

Employee: SUBRAMANIAM PANDIAN

Matter Number: 103.2777.3

Case Type: LCA

Subtypes: H-1B, Individual

Applicant: SUBRAMANIAM PANDIAN

**FILING
COVER SHEET
Principal**

USCIS Filing Location:

B · A · L

**BERRY APPLEMAN &
LEIDEN LLP**

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March 31, 2022

Via Overnight Courier
CONFIDENTIAL LEGAL CORRESPONDENCE

OFFICES

Austin
Boston
Chicago
Dallas
Denver
Houston
McLean
New York City
San Francisco
Santa Clara
Washington DC

NTT DATA, Inc.
7950 Legacy Drive, 11th Floor
Plano, Texas, 75024

**Re: Public Access File (PAF) for the H-1B Petition on behalf of
SUBRAMANIAM PANDIAN**

Dear Rachna Jalota:

Enclosed please find the manila folder that serves as the Public Access File (PAF), the repository for information pertaining to NTT DATA, Inc.'s wage and employment obligations for SUBRAMANIAM PANDIAN.

Please keep the PAF in a readily accessible place in your office. You must retain the PAF for one full year after the LCA expires or is withdrawn, whichever occurs first. For more information about LCA obligations and penalties, please visit https://cobalt-docs.com/published_docs/Resources/USA%20-%20LCA-ObligationsPenalties-Memo.pdf.

Sincerely,
BERRY APPLEMAN & LEIDEN LLP



Meredith Dubé

MD/gv
Enclosures

BAL.COM

See website for list of
corporate entities.

H-1B PUBLIC ACCESS FILE INDEX

The checked items on the list below are included in the copy of the Public Access File (PAF) sent by BAL to your office. Please add the additional item and make sure that all these items remain in the PAF.

X	1. Signed copy of the certified Labor Condition Application (LCA) on ETA Form 9035;
X	2. LCA Cover Pages (Form ETA 9035 CP)*;
X	3. Actual Wage Memorandum;
X	4. Prevailing Wage documentation;
X	5. Confirmation of Posting;
X	6. Copy of LCA Notice posted at company or initiated ETA Form 9035; and
	7. Summary of benefits offered to similarly employed U.S. workers, with attached copy of employee benefits handbook.

*A copy of the cover pages must be given to the H-1B employee upon request.

ACTUAL WAGE MEMORANDUM

This memorandum is prepared in accordance with the regulations of the U.S. Department of Labor (DOL) at 20 CFR Section 655.760 regarding a Labor Condition Application (LCA) filed by NTT DATA, Inc. ("NTT DATA, Inc.").

Actual Wage Rate

Pursuant to the LCA, the H-1B nonimmigrant will be paid NTT DATA, Inc.'s actual wage for the occupation outlined in the LCA.

In determining the actual wage for this position, NTT DATA, Inc. considers the following factors:

- (1) Experience, including whether the individual has been previously employed in this position, the length of any such employment, the type of employment (e.g., whether it was supervisory in nature), and the depth and breadth of such employment.
- (2) Educational background, including the level of education obtained, the existence of special educational achievements (such as superior class rank or other distinction), and the reputation of the educational facility or facilities attended.
- (3) Job responsibility and function, including the nature of duties and responsibilities to be performed and the degree of supervision to be exercised.
- (4) Possession of specialized knowledge, skills, or training.
- (5) Other indicators of performance and ability, including job references, performance evaluations, awards, achievements, and/or accomplishments.

We also may consider other legitimate business factors, such as the current market for individuals with the individual's experience and qualifications. The consideration of such factors conforms to recognized principles of industry practice.

Individuals will have higher compensation within the range based upon having more relevant experience, a higher level of job responsibility and function, a higher level of specialized knowledge, skills, and/or training, and/or a record of successful performance in the position.

Benefits

NTT DATA, Inc. routinely offers benefits and eligibility for benefits to H-1B workers in the same basis and according to the same criteria as those offered to U.S. workers in similar occupations. A summary of benefits offered by NTT DATA, Inc. is either contained in this file or in a separate public access file and is incorporated by reference.

NOTICE

NTT DATA, Inc. is seeking approval of a labor condition application for the period of December 06, 2021 to December 05, 2024 to permit employment of one H-1B worker in the classification of Digital Engineering Sr. Advisor. The salary range for this job is \$114,234.00 to \$144,234.00 per year. The H-1B worker will be employed at the location(s) listed below. The labor condition application relating to this employee is available for public inspection at our administrative headquarters for immigration matters, located at 7950 Legacy Drive,, Suite 900, Plano, TX 75024. 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.

1515 Rio Grade Dr, Apt #1908, Plano, Texas 75075

LCA/H-1B Posting Notice
103.2777.3

LCA CONFIRMATION OF POSTING

Notice of the filing of a The Labor Condition Application for the position in this Public Access Folder was posted electronically on NTT DATA, Inc.'s Intranet site for at least ten consecutive business days.

The ten-day posting period for this notice began on 11/16/21



**Labor Condition Application for Nonimmigrant Workers
 Form ETA-9035 & 9035E
 U.S. Department of Labor**

Please read and review the filing instructions carefully before completing the Form ETA- 9035 or 9035E. A copy of the instructions can be found at <http://www.foreignlaborcert.dol/eta.gov/>. In accordance with Federal Regulations at 20 CFR 655.730(b), incomplete or obviously inaccurate Labor Condition Applications (LCAs) will not be certified by the Department of Labor (DOL). For all submissions, both electronic (Form ETA- 9035E) or paper (Form ETA- Form 9035 where the employer has notified DOL that it will submit this form non-electronically due to a disability or received permission from DOL to file non-electronically due to lack of Internet access), ALL required fields/items containing an asterisk () must be completed as well as any fields/items where a response is conditional as indicated by the section (§) symbol.*

A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): *	H-1B
--	------

B. Temporary Need Information

1. Job Title * Digital Engineering Sr. Advisor											
2. SOC (ONET/OES) code * 15-1199.00	3. SOC (ONET/OES) occupation title * Computer Occupations, All Other										
Period of Intended Employment											
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6. End Date * 12/5/2024 <small>(mm/dd/yyyy)</small>										
5. Begin Date * 12/6/2021 <small>(mm/dd/yyyy)</small>											
7. Worker positions needed/basis for the visa classification supported by this application											
<table style="width:100%;"> <tr> <td style="width:50%;"><input type="text" value="1"/> Total Worker Positions Being Requested for Certification *</td> <td style="width:50%;"></td> </tr> <tr> <td colspan="2">Basis for the visa classification supported by this application <i>(indicate total workers in each applicable category)</i></td> </tr> <tr> <td><input type="text" value="0"/> a. New employment *</td> <td><input type="text" value="0"/> d. New concurrent employment *</td> </tr> <tr> <td><input type="text" value="0"/> b. Continuation of previously approved employment without change with the same employer*</td> <td><input type="text" value="1"/> e. Change in employer *</td> </tr> <tr> <td><input type="text" value="0"/> c. Change in previously approved employment *</td> <td><input type="text" value="0"/> f. Amended petition *</td> </tr> </table>		<input type="text" value="1"/> Total Worker Positions Being Requested for Certification *		Basis for the visa classification supported by this application <i>(indicate total workers in each applicable category)</i>		<input type="text" value="0"/> a. New employment *	<input type="text" value="0"/> d. New concurrent employment *	<input type="text" value="0"/> b. Continuation of previously approved employment without change with the same employer*	<input type="text" value="1"/> e. Change in employer *	<input type="text" value="0"/> c. Change in previously approved employment *	<input type="text" value="0"/> f. Amended petition *
<input type="text" value="1"/> Total Worker Positions Being Requested for Certification *											
Basis for the visa classification supported by this application <i>(indicate total workers in each applicable category)</i>											
<input type="text" value="0"/> a. New employment *	<input type="text" value="0"/> d. New concurrent employment *										
<input type="text" value="0"/> b. Continuation of previously approved employment without change with the same employer*	<input type="text" value="1"/> e. Change in employer *										
<input type="text" value="0"/> c. Change in previously approved employment *	<input type="text" value="0"/> f. Amended petition *										

C. Employer Information

1. Legal business name * NTT DATA, Inc.		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1 * 7950 Legacy Drive		
4. Address 2 Suite 900		
5. City * Plano	6. State * Texas	7. Postal code * 75024
8. Country * United States Of America		9. Province
10. Telephone number * +1 (800) 745-3263		11. Extension
12. Federal Employer Identification Number (FEIN from IRS) * 04-2437166		13. NAICS code (must be at least 4-digits) * 541511



Labor Condition Application for Nonimmigrant Workers
 Form ETA-9035 & 9035E
 U.S. Department of Labor

D. Employer Point of Contact Information

Important Note: The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s)
Jalota	Rachna	
4. Contact's job title *		
Immigration & Mobility Senior Analyst		
5. Address 1 *		
7950 Legacy Drive, Suite 900		
6. Address 2		
7. City *	8. State *	9. Postal code *
Plano	Texas	75024
10. Country *	11. Province	
United States Of America		
12. Telephone number *	13. Extension	14. E-Mail address
+1 (800) 745-3263		Rachna.Jalota@nttdata.com

E. Attorney or Agent Information (If applicable)

Important Note: 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. Is the employer represented by an attorney or agent in the filing of this application? *		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," complete the remainder of Section E below.			
2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s)	
Dube	Meredith		
5. Address 1 §			
1 Federal Street			
6. Address 2			
Suite 3603			
7. City §	8. State §	9. Postal code §	
Boston	Massachusetts	02110	
10. Country §	11. Province		
United States Of America			
12. Telephone number §	13. Extension	14. E-Mail address	
+1 (617) 297-9502		scboston@bal.com	
15. Law firm/Business name §		16. Law firm/Business FEIN §	
Berry Appleman and Leiden LLP		94-3068076	
17. State Bar number (only if attorney) §	18. State of highest court where attorney is in good standing (only if attorney) §		
MA693497	Massachusetts		
19. Name of the highest State court where attorney is in good standing (only if attorney) §			
Massachusetts Supreme Judicial Court			



Labor Condition Application for Nonimmigrant Workers
 Form ETA-9035 & 9035E
 U.S. Department of Labor

F. Employment and Wage Information

Important Note: The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box. The employer must identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting this form non-electronically and the work is expected to be performed in more than one location, an attachment must be submitted in order to complete this section. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

a. Place of Employment Information 1

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*		1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment.*		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. §		
4. Address 1 * 1515 Rio Grade Dr.		
5. Address 2 Apt #1908		
6. City * Plano		7. County * Collin
8. State/District/Territory * Texas		9. Postal code * 75075
10. Wage Rate Paid to Nonimmigrant Workers * From* \$ 114234 .00 To: \$ 144234 .00		10a. Per: (Choose only one)* <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing Wage Rate * \$ 114234 .00		11a. Per: (Choose only one)* <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one): *		
12. <input type="checkbox"/>	A Prevailing Wage Determination (PWD) issued by the Department of Labor	a. PWD tracking number §
13. <input checked="" type="checkbox"/>	A PW obtained independently from the Occupational Employment Statistics (OES) Program	b. Source Year §
	a. Wage Level (check one): § <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV <input type="checkbox"/> N/A	7/1/2021 - 6/30/2022
14. <input type="checkbox"/>	A PW obtained using another legitimate source (other than OES) or an independent authoritative source	b. Source Year §
	a. Source Type (check one): § <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey	
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §	
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §	



**Labor Condition Application for Nonimmigrant Workers
 Form ETA-9035 & 9035E
 U.S. Department of Labor**

G. Employer Labor Condition Statements

! Important Note: In order for your application to be processed, you **MUST** read Section G of the Form ETA-9035CP - General Instructions for the 9035 & 9035E under the heading "Employer Labor Condition Statements" and agree to all four (4) labor condition statements summarized below:

- (1) **Wages:** The employer shall pay nonimmigrant workers at least the prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. The employer shall offer nonimmigrant workers benefits and eligibility for benefits provided as compensation for services on the same basis as the employer offers 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. 20 CFR 655.731;
- (2) **Working Conditions:** The employer shall provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed. The employer's obligation regarding working conditions shall extend for the duration of the validity period of the certified LCA or the period during which the worker(s) working pursuant to this LCA is employed by the employer, whichever is longer. 20 CFR 655.732;
- (3) **Strike, Lockout, or Work Stoppage:** At the time of filing this LCA, the employer is not involved in a strike, lockout, or work stoppage in the course of a labor dispute in the occupational classification in the area(s) of intended employment. The employer will notify the Department of Labor within 3 days of the occurrence of a strike or lockout in the occupation, and in that event the LCA will not be used to support a petition filing with the U.S. Citizenship and Immigration Services (USCIS) until the DOL Employment and Training Administration (ETA) determines that the strike or lockout has ended. 20 CFR 655.733; and
- (4) **Notice:** Notice of the LCA filing was provided no more than 30 days before the filing of this LCA or will be provided on the day this LCA is filed to the bargaining representative in the occupation and area of intended employment, or if there is no bargaining representative, to workers in the occupation at the place(s) of employment either by electronic or physical posting. This notice was or will be posted for a total period of 10 days, except that if employees are provided individual direct notice by e-mail, notification need only be given once. A copy of the notice documentation will be maintained in the employer's public access file. A copy of this LCA will be provided to each nonimmigrant worker employed pursuant to the LCA. The employer shall, no later than the date the worker(s) report to work at the place(s) of employment, provide a signed copy of the certified LCA to the worker(s) working pursuant to this LCA. 20 CFR 655.734.

1 I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section G of the Form ETA-9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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H. Additional Employer Labor Condition Statements –H-1B Employers ONLY

! Important Note: In order for your H-1B application to be processed, you **MUST** read Section H – Subsection 1 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and answer the questions below.

a. Subsection 1

1. At the time of filing this LCA, is the employer H-1B dependent? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. At the time of filing this LCA, is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" is marked in questions H.1 and/or H.2, you must answer "Yes" or "No" regarding whether the employer will use this application <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers? §	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If "Yes" is marked in question H.3, identify the statutory basis for the exemption of the H-1B nonimmigrant workers associated with this LCA. §	<input type="checkbox"/> \$60,000 or higher annual wage <input type="checkbox"/> Master's Degree or higher in related specialty <input type="checkbox"/> Both
H-1B Dependent or Willful Violator Employers -Master's Degree or Higher Exemptions ONLY	
5. Indicate whether a completed Appendix A is attached to this LCA covering any H-1B nonimmigrant worker for whom the statutory exemption will be based <u>ONLY</u> on attainment of a Master's Degree or higher in related specialty. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Labor Condition Application for Nonimmigrant Workers
 Form ETA-9035 & 9035E
 U.S. Department of Labor



If you marked "Yes" to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and "No" to question H.a.3 (exempt H-1B nonimmigrant workers), you **MUST** read Section H – Subsection 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2

- A. Displacement: An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filing of the visa petition. 20 CFR 655.738(c);
- B. Secondary Displacement: An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in 20 CFR 655.738(d)(5) concerning that other/secondary employer's displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. 20 CFR 655.738(d). Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition if the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period; and
- C. Recruitment and Hiring: Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as great as the required wage to be paid to the nonimmigrant worker(s) pursuant to 20 CFR 655.731(a). The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. 20 CFR 655.739.

6. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section H – Subsections 1 and 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. §	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I. Public Disclosure Information

Important Note: You **must** select one or both of the options listed in this Section.

1. Public disclosure information in the United States will be kept at: *	<input checked="" type="checkbox"/> Employer's principal place of business <input type="checkbox"/> Place of employment
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J. Notice of Obligations

A. Upon receipt of the certified LCA, the employer must take the following actions:

- Print and sign a hard copy of the LCA if filing electronically (20 CFR 655.730(c)(3));
- Maintain the original signed and certified LCA in the employer's files (20 CFR 655.705(c)(2); 20 CFR 655.730(c)(3); and 20 CFR 655.760); and
- Make a copy of the LCA, as well as necessary supporting documentation required by the Department of Labor regulations, available for public examination in a public access file at the employer's principal place of business in the U.S. or at the place of employment within one working day after the date on which the LCA is filed with the Department of Labor (20 CFR 655.705(c)(2) and 20 CFR 655.760).

B. The employer must develop sufficient documentation to meet its burden of proof with respect to the validity of the statements made in its LCA and the accuracy of information provided, in the event that such statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.706(d)(4)(iv)).

C. The employer must make this LCA, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act (20 CFR 655.760 and 20 CFR Subpart I).

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge, the information contained therein is true and accurate. I understand that to knowingly furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

1. Last (family) name of hiring or designated official *	2. First (given) name of hiring or designated official *	3. Middle initial §
Jalota	Rachna	
4. Hiring or designated official title *		
Immigration & Mobility Senior Analyst		
5. Signature *		6. Date signed *
		12/17/2021



Labor Condition Application for Nonimmigrant Workers
Form ETA-9035 & 9035E
U.S. Department of Labor

K. LCA Preparer

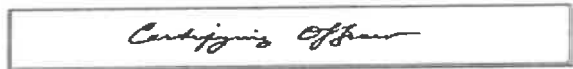
Important Note: Complete this section if the preparer of this LCA is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name § Viens	2. First (given) name § Gabrielle	3. Middle initial
4. Firm/Business name § Berry Appleman & Leiden LLP		
5. E-Mail address § scboston@bal.com		

L. U.S. Government Agency Use (ONLY)

By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 12/6/2021 to 12/5/2024


Department of Labor, Office of Foreign Labor Certification

12/9/2021
Certification Date (date signed)

I-200-21336-739308
Case number

Certified
Case Status

The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified LCA.

M. Signature Notification and Complaints

The signatures and dates signed on this form will not be filled out when electronically submitting to the Department of Labor for processing, but **MUST** be complete when submitting non-electronically. If the application is submitted electronically, any resulting certification **MUST** be signed *immediately upon receipt* from DOL before it can be submitted to USCIS for final processing.

Complaints alleging misrepresentation of material facts in the LCA and/or failure to comply with the terms of the LCA may be filed using the WH-4 Form with any office of the Wage and Hour Division, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at www.dol.gov/whd. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with the U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, 950 Pennsylvania Avenue, NW, # IER, NYA 9000, Washington, DC, 20530, and additional information can be obtained at www.justice.gov. Please note that complaints should be filed with the Civil Rights Division, Immigrant and Employee Rights Section at the Department of Justice only if the violation is by an employer who is H-1B dependent or a willful violator as defined in 20 CFR 655.710(b) and 655.734(a)(1)(ii).

N. OMB Paperwork Reduction Act (1205-0310)

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. Your response is required to receive the benefit of consideration of your application. (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 75 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, Box PPII 12-200, Washington, DC, 20210. (Paperwork Reduction Project OMB 1205-0310.) **Do NOT send the completed application to this address.**