Select what form/section you would like to view:	
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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	Print Summary. €
IMPORTANT: Please read these instructions carefully before completing the Form ETA-9035 or 9035E – Labor Condition Applicati ETA-9035 and 9035E, with further information about the employer's obligations provided in 20 CFR 655 Subpart H. If the employer must be completed as well as any fields and items where a response is conditioned on the response to another required section/file determination will be made by the ETA Certifying Officer whether to certify the LCA or return it to the employer not certified. Where 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 explaining the reason(s) for such return without certification. Except in the case of a disqualification issued by the Wage Hour Adm	ion (LCA) for Nonimmigrant Workers. These instructions contain full explanations of the questions and attestations that make up the LCA, Form r plans to file non-electronically, which is allowed only for certain reasons set out below, ALL required fields and litems containing an asterisk (°) eld 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 all items on the Form ETA- 9035 or 9035E are complete and do not contain obvious inaccuracies, the ETA Certifying Officer will certify the LC/ OFR 655.740(a)(2)(i) or (ii), the ETA Certifying Officer will return it to the employer, or the employer and suthorized agent or representative, inistrator, the employer may submit a corrected LCA to the Department for review, which shall be treated as a new LCA and processed on a 9035 or 9035E and any supplement thereto, or aids, abels, or counsels enother to do so is committing a Federal offense under 18 U.S.C. 100°
A: Employment-Based Nonimmigrant Visa Information	5000 of 5000L and any supplement triefeld, or alus, abets, or counsels another to 0.50 to committing a recent offense trice in 0.50.0. To
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Indicate the type of visa classification supported by this application	н-1в
B: Temporary Need Information	~
2/B.3. SOC (ONET/OES) Code and Occupation Title	15-1132.00
2/B.3. SOC (ONET/OES) Code and Occupation Title	Software Developers, Applications
1. Job Title	Software Engineer - KBGFJG119570-2
4. Is this a full-time position?	YES
5. Begin Date	2020-12-24
6. End Date	2023-12-23
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 politica	
f. Amended petition	1
C: Employer Information	~
1. Legal Business Name	Teradata U.S, Inc.
3. Address 1	5550 Peachtree Parkway
4. Address 2 (apartment/suite/floor and number)	Suite 400
5. City	Norcross

6. State	GEORGIA
7. Postal Code	30092
8. Country	UNITED STATES OF AMERICA
10. Telephone Number	+14083522247
12. Federal Employer Identification Number (FEIN from IRS)	75-3236480
13. NAICS Description	Facilities (i.e., clients' facilities) management and operation services, computer systems or data processing
13. NAICS Code	541513
D: Employer Point of Contact Information	~
Contact's Last (family) Name	Marshall
2. First (given) Name	Carla
3. Middle name(s)	С
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	+19372429767
14. Business e-mail address	Carla.Marshall@Teradata.com
E: Attorney or Agent Information (if applicable)	·
Is the employer represented by an attorney or agent in the filing of this application?	Attorney
2. Attorney or Agent's Last (family) Name	Bickhram
3. First (given) Name	Sabita
5. Address 1	100 Adelaide Street West

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Wage Rate Paid to Nonimmigrant Workers From 116316.00 Wage Rate Paid to Nonimmigrant Workers Per Year Prevailing Wage Rate Prevailing Wage Rate Per Year		State/District/Territory	CALIFORNIA	
Wage Rate Paid to Nonimmigrant Workers Per Prevailing Wage Rate 98592.00 Prevailing Wage Rate Per Year		B +10 +		
Prevailing Wage Rate 98592.00 Prevailing Wage Rate Per Year	_		92127	
Prevailing Wage Rate Per Year	_			
	_	Wage Rate Paid to Nonimmigrant Workers From	116316.00	
Identify the source user for the prevailing wage (PW) f13_is_oes_prevailing_wage	_	Wage Rate Paid to Nonimmigrant Workers From Wage Rate Paid to Nonimmigrant Workers Per	116316.00 Year	
	_	Wage Rate Paid to Nonimmigrant Workers From Wage Rate Paid to Nonimmigrant Workers Per Prevailing Wage Rate	116316.00 Year 98592.00	

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 employment	of NO
Address 1	11185 Lee Way,
Address 2 (apartment/suite/floor and number)	Apt. 35109
City	San Diego
County	SAN DIEGO
State/District/Territory	CALIFORNIA
Postal Code	92126
G: Employer Labor Condition Statements	
n order for your application to be processed, you MUST read Section G of the Form ETA-9035CP - General Instructions for the 903	5 & 9035E under the heading "Employer Labor Condition Statements" and agree to all four (4) labor condition statements summarized
	is higher, and pay for non-productive time. The employer shall offer nonimmigrant workers benefits and eligibility for benefits provided as s to recoup a business expense(s) of the employer including attorney fees and other costs connected to the performance of H-1B, H-1B1, c, and filling of this L CA and related visa neithing information. 20 CFB 655 731:
	orking conditions of workers similarly employed. The employer's obligation regarding working conditions shall extend for the duration of the
3. Strike, Lockout, or Work Stoppage: At the time of filing this LCA, the employer is not involved in a strike, lockout, or work s Department of Labor within 3 days of the occurrence of a strike or lockout in the occupation, and in that event the LCA will no Administration (ETA) determines that the strike or lockout has ended. 20 CFR 655.733;	toppage in the course of a labor dispute in the occupational classification in the area(s) of intended employment. The employer will notify the to be used to support a petition filing with the U.S. Citizenship and Immigration Services (USCIS) until the DOL Employment and Training
representative, to workers in the occupation at the place(s) of employment either by electronic or physical posting. This notic	r this LCA is filed to the bargaining representative in the occupation and area of intended employment, or if there is no bargaining 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 LCA will be provided to each nonimmigrant worker employed pursuant to the LCA. The employer shall, no later than the date the worker(s) 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.	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
2. At the time of filing this LCA, is the employer a willful violator /J: Employer Obligations	NO
U: Employer Obligations A. Upon receipt of the certified LCA, the employer must take the following actions: Print and sign a certified LCA in the employer's files (20 CFR 655.705(c)(2)); 20 CFR 655.730(c)(3); and 20 CFR 6. Department of Labor regulations, available for public examination in a public access file at the employer must develop sufficient documentation to meet its burden of proof with respect to such statements or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(iv)). The employer must make this LCA, supporting documentation, and other records available to of Nationality Act (20 CFR 655.760 and 20 CFR Subpart I). declare under penalty of perjury that I have read and reviewed this application and that to the best urnish materially false information in the preparation of this form and any supplemental thereto or the supplemental thereto or the supplemental thereto.	nard copy of the LCA if filing electronically(20 CFR 655.705(c)(3)); Maintain the original signed and i5.760) Make a copy of the LCA, as well as necessary supporting documentation required by the oyer's principal place of business in the U.s> or at the place of employment within one working day after 655.760). The validity of the statements made in its LCA and the accuracy of information provided, in the event that
(J: Employer Obligations A. Upon receipt of the certified LCA, the employer must take the following actions: Print and sign a certified LCA in the employer's files (20 CFR 655.705(c)(2)); 20 CFR 655.730(c)(3); and 20 CFR 6 Department of Labor regulations, available for public examination in a public access file at the employer must develop sufficient documentation to meet its burden of proof with respect to 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 of Nationality Act (20 CFR 655.760 and 20 CFR Subpart I). declare under penalty of perjury that I have read and reviewed this application and that to the besi	nard copy of the LCA if filing electronically(20 CFR 655.705(c)(3)); Maintain the original signed and i5.760) Make a copy of the LCA, as well as necessary supporting documentation required by the oyer's principal place of business in the U.s> or at the place of employment within one working day after 655.760). he validity of the statements made in its LCA and the accuracy of information provided, in the event that icials of the Department of Labor upon request during any investigation under the immigration and of my knowledge, the information contained therein is true and accurate. I understand that to knowingly o aid, abet, or counsel another to do so is a federal offense punishable fines, imprisonment, or both (18)
(J: Employer Obligations A. Upon receipt of the certified LCA, the employer must take the following actions: Print and sign a certified LCA in the employer's files (20 CFR 655.705(c)(2)); 20 CFR 655.730(c)(3); and 20 CFR 650.000 cepartment of Labor regulations, available for public examination in a public access file at the employer date on which the LCA is filed with the Department of Labor (20 CFR 655.705(c)(2) and 20 CFR 65.705(c)(2) and 20 CFR 655.705(c)(2) and 20 CFR 655.705(c)(3) conductive for the employer must develop sufficient documentation to meet its burden of proof with respect to such statements or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(iv)). The employer must make this LCA, supporting documentation, and other records available to of Nationality Act (20 CFR 655.760 and 20 CFR Subpart I). declare under penalty of perjury that I have read and reviewed this application and that to the best urnish materially false information in the preparation of this form and any supplemental thereto or to J.S.C 2, 1001,1546,1621).	nard copy of the LCA if filing electronically(20 CFR 655.705(c)(3)); Maintain the original signed and i5.760) Make a copy of the LCA, as well as necessary supporting documentation required by the oyer's principal place of business in the U.s> or at the place of employment within one working day after 655.760). he validity of the statements made in its LCA and the accuracy of information provided, in the event that icials of the Department of Labor upon request during any investigation under the immigration and of my knowledge, the information contained therein is true and accurate. I understand that to knowingly o aid, abet, or counsel another to do so is a federal offense punishable fines, imprisonment, or both (18)
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Wage Level

1. Last (family) Name	Sharma
1. Last (lamily) Name	Snarma
2. First (given) Name	Shruti
4. Firm/Business Name	EVI AWAR
4. I IIII/Dusiiless Naille	EY LAW LLP
5. Email Address	Shruti.Sharma4@ca.ey.com
	- •

K: LCA Preparer

APP A: Appendix A - Educational Attainment Documentation