OMB Approval: 1205-0310 Expiration Date:

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



U.S. Department of Labor			THE OWNER OF THE PERSON OF THE		
Please read and review the filing instructions	carefully	before completing th	e Form ETA - 9035 or 9035E.	A copy of the instructions can be for	ound at

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

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1 1 Department of Mathematical and Physical Sciences Miami University Oxford Butler Ohio 45056 67000 00 53540 00 53540 00 4 7/1/2021 - 6/30/2022

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G.	<b>Employ</b>	∕er Laboı	<ul> <li>Condition</li> </ul>	Statements
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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 & 9035F under the heading "Employer Labor Condition State 6 (t)-1aS	tCe gir14.3T -0.011 Tc 0.5.8.

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Case Nimber:	Case Status	Period of Employment	to

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



K.	$\Gamma \cap \Delta$	Preparer
n.	LUA	Flebalei

K. LCA Preparer		
Important Note: Complete this section if the p point of contact) or E (attorney or agent) of this	reparer of this LCA is a person other than the one ide application.	entified in either Section D (employer
Last (family) name §	2. First (given) name §	3. Middle initial
4. Firm/Business name §		-
5. E-Mail address §		
L. U.S. Government Agen cy Use (ONLY)		
	rtment of Labor hereby acknowledges the follow	wing:
This certification is valid from	to	
Department of Labor, Office of Foreign La	bor Certification Certification	tion Date (date signed)
I-200-22091-028258	In Proc	ess
Case number	Case Sta	atus
The Department of Labor is not the guarar	ntor of the accuracy, truthfulness, or adequacy	of a certified LCA.
Signature Notification a nd Complaints		
but MUST be complete when submitting non-el	rill not be filled out when electronically submitting to the ectronically. If the application is submitted electronication is the submitted to USCIS for final processing.	
WH-4 Form with any office of the Wage and Ho obtained at www.dol.gov/whd. Complaints alleg	ial facts in the LCA and/or failure to comply with the tur Division, U.S. Department of Labor. A listing of the ging failure to offer employment to an equally or bette ployment, may be filed with the U.S. Department of J	e Wage and Hour Division offices can be er qualified U.S. worker, or an employer's

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 (1205-0 310)

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.

FormETA- 9035/9035E	FOR DEPARTMENT OF LABOR US	E ONLY		3DJH 6RI
Case Number: I-200-22091-028258	Case Status In Process	Period of Employment	_ to _	