning date of		
			employment cannot be		

			more than 6 months from the date the LCA is submitted to the Department for processing. The beginning date of employment also cannot be prior to the date the LCA is submitted for processing. Use a month/day/full year (MM/DD/YYYY) format.		
Page 2, Section B, Temporary Need Information	Page 3, Section B, Temporary Need Information	6. Enter the end date for the nonimmigrant worker's) period of employment. The end date of employment cannot be more than 3 years after the start date for H-1B LCAs and initial H-1B1 LCAs. The end date employment for E-3 LCAs and H-1B1 extensions cannot be more than 2 years after the start date. Use a month/day/full year (MM/DD/YYYY) format.	6. Enter the end date for the nonimmigrant worker's (or workers') period of employment. The end date of employment cannot be more than three (3) years after the start date for H-1B LCAs and initial H-1B1 LCAs. The end date employment for E-3 LCAs and H-1B1 extensions cannot be more than two (2) years after the start date. Use a month/day/full year (MM/DD/YYYY) format.		This change is for clarity of instructions.
Page 2, Section B, Temporary Need Information	Page 3, Section B, Temporary Need Information	7. This collection item contains two parts. First, enter the total number of worker positions being requested for certification. Second, use collection (a) through (f) to enter the number of foreign workers in each applicable USCIS-defined category under which you the employer plans to file various Form I-129s for the foreign workers so that	7. This collection item contains two parts. First, enter the total unique number of worker positions being requested for certification. This total cannot be "0" (zero). Second, use collection Items B.7(a) through (f) to enter the number of foreign workers in each applicable USCIS-defined category under which the employer	0	This change is for clarity of instructions.

		in (a) through (f) equals the total number of worker positions requested. Every box Must be filled. If the employer plans to request no foreign workers in a particular category, please indicate "0 (zero)".	Form I-129s for the foreign workers. The total worker positions requested for certification must be less than or equal to the sum total of the numbers entered in collection Items (a) through (f). Every box MUST be filled and a single worker may fit into multiple boxes, as appropriate. Note: If the employer does not plan to request nonimmigrant worker(s) in a particular category in Items (a) through (f), please		
Page 3, Section C,	Page 3, Section C,	1. Enter the full legal name of the business, person,	enter "0" (zero), as appropriate. 1. Enter the full legal name of the business,	0	This change is for clarity of
Employer Information	Employer Information	association, firm, corporation, or organization, i.e., the employer, filing this application. The employer's full legal name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the Internal Revenue Service.	person, association, firm, corporation, or organization, i.e., the employer, filing this application. The employer's full legal name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the Internal Revenue Service (IRS).		instructions.
Page 3, Section C, Employer Information	Page 4, Section C, Employer Information	8.Enter the country of the employer's principal place of business. If the city and country are the same, the name <u>must</u> still be entered in <u>both</u> fields.	8.Enter the country of the employer's principal place of business. If the city and country are the same, the name must still be entered in both fields. Note: This entry is for a country, not a country.	0	This change is for clarity of instructions.
Page 4, Section E, Attorney or Agent Information (if applicable)	Page 5, Section E Attorney or Agent Information (if applicable)	Note: The information provided in this Section, specifically the name, telephone number, and email address, must be different from the employer's point of contact information in Section D, unless the	Note: The information provided in this Section, specifically the name, telephone number, and email address, must be different from the employer's point of contact information in Section D,	0	This change is for clarity of instructions.

Page 4, Section E, Attorney or Agent Information (if applicable)	Page 5, Section E Attorney or Agent Information (if applicable)	attorney is an employee of the employer. 1. Identify whether the employer is represented by an attorney or agent in the process of filing this application. Ony mark one box. If "Yes" complete the remainder of Section E. If "No" in question 1, skip 2 to 19 and continue to Section F.	unless the attorney is an employee of the employer. The employer authorizes the attorney or agent identified in this section to act on its behalf in connection with the filing of this application. 1. Identify whether the employer is represented by an attorney or agent in the process of filing this application. Only mark one box. If "Yes" complete the remainder of Section E. If "No" in question 1, skip 2 through 19 and continue to Section F.	0	This change is for clarity of instructions.
Page 4, Section E, Attorney or Agent Information (if	Page 5, Section E Attorney or Agent Information (if	4. Enter the middle name of the attorney/agent.	4.Enter the middle name of the attorney/agent, if a middle name exists.	0	This change is for clarity of instructions.
applicable) Page 5, Section E, Attorney or Agent Information (if applicable)	applicable) Page 5, Section E Attorney or Agent Information (if applicable)	19. Enter the name of the highest court where attorney is in good standing.	19. Enter the name of the highest State court where attorney is in good standing.	0	This change is for clarity of instructions.
Page 5, Section F. Rate of Pay	Page 6-7, Section F, Employmen t and Wage Information	Enter the rate of pay to be paid to the foreign worker(s). If the wage offer is expressed as a range, enter the bottom of the wage range to be paid. Enter the top of the wage range to be paid to the foreign worker(s). in the section indicating "Rate Up to	Wage Rate 11.Enter the wage to be paid to the nonimmigrant worker(s). If the wage offer is expressed as a range, enter the bottom of the wage range to be paid. Enter the top of the wage range to be paid to the nonimmigrant worker(s) in the section indicating "To" (Required only for	0	These items were moved for streamlining purposes and to assist with form completion.
		(Optional)." 1. Enter whether the rate of pay is in	employers paying a wage range). 11a. Indicate whether		

		terms of per year,	the rate of pay unit is		
		month, two weeks,	per hour, week, bi-		
		week or hour in the	week (every two		
		section indicating	weeks), month or year.		
		"Rate is Per".			
Page 5,	Page 6,	Note: The employer may use	Important Note: In	0	This change is
Section G	Section F	this section to identify the	accordance with		for clarity of
Employment	Employmen	physical locations of the	655.730(c)(4), the employer		instructions
and	t and Wage	intended place(s) of	must specify, among other	\	and to align
Prevailing	Information	employment. up to three (3)	requirements, the gross		the form with
Wage		physical locations and	wage rate to be paid to each		the regulatory
Information		corresponding prevailing	nonimmigrant, the		requirement in
		wages information covering	prevailing wage for the		20 CFR
		each location where work	occupation in the area of		655.730(c)(5)
		will be performed and the	intended employment and	Λ	that: "[a]ll
		electronic system will accept	the specific source relied upon to determine the		intended
		up to three (3) physical locations and wage	prevailing wage, and the		places of employment
		information. If the employer	intended place(s) of		shall be
		has received approval from	employment. The		identified on
		the Department of Labor to	employer must define the		the LCA; the
		submit this form non-	intended place(s) of		employer may
		electronically and the work	employment with as much		file one or
		is expected to be performed	geographic specificity as		more
		in more than one location, an	possible. Each place of		additional
		attachment must be	employment listed below		LCAs to
		submitted in order to	must be the worksite or		identify
		complete this section.	physical location where the		additional
			work will actually be		places of
		~~//	performed and cannot be a		employment."
			P.O. Box.		
			In accordance with 20 CFR		
			655,730(c)(5), the employer		
		Y '	must identify all intended		
			places of employment on		
	C.K		the LCA. A place of		
			employment means the		
		/	worksite or physical		
			location where the work		
			actually is performed by the H-1B, H-1B1, or E-3		
			nonimmigrant. See 20 CFR		
	7		655.715. A worksite		
			location must be identified		
			as an "intended place of		
7			employment" if the		
			employer knows at the time		
			of filing the LCA that it		
			will place workers at the		
			worksite, or should		
			reasonably expect that it will place workers at the		
			will place workers at the		

	1		T		
			worksite based on: 1) an		
			extant contract with a		
			secondary employer or		
			client, 2) past business		
			experience, or 3) future		
			business plans. The		
			Department's electronic		
			filing system will accept up		
			to three (3) physical		
			locations with wage		
			information and additional		
			LCAs must be filed for any		
			additional intended places		
			of employment. If the		
			employer is filing non-		
			electronically and the		
			employer intends that the		
			work will be performed in		
			more than one location, an		
			attachment must be		
			submitted in order to		
			complete this section. If		
			the employer has more than		
			three (3) intended places of		
			employment at the time of		
			filing this application, the		
			employer must file as many		
			additional Form ETA 9035		
			forms as are necessary to		
			sufficiently list all intended		
			places of employment.		
Page 5,	Page 6,	Place of Employment	Place of Employment	0	Items moved
Section G	Section F		Information		on the form to
Employment	Employmen				streamline
and	t and Wage	See the definition of	See the definition of		collection and
Prevailing	Information,	"place of employment" in	"place of employment"		assist with
Wage	Place of	20 Code of Federal	in 20 CFR 655.715.		completion.
Information	Employmen	Regulations (CFR)	definition of "place of		
	t	655.715 and regulation	employment" in 20		New items are
	Information	concerning short term	Code of Federal		added to
	7 1	placement in 20 CFR	Regulations (CFR)		provide
		655.735.	655.715 and regulation		greater
			concerning short term		transparency
	7	:.	placement in 20 CFR		to the public,
		Note:	655.735.		and
		1 5	4 5 4 4		particularly to
7		1. Enter the street	1. From the overall		U.S. workers
		address of the place of	total worker		who may be
		intended employment.	positions entered		displaced,
		If primary address is not	in Item B.7, enter		about how
		known, please enter	the estimated		workers hired
		"N/A".	number of workers		under the
			that will perform		LCA will be

If additional space 2. work at this place distributed and is needed for the street of employment. with which address, use this line. employers they will be 2. For this intended Enter the city of place of placed. the place of intended employment, employment. indicate whether the employer is place of intended placing the employment. If there is nonimmigrant no county designation worker(s) with a or it is not known, secondary please enter "N/A". employer. A secondary Enter the State/ employer is district/ territory of another employer intended employment. with whom LCA workers will be place of intended placed during the employment. If there period of is no postal code certification. The designation or it is not secondary employer must be known, disclosed in all circumstances where there are "indicia" of an employment relationship between the nonimmigrant worker(s) and the other/secondary employer as that term is explained in 20 CFR 655.738(d)(2)(ii). 3. If "Yes" to Item F.2, provide the legal business name of the secondary employer (e.g. another employer) with whom the nonimmigrant worker(s) will be placed. Note: The entry must include the legal business name of the secondary employer. Any trade name or

DBA name should also

			be entered, as space permits. 4. Enter the street address of the intended place of employment. 5. If additional space is needed for the street address, use this line. 6. Enter the city of the intended place of employment. 7. Enter the county of the intended place of employment. If there is no county designation or it is not known, please enter "N/A". Note: In the absence of a county, enter the appropriate parish or borough in this field. Do not enter a country in this field. 8. Enter the State/district/territory of intended employment. 9. Enter the postal (zip) code of the intended place of employment. please enter "N/A".	
Page 5, Section F, Rate of Pay	Page 6, Section F, Employme nt and Prevailing Wage Information , Place of Employme nt Information	Enter the rate of pay to be paid to the foreign worker(s). If the wage offer is expressed as a range, enter the bottom of the wage range to be paid. Enter the top of the wage range to be paid to the foreign worker(s). in the section indicating "Rate Up to (Optional)."	the nonimmigrant worker(s) the wage offer is expressed range, enter the bottom of the wage range to be paid.	These items were moved to this section for streamlining purposes and to assist with completion.
	, Wage Rate	Enter whether the rate of pay is in terms of per year, month	the section indicating "To" (Required only for	

					T
		two weeks, week or hour in	range).		
		the section indicating "Rate is Per".	10a. Indicate whether the		
		rei .	rate of pay unit is per hour,		
			week, bi-week (every two		
			weeks), month or year.		
			weeks), monur or year.		
Page 6,	Page 7,	Indicate whether	Indicate whether	0	This change is
Section G,	Section F,	prevailing wage unit is	prevailing wage unit is		for clarity of
Employment	Employmen	per hour, week, bi-	per hour, week, bi-week		instructions
and Prevailing	t and Wage	weekly, month or year.	(every two weeks),		
Wage	Information,		month or year.		
Information,	Prevailing				
Prevailing	Wage Rate				
Wage	Per				
Information	D 7	Duranii a Wasa Informatica	Duran II na Wasa	5.	T1 f
Page 6, Section G,	Page 7,	Prevailing Wage Information	Prevailing Wage	-5	The form was
Employment	Section F, Employmen	If the employer received a	Source (12-14)		reorganized to assist
and Prevailing	t and Wage	Prevailing Wage	NPWC PWD		employers
Wage	Information	Determination (PWD)	For the prevailing		with
Information	miormation	from the State Workforce	wage source, if the		completion of
		Agency (SWA) or an	employer is using a		this section.
		OFLC National	Prevailing Wage		The
		Processing Center (NPC),	Determination (PWD)		streamlined
		enter the	obtained from the		design
		state/district/territory of	Department of Labor's		provides a
		the Agency which issued	National Prevailing		breakdown of
		the PWD. If the employer	Wage Center (NPWC)		prevailing
		did not obtain a PWD	for this LCA, provide		wage options
		from the SWA or NPC, enter "N/A." Use this	the PWD tracking number in Item12a.		for employers, where
		field ONLY where the	Enter the tracking		employer will
		employer obtained a	number in the		complete one
		prevailing wage from the	following format using		option from
		SWA or NPC.	the appropriate		Items 12-14.
		7(a). Enter the prevailing	numerical digits from		
	CX	wage tracking number	the issued PWD: P-		
		assigned by the SWA or	xxx-xxxxx-xxxxxx.		
		NPC. If the SWA or NPC			
		did not assign a prevailing	12a. Enter the NPWC		
		wage tracking number OR	PWD tracking number.		
\wedge		the employer did not			
		obtain a PWD from the	An Occupational		
		SWA or NPC, enter "N/A". Use this field	Employment Statistics		
		ONLY where the	(OES) Prevailing Wage		
		employer obtained a	muge		
		prevailing wage from the	For the prevailing		
		SWA or NPC.	wage source, if the		
		8. If the employer	employer is using a		
		received a prevailing	Bureau of Labor		
		wage from either the	Statistics OES wage		
		SWA, NPC or the	obtained from the		

Foreign Labor
Certification Data Center
Online Wage Library at
http://www.flcdatacenter.
com, identify whether the
wage (skill) level of the
job opportunity is a level
I, II, III, or IV. Only mark
one box. Otherwise, mark
"N/A".

9. Enter the prevailing
wage for the job
opportunity.
10. Identify whether the

wage for the job opportunity.

10. Identify whether the prevailing wage is per hour, week, bi-weekly, month, or year. Only mark one box.

11. Identify whether the prevailing wage source is Occupational **Employment Statistics** (OES); Collective Bargaining Agreement (CBA); Davis-Bacon Act (DBA); McNamara-O'Hara Service Contract Act (SCA); or Other (includes employerprovided independent authoritative source survey). In accordance with 20 CFR 655.731, employers may use an independent authoritative wage source in lieu of a SWA or NPC prevailing wage determination or another legitimate source of wage information as long as the data source used meets all the criteria set forth under 20 CFR 655.731(b)(3)(iii)(B) or (C), as appropriate. Only

mark one box.
Note: Mark "OES" in circumstances where the prevailing wage was obtained from either the SWA, NPC or the Foreign Labor Certification Data Center Online Wage Library at

http://www.flcdatacenter.

iCERT System at http://icert.doleta.gov or the Foreign Labor Certification Online Data Center at www.flcdatacenter.co m for this LCA, complete Items 13a, 13b and 13c.

13a. Enter OES wage level for the OES prevailing wage.

13b. Enter the year of the OES prevailing wage.

Example (For Instructional Purposes Only): Example Included

Another Legitimate Source (Other than OES) or An Independent Authoritative Source

For the prevailing wage source, if the employer has a Collective Bargaining Agreement (CBA), Davis Bacon Act (DBA) wage, McNamara O'Hara Service Contract Act (SCA) wage for this LCA, complete Items 14a and 14b.

For the prevailing wage source, if the employer has another legitimate source or an independent authoritative source survey for this LCA, complete Item 14a by selecting "Other/ PW Survey" and complete Items14b, 14c and 14d. In accordance with 655.731(a)(2)(ii)(C),

com 11(a). Enter the year in which the data source used to list the prevailing wage was published. 11(b). Specify the name of the company and exact wage survey used by the employer for the prevailing wage. Note: This field should be used in circumstances where the employer has marked "Other" in question 11 OR "OES" in question 11 and the employer did not obtain a prevailing wage from the SWA or NPC. For example, if the employer obtained a prevailing wage using OES data from the Foreign Labor Certification Data Center Online Wage Library at http://www.flcdatacenter. com, then the words "OFLC Online Data

Center" must be entered

in the space provided

another legitimate source is a source which: (1) Reflects the weighted average wage paid to workers similarly employed in the area of intended employment; (2) Reflects the median wage of workers similarly employed in the area of intended employment if the survey provides such a median and does not provide a weighted average wage of workers similarly employed in the area of intended employment; (3) Is based on the most recent and accurate information available; and (4) Is reasonable and consistent with recognized standards and principles in producing a prevailing wage.

In accordance with 20 CFR 655.715, an independent authoritative source survey means a survey of wages conducted by an independent authoritative source and published in a book, newspaper, periodical, loose-leaf service, newsletter, or other similar medium, within the 24-month period immediately preceding the filing of the employer's application. Such survey shall: (1) Reflect the average wage paid to workers similarly employed in the area of intended employment; (2) Be based upon recently collected data—e.g.,

wage finding by the authoritative source for the occupation in the area of intended employment. An independent authoritative source means a professional, business, trade, educational or governmental association, organization, or other similar entity, not owned or controlled by the employer, which has recognized expertise in an occupational field. 14a. Indicate the prevailing wage source type. 14b. Enter the year of the prevailing wage source. For
governmental association, organization, or other similar entity, not owned or controlled by the employer, which has recognized expertise in an occupational field. 14a. Indicate the prevailing wage source type. 14b. Enter the year of the prevailing wage

Page 6, Section H, Employer Labor Condition Statements	Page 8, Section G Employer Labor Condition Statement s	The employer must read and agree to statements (1) through (4) below and demonstrate that agreement by marking "Yes" to Item 1 in Section G of the Form ETA 9035/ 9035E and by signing the application. The employer agrees to develop and maintain documentation supporting labor condition statements (1) through (4) as specified in 20 CFR 655.731 and 655.734, and to make this documentation available to Department of Labor officials upon request. The employer also agrees to make available for public examination a copy of the labor condition application and necessary supporting documentation as specified in 20 CFR 655.760 within one (1) working day after the date on which the application has been filed with the Department of Labor. This documentation must be retained for public examination at the place of employment or the employer's principal place of business as specified in Section J of this form.	The employer must read and agree to statements (1) through (4) below and demonstrate that agreement by marking "Yes" to Item 1 in Section G of the Form ETA 9035/ 9035E and by signing the application. The employer agrees to develop and maintain documentation supporting labor condition statements (1) through (4) as specified in 20 CFR 655.731 through 655.734, and to make this documentation available to Department of Labor officials upon request. The employer is required to make available for public examination a copy of the LCA and necessary supporting documentation as specified in 20 CFR 655.760 within one (1) working day after the date on which the application has been filed with the Department of Labor. This documentation must be retained for public examination at the place of employment or the employer's principal place of business as specified in Section I of this form.		This change is for clarity of instructions.
Page 6, Section H, Employer Labor Condition Statements	Page 8, Section G Employer Labor Condition Statement s	(1) Wages: The employer attests that H-1B, H-1B1 or E-3 foreign workers will be paid wages which are at least the higher of the actual wage level paid by the employer to all other	(1) Wages: The employer attests that H-1B, H-1B1 or E-3 nonimmigrant workers will be paid wages which are at least the higher of the actual wage level paid by the	0	This change is for clarity of instructions.

		individuals with similar experience and qualifications for the specific employment in question or the prevailing wage level for occupational classification in the area of intended employment. By marking "Yes" to item 1 of Section H, the employer also attests that it will pay these nonimmigrant the required wage for time in nonproductive status due to a decision of the employer or due to the nonimmigrant's lack of a permit or license. The employer further attests that these nonimmigrant will be offered benefits and eligibility for benefits on the same basis, and in accordance with the same criteria, as offered to U.S. workers. See 20 CFR 655.731	employer to all other individuals with similar experience and qualifications for the specific employment in question or the prevailing wage level for occupational classification in the area of intended employment. By marking "Yes" to Item 1 of Section G, the employer also attests that it will pay these nonimmigrant workers the required wage for time in nonproductive status due to a decision of the employer or due to the nonimmigrant worker's lack of a permit or license. The employer further attests that these nonimmigrant workers will be offered benefits and eligibility for benefits on the same		
			as offered to U.S. workers. The employer shall not make deductions to recoup a business expense(s) of the employer, including attorney fees and other costs connected to the performance of H-1B, H-1B1, or E-3 program functions, which are required to be performed by the employer. This includes expenses related to the preparation and filing of this LCA and related visa petition information. See 20 CFR 655.731		
Page 7, Section H,	Page 8, Section G	(2)Working Conditions: The employer attests that	(2)Working Conditions: The employer attests that	0	This change is for clarity of

		inctmintions
Employer Employer H-1B, H-1B1 or E-3 the employment of H-1B, Labor nonimmigrant workers in H-1B1 or E-3		instructions.
Condition Condition the named occupation will nonimmigrant workers in		
Statements Statement not adversely affect the the named occupation will		
s working conditions of not adversely affect the		
working conditions of adversery affect the workers similarly working conditions of		
employed. The employer similarly employed U.S.		
further attests that workers. The employer		
nonimmigrant will be further attests that		
afforded working nonimmigrant workers will	\	
conditions on the same be afforded working		
basis, and in accordance conditions on the same		*
with the same criteria, as basis, and in accordance		
offered to U.S. workers. with the same criteria, as		
See 20 CFR 655.732. offered to U.S. workers.		
See 20 CFR 655.732.		
Page 7, Page 8, (1) Strike, Lockout, or (1) Strike, Lockout, or	0	This change is
Section H, Section G Work Stoppage: The Work Stoppage: The		for clarity of
Employer Employer attests that on employer attests that		instructions.
Labor Labor the date the application is on the date the		
Condition Condition signed and submitted, application is signed		
Statements Statement there is not a strike, and submitted, there is		
s lockout, or work stoppage not a strike, lockout, or		
in the course of a labor work stoppage in the		
dispute in the named course of a labor		
occupation at the place of dispute in the		
employment and that, if occupational such a strike, lockout, or classification in the		
work stoppage occurs area of intended		
after the application is employment and that,		
submitted, the employer if such a strike,		
will notify the lockout, or work		
Employment & Training stoppage occurs after		
Administration (ETA) the application is		
within 3 days of such submitted, the		
occurrence and the employer will notify		
application will not be the Employment &		
used in support of a Training		
petition filing with the Administration (ETA)		
USCIS for H-1B, H-1B1 within three (3) days		
or E-3 nonimmigrant of such occurrence; in		
workers to work in the that event, the		
same occupation at the application will not be		
place of the employment used in support of a		
until ETA determines the petition filing with the		
strike lockout or work USCIS for H-1B, H-stoppage has ceased. See 1B1 or E-3		
20 CFR 655.733. nonimmigrant workers		
to work in the same		
occupation at the place		
of the employment		
until ETA determines		

-					
			the strike lockout or		
			work stoppage has		
			ceased. See 20 CFR		
			655.733.		
D 7	D 0	(A)NI (* T) 1	ANT C THE I		TT1: 1 :
Page 7,	Page 8	(4)Notice: The employer attests that as of the date	(4)Notice: The employer	0	This change is
Section H,	Section G		attests that notice of the		for clarity of
Employer	Employer	of filing, notice of the LCA has been or will be	LCA filing was provided		instructions.
Labor Condition	Labor Condition		no more than 30 days before filing of this LCA		
Statements	Statement	provided to workers employed in the named	or will be provided on		
Statements	Statement	occupation. Notice of the	the day this LCA is filed		•
	8	application shall be	to workers employed in		
		provided to workers	the occupational		
		through the bargaining	classification. Notice of		
		representative, or where	the application shall be		
		there is no such	provided to workers	A	
		bargaining representative,	through the bargaining		
		notice of the filing shall	representative, or where		
		be provided either through	there is no such		
		physical posting in	bargaining		
		conspicuous locations	representative, notice of		
		where H-1B, H-1B1 or E-	the filing shall be		
		3 nonimmigrants will be	provided either through		
		employed, or through	physical posting in		
		electronic notification to	conspicuous locations		
		employees in the	where H-1B, H-1B1 or		
		occupational classification	E-3 nonimmigrant		
		for which nonimmigrants	workers will be		
		are sought.	employed, or through		
			electronic notification to		
			employees in the		
		The employer further	occupational		
		attests that each	classification for which		
		nonimmigrant employed	nonimmigrant workers		
		pursuant to the application will be provided with a	are sought. Notice shall be provided no more		
		copy (or original, as	than 30 days before the		
		appropriate) of the	date the LCA is filed and		
		certified Form ETA	no later than the day the		
		9035E, or ETA 9035 (if	LCA is filed and remain		
		applicable). As stated	posted for 10 days,		
		above for H-1B, H-1B1 or	except that if employees		
		E-3 nonimmigrants, the	are provided individual,		
	7	employer must provide	direct notice by e-mail,		
		the certified LCA to the	notification need only be		
		nonimmigrant, who must	given once. Notice		
7		follow the H-1B, H-1B1	documentation shall be		
		or E-3 procedures of	maintained in the		
		USCIS and the	employer's records.		
		Department of State. The	Nighting about the weeds !		
		notification shall be	Notice shall be made in		
		provided no later than the	accordance with the		
		date the nonimmigrant	requirements of 20 CFR		

reports to work at the 655.734 and contain the place of employment. See following statement: 20 CFR 655.734. "Complaints alleging misrepresentation of material facts in the labor condition application and/ or failure to comply with the terms of the labor condition application may be filed with any office of the Wage and Hour Division of the United States Department of Labor." The WH-4 complaint form and a listing of Wage and Hour Division offices can be obtained at www.dol.gov/whd. In addition, if the employer is an H-1B dependent employer or a willful violator, and the LCA is not being used only for exempt H-1B nonimmigrant workers, the notice shall be made in accordance with the requirements of 20 CFR 655.734 and shall contain the following statement: "Complaints alleging failure to offer employment to an equally or better qualified U.S. applicant or an employer's misrepresentation regarding such offers of employment may be filed with the Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, 950 Pennsylvania Avenue, NW., Washington, DC 20530, Telephone: 1(800) 255-8155 (employers); 1(800) 255-7688 (employees); Internet address: http://www.justice.gov ." See 20 CFR 655.734 and 655.760.

			T		
			The employer further attests that each nonimmigrant worker employed pursuant to the application will be provided with a copy (or original, as appropriate) of the certified Form ETA 9035E, or Form ETA 9035 (if applicable). As stated above for H-1B, H-1B1 or E-3 nonimmigrant workers, the employer must provide the certified LCA to the nonimmigrant worker, who must follow the H-1B, H-1B1 or E-3 procedures of USCIS and the Department of State. The notification shall be provided no later than the date the nonimmigrant reports to work at the place of employment. See 20 CFR 655.734.		
Page 7, Section I, Additional Employer Labor Condition Statements- H-1B Employers ONLY	Page 9, Section H Additional Employer Labor Condition Statements – This section is to be completed by H-1B Employers ONLY	All H-1B employers are required to complete Section H in order for an LCA to be processed. See 20 CFR 655.736 for more detailed guidance as to what constitutes an "H-1B dependent employer" or a "willful violator." a. Subsection 1 NOTE: The determination of whether an employer is H-1B dependent is a function of the number of H-1B nonimmigrant workers employed as a proportion of the total number of full-time equivalent employees employed in the United States. The	All H-1B employers are required to complete Section H in order for an LCA to be processed. See 20 CFR 655.736 for more detailed guidance as to what constitutes an "H-1B dependent employer" or a "willful violator." a. Subsection 1 NOTE: The determination of whether an employer is H-1B dependent is based on the ratio between the employer's total workforce employed in the U.S., as measured according to full-time equivalent employers, and the employer's H-1B	0	This change is for clarity of instructions.

		following table can be used to determine whether the employer is an H-1B dependent employer: Table, Left Column NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES (U.S. WORKERS AND H-1B WORKERS)	nonimmigrant employees including both full-time and part-time H-1B employees. See 20 CFR 655.736. The following table can be used to determine whether the employer is an H-1B dependent employer: Table, Left Column TOTAL WORKFORCE EMPLOYED IN THE U.S.EMPLOYEES (FULL-TIME EQUIVALENT EMPLOYEES)		
		Table, Right Column NUMBER OF H-1B NONIMMIGRANT EMPLOYEES 15% or more of the Workforce (US and H-1B workers)	Table, Right Column TOTAL H-1B NONIMMIGRANT EMPLOYEES 15% or more of the employer's total workforce employed in the U.S.		
Page 8, Section I, Additional Employer Labor Condition Statements- H-1B Employers ONLY	Page 9, Section H Additional Employer Labor Condition Statements – This section is to be completed by H-1B Employers ONLY	1. The employer is H-1B dependent if the number of H-1B nonimmigrant workers employed by the employer as a proportion of the total number of full-time equivalent employees employed in the United States matches the chart above. If an employer marks "No" and is, or becomes H-1B dependent, the submitted LCA shall be deemed invalid and may not be used in support of a new petition or extension of a petition for an H-1B nonimmigrant worker.	1. Indicate whether the employer is H-1B dependent at the time of filing. The employer is H-1B dependent if the number of H-1B nonimmigrant workers employed by the employer as a proportion of the total number of full-time equivalent employees employed in the United States matches the chart above. If an employer marks "No" and is, or becomes H-1B dependent, the submitted LCA must not be used in support of a	0	This change is for clarity of instructions.

		By marking "No", the employer also acknowledges that if it uses this application despite its invalidity, it is required to comply with the Additional Employer Labor Condition Statements in Subsection 2 of Section H.	new petition or extension of a petition for an H-1B nonimmigrant worker. By marking "No", the employer also acknowledges that if it uses this application to support a new petition or extension of a petition despite its invalidity, it is required to comply with the Additional Employer Labor Condition Statements in Subsection 2 of Section H.		
Daga 9	Dogg 10	2. The apple regions	2 Indicate whather the	0	This shares is
Page 8, Section I,	Page 10, Section H	2. The employer is a willful violator if the	2. Indicate whether the employer is a willful	0	This change is for clarity of
Additional	Additional	employer has been found	violator at the time of		instructions.
Employer	Employer	during the five (5) years	filing. The employer		msu uctions.
Labor	Labor	preceding the date of the	is a willful violator if		
Condition	Condition	application (and after	the employer has		
Statements-	Statements –	October 20, 1998) to	been found during the		
H-1B	This section	have committed a willful	five (5) years		
Employers	is to be	violation or a	preceding the date of		
ONLY	completed	misrepresentation of a	the application (and		
	by <u>H-1B</u>	material fact.	after October 20,		
	Employers ONLY	If an amplayor marks	1998) to have committed a willful		
	<u>ONLY</u>	If an employer marks "No" and is found, prior	violation or a		
		to the date of filing, to	misrepresentation of a		
		have committed a willful	material fact.		
		violation or a			
		misrepresentation, the	If an employer marks		
		submitted LCA shall be	"No" and is found, prior		
		deemed invalid and may	to the date of filing, to		
	CA	not be used in support of a	have committed a willful		
		new petition or extension	violation or a		
		of a petition for an H-1B nonimmigrant worker.	misrepresentation, the submitted LCA must not		
		By marking "No," the	be used in support of a		
		employer also	new petition or extension		
		acknowledges that if it	of a petition for an H-1B		
	7	uses this application	nonimmigrant worker.		
		despite its invalidity, it is	By marking "No," the		
		required to comply with	employer also		
7		the Additional Employer	acknowledges that if it		
		Labor Condition Statements in Subsection	uses this application to		
		2 of Section H.	support a new petition or extension of a petition		
		2 of Section II.	despite its invalidity, it is		
			required to comply with		
			the Additional Employer		

Page 8, Section I, Additional Employer Labor Condition Statements- H-1B Employers ONLY	Page 10, Section H Additional Employer Labor Condition Statements – This section is to be completed by H-1B Employers ONLY	Mark "Yes" or "No" to this question after marking "Yes" to question 1 or 2 of Subsection 1 in Section I AND the employer intends to use this application ONLY to support H-1B petitions or extensions of status for expected H-1B nonimmigrants who will receive wages at a rate equal to at least \$60,000 per year, or have attained a master's degree (or equivalent or higher degree) in a specialty related to the employment. The employer also agrees to maintain documentation required by 20 CFR 655.737.	Labor Condition Statements in Subsection 2 of Section H. 3.If Yes to Item H.1 and/ or Item H.2, indicate whether the employer intends to use this application ONLY to support H-1B petitions or extensions of status for H-1B nonimmigrant workers who are exempt, i.e., will receive wages at a rate equal to at least \$60,000 per year, or have attained a Master's degree (or equivalent or higher degree) in a specialty related to the employment. The employer also agrees to maintain documentation required by 20 CFR 655.737. If an employer marks "Yes," the employer acknowledges that if it uses this	0	This change is for clarity of instructions.
		If an employer marks "Yes" the employer acknowledges that if it uses this application in support of a petition or extension of a petition of an H-1B nonimmigrant who is not exempt, it is required to comply with the Additional Employer Labor Condition Statements in Subsection 2 of section I with respect to all H-1B nonimmigrants supported by this application.	application in support of a petition or extension of a petition of an H-1B nonimmigrant who is not exempt, it is required to comply with the Additional Employer Labor Condition Statements in Subsection 2 of Section H with respect to all H-1B nonimmigrant workers supported by this application.		
N/A	Page 10, Section H Additional Employer Labor Condition	New Collection	4.If the employer responded "Yes" to an exemption in Item H.3, indicate the basis (or bases) of the exemption. Check a box for either	0	This change clarifies the claimed exemption on the current collection.

	Statements –		\$60,000 or higher annual		The collection
	This section		wage, or Master's		will provide
	is to be		Degree or higher in		greater
	completed		related specialty, or the		transparency
	by <u>H-1B</u>		box for "Both", if both		to the public,
	Employers		exemptions are		and
	<u>ONLY</u>		applicable.		particularly to
					U.S. workers
					who may be
					displaced,
					about the basis
					of the
					employer's
					exemption.
					This
					information is
					known for the
					current
					collection and
					is not
					estimated to
					add to the
					current
					burden.
N/A	Dogg 10	New Collection	5. If the employer		This is a new
IN/A	Page 10, Section H	New Collection	marked "Master's		collection for
				.0.5	
	Additional		Degree or higher in	+0.5	which the
	Employer		related specialty" or	minutes for	employer will
	Labor		"Both" in Item H.4,	completion	complete a
	Condition		indicate by marking	of this	separate
	Statements –	A 7/	"Yes or No" whether the	question	Appendix and
	This section		employer has completed		submit
	is to be		and attached Appendix A		supporting
	completed		to this LCA. Instructions		documentation
	by <u>H-1B</u>		for completing the		. The
	Employers		Appendix A can be		collection will
	<u>ONLY</u>		found at the end of this		provide
	CX		document.		greater
					transparency
		,	If the employer is		to the public,
			seeking an exemption		and
			solely based on the H-1B		particularly to
_			nonimmigrant worker(s)		U.S. workers
			receiving wages at an		who may be
			annual rate equal to at		displaced,
			least \$60,000 or higher,		about the basis
			then mark "N/A".		of the
			mon mark 14/14.		employer's
/					
					exemption.
					The
					information is
					requested for
					details of the
					claimed

	T				
					exemption
					See also the
					burden for
					completion of
					Appendix A
					with
					documentation
Page 8, Section	Page 11,	All employers that are	All employers that are (1)	0	This change is
I, b.	Section H,	(1) H-1B dependent	H-1B dependent (as	1	for clarity of
Subsection,	b,	(as defined above)	defined above) and/or (2)		instructions.
Additional	Subsection	and/or (2) have been	have been found to have		
Employer	2	found to have	committed a willful		
Labor		committed a willful	violation or a		
Condition		violation or a	misrepresentation of a		
Statements –		misrepresentation of a	material fact during the		
This section is		material fact during	five (5) year period	A	
to be completed by		the five (5) year	preceding the date of this application, must read and		
H-1B		period preceding the date of this	agree to statements (1)		
Employers		application (and after	through (3) and		
ONLY		October 20, 1998),	demonstrate that		
$\frac{31121}{2}$		must read and agree	agreement by marking		
		to statements (1)	"Yes" in Subsection 2 of		
		through (3) and	Section H of this		
		demonstrate that	application. The		
		agreement by marking	employer agrees to		
		"Yes" in Subsection 2	develop and maintain		
		of Section H of this	documentation supporting		
		application. The	labor condition statements		
		employer agrees to	(1) through (3) as		
		develop and maintain	specified in 20 CFR		
		documentation	655.738 and 655.739, and		
		supporting labor	to make this document		
		condition statements	available to Department		
		(1) through (3) as	officials upon request.		
		specified in 20 CFR 655.738 and 655.739,	The employer is required to make available for		
		and to make this	public examination a		
		document available to	copy of the LCA and		
		Department officials	necessary supporting		
		upon request. The	documentation as		
		employer also agrees	specified in 20 CFR		
		to make available for	655.760 within one (1)		
		public examination a	working day after the date		
	7	copy of the LCA and	on which the application		
		necessary supporting	has been filed with the		
		documentation as	Department. This		
7		specified in 20 CFR	documentation must be		
		655.760 within one	retained for public		
		(1) working day after	examination at the place		
		the date on which the	of employment in the		
		application has been	U.S. and/ or the		
		filed with the	employer's principal		
		Department. This	place of business in the		

		documentation must	U.S. as specified in		
		be retained for public	Section I of this form.		
		examination at the	The employer agrees:		
		place of employment			
		in the U.S. and/ or the			
		employer's principal			
		place of business in			
		the U.S. as specified			
		in Section I of this			
		form. The employer			
		agrees:			
Page 8, Section	Page 10,	Displacement: The	Displacement: The	0	This change is
I, b.	Section H,	employer will not displace	employer will not displace		for clarity of
Subsection 2,	b,Subsectio	any similarly employed	any similarly employed		instructions.
Additional	n 2	U.S. worker in an	U.S. worker in an		
Employer		essentially equivalent job	essentially equivalent job in		
Labor		within the period beginning	its own workforce within		
Condition		90 days before and ending	the period beginning 90		
Statements –		90 days after the date of	days before and ending 90		
This section is		filing a petition for an H-1B	days after the date of filing		
to be		nonimmigrant worker	a petition for an H-1B		
completed by		supported by this	nonimmigrant worker		
<u>H-1B</u>		application	supported by this		
Employers		11	application		
ONLY					
D 0 G .					
Page 8, Section	Page 10,	Secondary Displacement:	Secondary Displacement:	0	This change is
Page 8, Section I, b.	Page 10, Section H,	Secondary Displacement: The employer will not	Secondary Displacement: The employer will not place	0	This change is for clarity of
I, b.	Section H,	The employer will not	The employer will not place	0	This change is for clarity of instructions.
I, b. Subsection 2,	Section H, b,Subsectio	The employer will not place any H-1B	The employer will not place any H-1B nonimmigrant	0	for clarity of
I, b. Subsection 2, Additional	Section H,	The employer will not place any H-1B nonimmigrant worker	The employer will not place any H-1B nonimmigrant worker employed pursuant	0	for clarity of
I, b. Subsection 2, Additional Employer	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at	0	for clarity of
I, b. Subsection 2, Additional Employer Labor	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition Statements –	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another employer's worksite	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are indicia of an employment	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another employer's worksite UNLESS the employer	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are indicia of an employment relationship between the	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is to be	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another employer's worksite UNLESS the employer applicant first makes a	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are indicia of an employment relationship between the nonimmigrant(s) and that	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is to be completed by	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another employer's worksite UNLESS the employer applicant first makes a bona fide inquiry as to	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are indicia of an employment relationship between the nonimmigrant(s) and that other/secondary employer	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is to be completed by H-1B	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another employer's worksite UNLESS the employer applicant first makes a bona fide inquiry as to whether the other	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are indicia of an employment relationship between the nonimmigrant(s) and that other/secondary employer UNLESS the employer	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is to be completed by H-1B Employers	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another employer's worksite UNLESS the employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are indicia of an employment relationship between the nonimmigrant(s) and that other/secondary employer UNLESS the employer applicant first makes an	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is to be completed by H-1B	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another employer's worksite UNLESS the employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are indicia of an employment relationship between the nonimmigrant(s) and that other/secondary employer UNLESS the employer applicant first makes an inquiry as to whether the	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is to be completed by H-1B Employers	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another employer's worksite UNLESS the employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S.	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are indicia of an employment relationship between the nonimmigrant(s) and that other/secondary employer UNLESS the employer applicant first makes an inquiry as to whether the other employer has	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is to be completed by H-1B Employers	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another employer's worksite UNLESS the employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker in an essentially	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are indicia of an employment relationship between the nonimmigrant(s) and that other/secondary employer UNLESS the employer applicant first makes an inquiry as to whether the other employer has displaced or intends to	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is to be completed by H-1B Employers	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another employer's worksite UNLESS the employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker in an essentially equivalent job within the	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are indicia of an employment relationship between the nonimmigrant(s) and that other/secondary employer UNLESS the employer applicant first makes an inquiry as to whether the other employer has displaced or intends to displace a similarly	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is to be completed by H-1B Employers	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another employer's worksite UNLESS the employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker in an essentially equivalent job within the period beginning 90 days	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are indicia of an employment relationship between the nonimmigrant(s) and that other/secondary employer UNLESS the employer applicant first makes an inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker in an	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is to be completed by H-1B Employers	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another employer's worksite UNLESS the employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker in an essentially equivalent job within the period beginning 90 days before and ending 90 days	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are indicia of an employment relationship between the nonimmigrant(s) and that other/secondary employer UNLESS the employer applicant first makes an inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker in an essentially equivalent job	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is to be completed by H-1B Employers	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another employer's worksite UNLESS the employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker in an essentially equivalent job within the period beginning 90 days before and ending 90 days after the placement, and	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are indicia of an employment relationship between the nonimmigrant(s) and that other/secondary employer UNLESS the employer applicant first makes an inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker in an essentially equivalent job within the period beginning	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is to be completed by H-1B Employers	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another employer's worksite UNLESS the employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker in an essentially equivalent job within the period beginning 90 days before and ending 90 days after the placement, and the employer applicant	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are indicia of an employment relationship between the nonimmigrant(s) and that other/secondary employer UNLESS the employer applicant first makes an inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker in an essentially equivalent job within the period beginning 90 days before and ending	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is to be completed by H-1B Employers	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another employer's worksite UNLESS the employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker in an essentially equivalent job within the period beginning 90 days before and ending 90 days after the placement, and the employer applicant has no contrary	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are indicia of an employment relationship between the nonimmigrant(s) and that other/secondary employer UNLESS the employer applicant first makes an inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker in an essentially equivalent job within the period beginning 90 days after the placement,	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is to be completed by H-1B Employers	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another employer's worksite UNLESS the employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker in an essentially equivalent job within the period beginning 90 days before and ending 90 days after the placement, and the employer applicant	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are indicia of an employment relationship between the nonimmigrant(s) and that other/secondary employer UNLESS the employer applicant first makes an inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker in an essentially equivalent job within the period beginning 90 days before and ending 90 days after the placement, and the employer applicant	0	for clarity of
I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is to be completed by H-1B Employers	Section H, b,Subsectio	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application with any other employer or at another employer's worksite UNLESS the employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker in an essentially equivalent job within the period beginning 90 days before and ending 90 days after the placement, and the employer applicant has no contrary	The employer will not place any H-1B nonimmigrant worker employed pursuant to this application at another employer's worksite where there are indicia of an employment relationship between the nonimmigrant(s) and that other/secondary employer UNLESS the employer applicant first makes an inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker in an essentially equivalent job within the period beginning 90 days after the placement,	0	for clarity of

Page 9, Section I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is to be completed by H-1B Employers ONLY	Page 12, Section H, b, Subsection 2, c, Recruitmen t and Hiring	Under the Immigration and Nationality Act (INA) Section 212 (n)(1)(G)(ii), 8 U.S.C. 1182, labor condition statement "3" does not apply to the employment of an H-1B nonimmigrant worker who is a "priority worker" (defined as a person with extraordinary ability, or outstanding professors or researchers, or certain multi-national executives or managers) within the meaning of Section 203 (b)(1)(A), (B), or (C) of the INA, 8 U.S.C. 1153.	Under the Immigration and Nationality Act (INA) Section 212 (n)(1)(G)(ii), 8 U.S.C. 1182, the "recruitment and hiring" labor condition statement does not apply to the employment of an H-1B nonimmigrant worker who is a "priority worker" (defined as a person with extraordinary ability, or outstanding professors or researchers, or certain multi-national executives or managers) within the meaning of Section 203 (b)(1)(A), (B), or (C) of the INA, 8 U.S.C. 1153.	0	This change is for clarity of instructions.
Page 9, Section I, b. Subsection 2, Additional Employer Labor Condition Statements – This section is to be completed by H-1B Employers ONLY	Section H Additional Employer Labor Condition Statements - This section is to be completed by H-1B Employers ONLY	6. Indicate whether the employer has read and agrees to the additional employer labor conditions statements (1) through (3). The employer must agree to all four labor condition statements of Section H, subsection 2. Answer this question only if the employer marked "Yes" to either or both questions in Section H Item 1 or Section H Item 2 (indicating that the employer is either an H-1B dependent employer or a willful violator, or both) and, also, the employer marked "No" to the question in Section H Item 3 ("No" to exempt H-1B nonimmigrant workers).	6. Indicate whether the employer has read and agrees to the additional employer labor conditions statements in Subsection 2 (A) through (C). The employer must agree to all three labor condition statements of Section H, subsection 2. Answer this question only if the employer marked "Yes" to either or both questions in Item H.1 or Item H.2 (indicating that the employer is either an H-1B dependent employer or a willful violator, or both) and, also, the employer marked "No" to the question in Item H.3 ("No" to exempt H-1B nonimmigrant workers).	0	This change is for clarity of instructions.
Page 9, Section J, Public Disclosure Information	Page 13, Section I Public Disclosure Informatio	Indicate whether the employer's required public disclosure information will be located at the employer's principal place of business AND/OR the place of	Indicate whether the employer's required public disclosure information will be located at the employer's principal place of business in the U.S. AND/ <u>OR</u> the	0	This change is for clarity of instructions.

		employment	place of employment in the		
			U.S. The employer may		
			select more than one box.		
Page 9,	Page 11,	Note: If the employer has	Note: If the employer is	0	This change is
Section K,	Section J	received approval from	submitting this form		for clarity of
Declaration	Notice of	the Department to submit	non-electronically, the		instructions.
of Employer	Obligatio	this form non-	employer <u>must</u> sign and		
	ns	electronically, the	date the application prior		
		employer must sign and	to submission. If		
		date the application prior	submitting this form		
		to submission. If	electronically, the		
		submitting this form	employer <u>must</u> sign and		
		electronically, the	date the application		
		employer <u>must</u> sign and	immediately upon receipt		
		date the application	of the certified	1	
		immediately upon receipt	application and <u>before</u>		
		of the certified application	submission to USCIS.		
		and <u>before</u> submission to	Tr. T. d. 1		
		USCIS. An attorney or	Items J. a through e.		
		agent should not sign this section unless the attorney	Read this Section.		
		or agent is in-house	1 Enter the last		
		counsel or employed full-	(family) name of the		
		time by the employer with	person with authority to		
		the authority to sign as the	sign as the employer.		
		employer.	sign as the employer.		
			2 Enter the first (given)		
		Items J. a through e.	name of the person with		
		Read and indicate whether	authority to sign as the		
		the employer agrees with	employer.		
		the attestations listed in			
		this Section. 1.6a. Enter	3. Enter the middle		
		the last (family) name of	name of the person with		
		the person with authority	authority to sign as the		
		to sign as the employer.	employer, if applicable.		
		1 5 4 6 4 6			
		b. Enter the first (given)	4. Enter the job title of		
		name of the person with	the person with authority to sign as the employer.		
		authority to sign as the employer.	to sign as the employer.		
		employer.	5. The person with		
		c. Enter the middle name	authority to sign as the		
		of the person with	employer must sign the		
		authority to sign as the	application. Read the		
		employer, if applicable.	entire application and		
			verify all contained		
		d. Enter the job title of	information prior to		
		the person with authority	signing.		
		to sign as the employer.			
			For paper filings, the		
		e. The person with	application should be		
		authority to sign as the	signed prior to		
		employer must sign the	submission to the		

		application. Read the entire application and verify all contained information prior to signing.	Department. For electronic submissions, the employer will sign and date the LCA after receiving certification from the Department.		
		For paper filings, the application should be signed prior to submission to the Department. For electronic submissions, the employer will sign the LCA after receiving certification from the Department.	6 The person with authority to sign as the employer must date the application. Use a month/day/full year (MM/DD/YYYY) format.		
		f. The person with authority to sign as the employer must date the application. Use a month/day/full year (MM/DD/YYYY) format.	x ? ?		
Page 9, Section L,	Page 12, Section K			0	This change is for clarity of
Preparer	LCA	1. Enter the middle	1. Enter the middle		instructions.
Information	Preparer	name of the person	name of the person		
		preparing this LCA by or	preparing this LCA by		
		on behalf of the	or on behalf of the		
		employer,.	employer, if a middle name exists.		
		2. Enter the	name exists.		
		Firm/Business name of	2. Enter the		
		the person preparing this	Firm/Business name of		
		LCA by or on behalf of	the person preparing		
		the employer.	this LCA by or on behalf of the employer.		
		3. Enter the email	benan of the employer.		
		address of the person	3. Enter the email		
	A	preparing this LCA by or	address of the person		
_		on behalf of the	preparing this LCA by		
		employer. Format must be in the format	or on behalf of the employer. The entry		
		name@emailaddress.top-	must be in the format		
		level domain.	name@emailaddress.to		
			<u>p-level domain</u> .		
N/A	Appendix A H.5. Attainment of Educational	N/A	Appendix A H.5. Attainment of Educational Degree for "Exempt" H-1B Nonimmigrants	+19.5 minutes	This is a new collection for which the employer will complete a
	Degree for				separate

	"Exempt"		Pursuant to 20 CFR	Appendix and
	H-1B		655.738 and 655.739, an	submit
	Nonimmigra		employer that is H-1B	supporting
	nts		dependent or a willful	documentation
			violator is generally	. The
			subject to the attestation	information is
			obligations regarding	requested for
			displacement and	details of the
			recruitment of U.S.	claimed
			workers. However, these	exemption
			additional statutory	will provide
			obligations do not apply	greater
			to an employer where the LCA is used only for the	transparency
			employment of "exempt"	to the public, and
			H-1B nonimmigrant	particularly to
			worker(s), as described in	U.S. workers
			20 CFR 655.737, who	who may be
			either (1) receives wages	displaced,
			(including cash bonuses	about the basis
			and similar compensation)	of the
			at an annual rate equal to	employer's
			at least \$60,000; or (2)	exemption.
			attains a master's or	
			higher degree (or its	
			equivalent) in a specialty	
			related to the intended	
			employment.	
			For purposes of claiming	
			the exemption, "master's	
			or higher degree (or its	
			equivalent)" means a	
			foreign academic degree	
			from an institution which	
			is accredited or	
			recognized under the law	
			of the country where the	
			degree was obtained, and which is equivalent to a	
		·	master's or higher degree	
			issued by a U.S. academic	
			institution. The	
			equivalence to a U.S.	
			academic degree cannot	
			be established through	
			experience or through	
7			demonstration of	
			expertise in the academic	
			specialty (<i>i.e.</i> , no "time	
			equivalency" or "performance	
			equivalency" will be	
			recognized as substituting	
			for a degree issued by an	

academic institution). 20 CFR 655.737(d)(1). A "specialty related to the intended employment" means that the academic degree is in a specialty which is generally accepted in the industry or occupation as an appropriate or necessary credential or skill for the person who undertakes the employment in question. A "specialty" which is not generally accepted as appropriate or necessary to the employment would not be considered to be sufficiently "related" to afford the H-1B nonimmigrant status as an "exempt" H-1B nonimmigrant. 20 CFR 655.737(d)(2). Where the employer has designated that the LCA will be used to support H-1B petition(s) and/or request(s) for extension of status for "exempt" H-1B nonimmigrant workers based on attainment of a master's or higher degree (or its equivalent) in a specialty related to the intended employment, the employer must fully complete and submit the Form ETA 9035, Appendix A. The employer must disclose the educational attainment information for all "exempt" H-1B nonimmigrant workers who will be employed under the LCA for which the employer is claiming the exemption because the worker has a "master's or higher degree (or its

equivalent)." Where

multiple H-1B nonimmigrant workers attained the same degree in the same field of study from the same institution on the same date, the employer is only required to disclose the educational attainment information once on the Form ETA 9035, Appendix A. Because each of the initial five (5) educational attainment information sections is identical, the instructions for completing the collection elements are only described one time below. Each field within the educational attainment information section must be completed. **NOTE:** If the employer will claim the exemption for workers with a "master's or higher degree or higher (or its equivalent)" for more than five (5) workers with different educational attainment information, the employer must report as many additional sections of educational attainment information as are necessary to cover all "exempt" H-1B nonimmigrant workers who will be employed under the LCA. **Educational Attainment Information** Enter the number of H-1B nonimmigrant workers that the H-1B dependent or willful violator employer will seek exemption status based on attainment of a

master's or higher degree (or its equivalent) in a specialty related to the intended employment who attended the same institution with the same field of study and date of degree. The total number of H-1B nonimmigrant workers entered in this field must not be greater than the entry for "Total Worker Positions Being Requested for Certification" provided in Item B.7, Form ETA 9035. Where multiple sections of educational attainment information are entered, the sum of the number of H-1B nonimmigrant workers entered in this field in each section must not be greater than the entry for "Total Worker Positions Being Requested for Certification" provided in Item B.7, Form ETA 9035. Enter the full name of the accredited or recognized institution (e.g., college or university) that awarded the degree to the H-1B nonimmigrant worker(s). Enter the field of study in which the degree was awarded to the H-1B nonimmigrant worker(s). Enter the date on which the degree was awarded to the H-1B nonimmigrant worker(s) using MM/DD/YYYY format (e.g., 06/01/2017). **NOTE:** The employer is required to provide documentation at the

		time of filing which substantiates the academic information provided. The documentation is limited to the following: a copy of the degree, a transcript, or an official letter from the academic institution which granted the degree.	
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