1205-0466
Expiration Date: XX/XX/XXXX

Labor Condition Application for H-1B, H-1B1 and E-3 Nonimmigrant Workers
Form ETA-9035CP
U.S.Department of Labor

IMPORTANT: Please read these instructions carefully before completing the Form ETA-9035 or 9035E – Labor Condition Application (LCA) for Nonimmigrant Workers. These instructions contain full explanations of the questions and attestations that make up the LCA, Form ETA-9035 and 9035E, with further information about the employer's obligations provided in 20 CFR 655 Subpart H. If the employer plans to file non-electronically, which is allowed only for certain reasons set out below, ALL required fields and items containing an asterisk (*) must be completed as well as any fields and items where a response is conditioned on the response to another required section/field or item as 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 preparation of the Form ETA- 9035 or 9035E and any supplement thereto, or aids, abets, or counsels another to do so is committing a Federal offense under 18 U.S.C. 1001 or other provisions of law.

A: Employment-Based Nonimmigrant Visa Information   ⌄

1. Indicate the type of visa classification supported by this application	**H-1B**

B: Temporary Need Information   ⌄

1. Job Title	**CLOUD SERVICES ENGINEER (III) - KBGFJG34706-6**
2/B.3. SOC (ONET/OES) Code and Occupation Title	**15-1133.00**
2/B.3. SOC (ONET/OES) Code and Occupation Title	**Software Developers, Systems Software**
4. Is this a full-time position?	**YES**
5. Begin Date	**2020-05-30**
6. End Date	**2023-05-29**
7. Total Worker Positions Being Requested for Certification	**1**
a. New Employment	**0**
b. Continuation of previously approved employment without change with the same employer	**1**
c. Change in previously approved employment	**0**
d. New concurrent employment	**0**
e. Change in employer	**0**
f. Amended petition	**0**

C: Employer Information   ⌄

1. Legal Business Name	**Teradata Operations, Inc.**
3. Address 1	**17095 Via Del Campo**
5. City	**San Diego**
6. State	**CALIFORNIA**
7. Postal Code	**92127**
8. Country	**UNITED STATES OF AMERICA**
10. Telephone Number	**+14083522247**

12. Federal Employer Identification Number *(FEIN from IRS)*	14-2002217
13. NAICS Code	541513
13. NAICS Description	Facilities (i.e., clients' facilities) support services, computer systems or data processing,

D: Employer Point of Contact Information ⌄

1. Contact's Last (family) Name	Marshall
2. First (given) Name	Carla
3. Middle name(s)	C
4. Contact's Job Title	Immigration Lead - Americas Global Mobility
5. Address 1	17095 Via Del Campo
7. City	San Diego
8. State	CALIFORNIA
9. Postal Code	92127
10. Country	UNITED STATES OF AMERICA
12. Telephone Number	+18584851220
14. Business e-mail address	Carla.Marshall@Teradata.com

E: Attorney or Agent Information (if applicable) ⌄

1. Is the employer represented by an attorney or agent in the filing of this application?	Attorney
2. Attorney or Agent's Last (family) Name	Peiris
3. First (given) Name	Shali
4. Middle Name(s)	Maryanne
5. Address 1	100 Adelaide Street West
7. City	Toronto
9. Postal Code	M5H0B3
10. Country	CANADA
11. Province	Ontario
12. Telephone Number	+14169432999
14. Email Address	eganllp@ca.ey.com
15. Law Firm/Business Name	EY Law LLP
16. Law Firm/Business FEIN	98-0397829

17. State Bar Number	5258892
18. State of highest state court where attorney is in good standing	New York
19. Name of highest state court where attorney is in good standing	Court of Appeals

F: Employment and Wage Information

F. Use the fields above to enter the details of each additional place of employment, when applicable

Wage Rate Paid to Nonimmigrant Workers From	180121.00
Wage Rate Paid to Nonimmigrant Workers Per	Year
Prevailing Wage Rate	144123.00
Prevailing Wage Rate Per	Year
Identify the source user for the prevailing wage (PW)	f13_is_oes_prevailing_wage
Wage Level	IV
Source Year	7/1/2019 - 6/30/2020
Enter the estimated number of workers that will perform work at this place of employment under the LCA	1
Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment	NO
Address 1	13810 Southeast Eastgate Way
Address 2 (apartment/suite/floor and number)	Suite 500
City	Bellevue
County	KING
State/District/Territory	WASHINGTON
Postal Code	98005

G: Employer Labor Condition Statements

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.	YES

H: H-1B Additional Employer Labor Condition Statements

1. At the time of filing this LCA, is the employer H-1B dependent?	NO
2. At the time of filing this LCA, is the employer a willful violator	NO

I/J: Employer Obligations

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 655.705(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) 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 statements or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(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 supplemental thereto or to aid, abet, or counsel another to do so is a federal offense punishable fines, imprisonment, or both (18 U.S.C 2, 1001,1546,1621).

Public disclosure information in the United States will be kept at: *(You must select one or both of the options listed in this Section.)*	• **Employer's principal place of business**
1. Last (family) name of hiring or designated official	Marshall
2. First (given) name of hiring or designated official	Carla
3. Middle Initial	C
4. Hiring or designated official title	Immigration Lead - Americas Global Mobility

K: LCA Preparer

1. Last (family) Name	Singh
2. First (given) Name	Tanya
4. Firm/Business Name	EY LAW LLP
5. Email Address	Tanya.Singh@ca.ey.com

APP A: Appendix A - Educational Attainment Documentation ⌄

Appendix A. Record(s)