1205-0466
Expiration Date: XX/XX/XXXX

Print Summary 🖶

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

ETL Consultant - KBGFJG15551-8

2/B.3. SOC (ONET/OES) Code and Occupation Title

15-1121.00

2/B.3. SOC (ONET/OES) Code and Occupation Title

Computer Systems Analysts

4. Is this a full-time position?

YES

5. Begin Date

2019-12-19

6. End Date	**2022-12-18**

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	**0**

c. Change in previously approved employment	**0**

d. New concurrent employment	**0**

e. Change in employer	**0**

f. Amended petition	**1**

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

Global Mobility Manager

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	**81319.00**
Wage Rate Paid to Nonimmigrant Workers Per	**Year**
Prevailing Wage Rate	**78998.00**
Prevailing Wage Rate Per	**Year**
Identify the source user for the prevailing wage (PW)	**f13_is_oes_prevailing_wage**
Wage Level	**II**
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	**YES**
Legal Business name of secondary entity	**American Airlines, Inc**
Address 1	**4255 Amon Carter Blvd**
City	**Fort Worth**
County	**TARRANT**
State/District/Territory	**TEXAS**
Postal Code	**76155**
Wage Rate Paid to Nonimmigrant Workers From	**81319.00**
Wage Rate Paid to Nonimmigrant Workers	**Year**

Per	
Prevailing Wage Rate	**78998.00**
Prevailing Wage Rate Per	**Year**
Identify the source user for the prevailing wage (PW)	**f13_is_oes_prevailing_wage**
Wage Level	**II**
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	**4200 W Royal Lane**
Address 2 (apartment/suite/floor and number)	**Suite 125**
City	**Irving**
County	**DALLAS**
State/District/Territory	**TEXAS**
Postal Code	**75063**
Wage Rate Paid to Nonimmigrant Workers From	**81319.00**
Wage Rate Paid to Nonimmigrant Workers Per	**Year**
Prevailing Wage Rate	**77771.00**
Prevailing Wage Rate Per	**Year**
Identify the source user for the prevailing wage (PW)	**f13_is_oes_prevailing_wage**
Wage Level	**II**
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	**5550 Peachtree Pkwy**
Address 2 (apartment/suite/floor and	**Ste 400**

number)	
City	**Norcross**
County	**GWINNETT**
State/District/Territory	**GEORGIA**
Postal Code	**30092**
Wage Rate Paid to Nonimmigrant Workers From	**81319.00**
Wage Rate Paid to Nonimmigrant Workers Per	**Year**
Prevailing Wage Rate	**78998.00**
Prevailing Wage Rate Per	**Year**
Identify the source user for the prevailing wage (PW)	**f13_is_oes_prevailing_wage**
Wage Level	**II**
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	**1431 Greenway**
Address 2 (apartment/suite/floor and number)	**Suite 619**
City	**Irving**
County	**DALLAS**
State/District/Territory	**TEXAS**
Postal Code	**75038**

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 <u>must</u> 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   **Global Mobility Manager**

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)