

Select what form/section you would like to view:

- Select -

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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 Advisory Consultant

2/B.3. SOC (ONET/OES) Code and Occupation Title 15-1122.00

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

4. Is this a full-time position? YES

5. Begin Date 2020-08-07

6. End Date	2023-08-06
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7. Total Worker Positions Being Requested for Certification	3
---	---

a. New Employment	1
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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
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e. Change in employer	1
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f. Amended petition	1
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C: Employer Information



1. Legal Business Name	Deloitte & Touche LLP
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3. Address 1	1700 Market Street
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5. City	Philadelphia
---------	--------------

6. State	PENNSYLVANIA
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7. Postal Code	19103
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8. Country	UNITED STATES OF AMERICA
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10. Telephone Number +16179608170

12. Federal Employer Identification Number  
(FEIN from IRS) 13-3891517

13. NAICS Description Accounting, Tax Preparation, Bookkeeping,  
and Payroll Services,

13. NAICS Code 54121

D: Employer Point of Contact Information



1. Contact's Last (family) Name Lutz

2. First (given) Name Amy

4. Contact's Job Title Immigration Specialist

5. Address 1 1700 Market Street

7. City Philadelphia

8. State PENNSYLVANIA

9. Postal Code 19103

10. Country UNITED STATES OF AMERICA

12. Telephone Number +16179608170

14. Business e-mail address usdeloitteimmigration@deloitte.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 Cook

3. First (given) Name Sharon

4. Middle Name(s) Lynn

5. Address 1 1075 Peachtree Street NE

6. Address 2 (*apartment/suite/floor and number*) Suite 2500

7. City Atlanta

8. State GEORGIA

9. Postal Code 30309

10. Country UNITED STATES OF AMERICA

12. Telephone Number +14048856754

14. Email Address slarsen-scott@seyfarth.com

15. Law Firm/Business Name Seyfarth Shaw LLP

16. Law Firm/Business FEIN 36-2152202

17. State Bar Number	583773
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18. State of highest state court where attorney is in good standing	GEORGIA
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19. Name of highest state court where attorney is in good standing	Supreme Court
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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	56763.00
Wage Rate Paid to Nonimmigrant Workers Per	Year
Prevailing Wage Rate	56763.00
Prevailing Wage Rate Per	Year
Identify the source user for the prevailing wage (PW)	f13_is_oes_prevailing_wage
Wage Level	I
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	3
Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment	NO
Address 1	333 SE 2nd Avenue
Address 2 (apartment/suite/floor and number)	Suite 3600
City	Miami
County	MIAMI-DADE
State/District/Territory	FLORIDA
Postal Code	33131

## G: Employer Labor Condition Statements



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;
- 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. 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



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      Lutz

2. First (given) name of hiring or designated official      Amy

4. Hiring or designated official title      Immigration Specialist

K: LCA Preparer



1. Last (family) Name      Larsen-Scott

2. First (given) Name      Sensei

4. Firm/Business Name      Seyfarth Shaw LLP

## APP A: Appendix A - Educational Attainment Documentation



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.





# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

## Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶

### Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

### Address of Attorney or Accredited Representative

3.a. Street Number and Name

3.b. ☐ Apt. ☒ Ste. ☐ Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

### Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

## Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with , the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



### Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.  
I-129 (MALIK, Himanshu)
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)  
▶
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):  
☐ Applicant ☒ Petitioner ☐ Requestor  
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

### Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) Lutz
- 6.b. Given Name (First Name) Amy
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)  
Deloitte & Touche LLP
- 7.b. Title of Authorized Signatory for Entity (if applicable)  
Immigration Specialist
8. Client's USCIS Online Account Number (if any)  
▶
9. Client's Alien Registration Number (A-Number) (if any)  
▶ A- N o n e

### Client's Contact Information

10. Daytime Telephone Number  
(617) 960-8170
11. Mobile Telephone Number (if any)
12. Email Address (if any)  
usdeloitteimmigration@deloitte.com

### Mailing Address of Client

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name 1700 Market Street
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 13.c. City or Town Philadelphia
- 13.d. State PA 13.e. ZIP Code 19103
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country  
United States

### Part 4. Client's Consent to Representation and Signature

#### Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



#### Part 4. Client's Consent to Representation and Signature (continued)

##### *Options Regarding Receipt of USCIS Notices and Documents*

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

##### *Signature of Client or Authorized Signatory for an Entity*

2.a. Signature of Client or Authorized Signatory for an Entity



2.b. Date of Signature (mm/dd/yyyy)

#### Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy)

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)



## Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number  2.b. Part Number  2.c. Item Number

2.d.

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d.

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d.

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d.

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d.





# Petition for a Nonimmigrant Worker

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-129  
OMB No. 1615-0009  
Expires 01/31/2022

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> Classification Approved <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted		

► **START HERE - Type or print in black ink.**

## Part 1. Petitioner Information

If you are an individual filing this petition, complete **Item Number 1**. If you are a company or an organization filing this petition, complete **Item Number 2**.

### 1. Legal Name of Individual Petitioner

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name

N/A

### 2. Company or Organization Name

Deloitte & Touche LLP

### 3. Mailing Address of Individual, Company or Organization

In Care Of Name

Amy Lutz

Street Number and Name

1700 Market Street

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Philadelphia

State

PA

ZIP Code

19103

Province

Postal Code

Country

United States

### 4. Contact Information

Daytime Telephone Number

(617) 960-8170

Mobile Telephone Number

Email Address (if any)

usdeloitteimmigration@deloitte.com

### 5. Other Information

Federal Employer Identification Number (FEIN)

► 13-3891517

Individual IRS Tax Number

► N / A

U.S. Social Security Number (if any)

► N / A

**Part 2. Information About This Petition** (See instructions for fee information)

1. **Requested Nonimmigrant Classification** (Write classification symbol): H-1B
2. **Basis for Classification** (select **only one** box):
- ☒ a. New employment.
- ☐ b. Continuation of previously approved employment without change with the same employer.
- ☐ c. Change in previously approved employment.
- ☐ d. New concurrent employment.
- ☐ e. Change of employer.
- ☐ f. Amended petition.
3. **Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."** ▶ 

Y	S	C	1	9	9	0	3	7	3	1	0	7
---	---	---	---	---	---	---	---	---	---	---	---	---
4. **Requested Action** (select **only one** box):
- ☒ a. Notify the office in **Part 4**, so each beneficiary can obtain a visa or be admitted. (**NOTE:** A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
- ☐ b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in **Item Number 2.**, above.
- ☐ c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- ☐ d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- ☐ e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
- ☐ f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
5. **Total number of workers included in this petition.** (See instructions relating to when more than one worker can be included.) ▶ One (1)

**Part 3. Beneficiary Information** (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)

1. **If an Entertainment Group, Provide the Group Name**
- N/A
2. **Provide Name of Beneficiary**
- | Family Name (Last Name) | Given Name (First Name) | Middle Name |
|-------------------------|-------------------------|-------------|
| Malik                   | Himanshu                | --          |
3. **Provide all other names the beneficiary has used.** Include nicknames, aliases, maiden name, and names from all previous marriages.
- | Family Name (Last Name) | Given Name (First Name) | Middle Name |
|-------------------------|-------------------------|-------------|
|                         |                         |             |
|                         |                         |             |
|                         |                         |             |
4. **Other Information**
- |  |  |  |   |   |   |   |   |   |   |   |   |
|--|--|--|---|---|---|---|---|---|---|---|---|
| Date of birth<br>(mm/dd/yyyy) <span style="border: 1px solid black; padding: 2px;">08/21/1992</span> | Gender<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | U.S. Social Security Number (if any)<br>▶ <table border="1" style="display: inline-table; text-align: center;"><tr><td>6</td><td>5</td><td>3</td><td>5</td><td>9</td><td>1</td><td>2</td><td>3</td><td>5</td></tr></table> | 6 | 5 | 3 | 5 | 9 | 1 | 2 | 3 | 5 |
| 6  | 5  | 3  | 5 | 9 | 1 | 2 | 3 | 5 |   |   |   |

**Part 3. Beneficiary Information** (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

Alien Registration Number (A-Number)

► A- N o n e

Country of Birth

India

Province of Birth

Haryana

Country of Citizenship or Nationality

India

**5. If the beneficiary is in the United States, complete the following:**

Date of Last Arrival (mm/dd/yyyy)

01/03/2020

I-94 Arrival-Departure Record Number

► 4 2 4 9 1 4 2 5 2 A 2

Passport or Travel Document Number

K3836247

Date Passport or Travel Document Issued (mm/dd/yyyy)

11/04/2011

Date Passport or Travel Document Expires (mm/dd/yyyy)

11/03/2021

Passport or Travel Document Country of Issuance

India

Current Nonimmigrant Status

F-1

Date Status Expires or D/S

(mm/dd/yyyy) D/S

Student and Exchange Visitor Information System (SEVIS) Number (if any)

N0029643225

Employment Authorization Document (EAD) Number (if any)

YSC-19-903-73107

**6. Current Residential U.S. Address** (if applicable) (do not list a P.O. Box)

Street Number and Name

230 NE 4th Street

Apt. Ste. Flr.

☒ ☐ ☐

Number

2708

City or Town

Miami

State

FL

ZIP Code

33132

**Part 4. Processing Information**

1. If a beneficiary or beneficiaries named in **Part 3.** is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

a. **Type of Office** (select only one box): ☒ Consulate

☐ Pre-flight inspection

☐ Port of Entry

b. **Office Address (City)**

New Delhi

c. **U.S. State or Foreign Country**

India

d. **Beneficiary's Foreign Address**

Street Number and Name

H.No. - 766, Sector-4, Urban Estate

Apt. Ste. Flr.

☐ ☐ ☐

Number

City or Town

Gurgaon

State

Haryana

Province

Postal Code

122001

Country

India

2. Does each person in this petition have a valid passport? ☒ Yes ☐ No. If no, go to **Part 9.** and type or print your explanation.

#### Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?  
☐ Yes. If yes, how many? ►  ☒ No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at [www.cbp.gov/i94](http://www.cbp.gov/i94) instead of filing an application for a replacement/initial I-94.  
☐ Yes. If yes, how many? ►  ☒ No
5. Are you filing any applications for dependents with this petition?  
☐ Yes. If yes, how many? ►  ☒ No
6. Is any beneficiary in this petition in removal proceedings?  
☐ Yes. If yes, proceed to **Part 9.** and list the beneficiary's(ies) name(s). ☒ No
7. Have you ever filed an immigrant petition for any beneficiary in this petition?  
☐ Yes. If yes, how many? ►  ☒ No
8. Did you indicate you were filing a new petition in **Part 2.**?  
☒ Yes. If yes, answer the questions below. ☐ No. If no, proceed to **Item Number 9.**
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?  
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?  
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No
9. Have you ever previously filed a nonimmigrant petition for this beneficiary?  
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?  
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No N/A
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?  
☐ Yes. If yes, proceed to **Item Number 11.b.** ☒ No
- 11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

N/A

#### Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title

Advisory Consultant

2. LCA or ETA Case Number

5e3bf0baa5e747001bfed45f



## Part 5. Basic Information About the Proposed Employment and Employer (continued)

**3.** Address where the beneficiary(ies) will work if different from address in **Part 1**.

Street Number and Name

Deloitte & Touche LLP: 333 SE 2nd Avenue

Apt. Ste. Flr. Number

☐ ☒ ☐

3600

City or Town

Miami

State

FL

ZIP Code

33131

**4.** Did you include an itinerary with the petition? ☐ Yes ☒ No

**5.** Will the beneficiary(ies) work for you off-site at another company or organization's location? ☐ Yes ☒ No

**6.** Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? ☐ Yes ☒ No

**7.** Is this a full-time position? ☒ Yes ☐ No

**8.** If the answer to **Item Number 7** is no, how many hours per week for the position?

► N/A

**9.** Wages: \$ 61,200.00 per (Specify hour, week, month, or year)

► Year

**10.** Other Compensation (Explain)

Standard Benefits.

**11.** Dates of intended employment From: (mm/dd/yyyy) 10/01/2020 To: (mm/dd/yyyy) 08/06/2023

**12.** Type of Business

Accounting, Auditing, Tax & Consulting

**13.** Year Established

1989

**14.** Current Number of Employees in the United States

15000

**15.** Gross Annual Income

\$5.5 Billion

**16.** Net Annual Income

N/A

## Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select **Item Number 1.** or **Item Number 2.** as appropriate. **DO NOT** select both boxes.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

- 1.** ☒ A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
- 2.** ☐ A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

**Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)**

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

**1. Name and Title of Authorized Signatory**

Family Name (Last Name)

Lutz

Given Name (First Name)

Amy

Title

Immigration Specialist

**2. Signature and Date**

Signature of Authorized Signatory



Date of Signature

(mm/dd/yyyy)

**3. Signatory's Contact Information**

Daytime Telephone Number

(617) 960-8170

Email Address (if any)

usdeloitteimmigration@deloitte.com

**NOTE:** If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

**Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner**

Provide the following information concerning the preparer:

**1. Name of Preparer**

Family Name (Last Name)

Cook

Given Name (First Name)

Sharon

**2. Preparer's Business or Organization Name (if any)**

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

Seyfarth Shaw LLP

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**Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner (continued)****3. Preparer's Mailing Address**

Street Number and Name

1075 Peachtree St. NE

Apt.

☐

Ste.

☒

Flr.

☐

Number

2500

City or Town

Atlanta

State

GA

ZIP Code

30309-3958

Province

Postal Code

Country

United States

**4. Preparer's Contact Information**

Daytime Telephone Number

(404) 885-6754

Fax Number

(404) 724-1754

Email Address (if any)

slcook@seyfarth.com

***Preparer's Declaration***

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

**5. Signature and Date**

Signature of Preparer

Date of Signature

(mm/dd/yyyy)

## Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 9.** to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number, Part Number and Item Number** corresponding to the additional information.

1. A-Number ► A- 

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2.	<b>Page Number</b>	<b>Part Number</b>	<b>Item Number</b>			
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Deloitte & Touche LLP ("Deloitte & Touche") will exercise the right to control the work performed by the Beneficiary. Deloitte & Touche's business model involves the formation of a team of qualified professionals who work together, at Deloitte & Touche's offices and, as and when required, at client's offices, to provide advisory services to the client. During the course of a Deloitte & Touche engagement, Deloitte & Touche staff do NOT become members of the client's workforce; rather, the Deloitte & Touche team will work with the client to achieve the project goals detailed within the engagement agreement. At all times, Deloitte & Touche project team members function as Deloitte & Touche employees and operate under the control of Deloitte & Touche and not of the client. Although the end product of the engagement is ultimately evaluated by the client, each Deloitte & Touche team member's particular performance is formally evaluated by Deloitte & Touche management.

3.	<b>Page Number</b>	<b>Part Number</b>	<b>Item Number</b>			
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4.	<b>Page Number</b>	<b>Part Number</b>	<b>Item Number</b>
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# H Classification Supplement to Form I-129

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
**Form I-129**  
OMB No. 1615-0009  
Expires 01/31/2022

1. Name of the Petitioner

Deloitte & Touche LLP

**Name of the beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries**

2.a. Name of the Beneficiary

Himanshu Malik

**OR**

2.b. Provide the total number of beneficiaries

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last six years (beneficiaries requesting H-2A or H-2B classification need only list the last three years). Be sure to only list those periods in which each beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status.

**NOTE:** Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. (If more space is needed, attach an additional sheet.)

Subject's Name	Period of Stay (mm/dd/yyyy)	
	From	To
Himanshu Malik	None	

4. Classification sought (select **only one** box):

- ☒ **a.** H-1B Specialty Occupation
- ☐ **b.** H-1B1 Chile and Singapore
- ☐ **c.** H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
- ☐ **d.** H-1B3 Fashion model of distinguished merit and ability
- ☐ **e.** H-2A Agricultural worker
- ☐ **f.** H-2B Non-agricultural worker
- ☐ **g.** H-3 Trainee
- ☐ **h.** H-3 Special education exchange visitor program

5. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?

☐ Yes ☒ No

6. Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229?

☐ Yes ☒ No

7.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

☐ Yes. If yes, please explain in **Item Number 7.b.** ☒ No

**7.b. Explanation**

**Section 1. Complete This Section If Filing for H-1B Classification**

1. Describe the proposed duties.

Please see attached addendum.

2. Describe the beneficiary's present occupation and summary of prior work experience.

Please see attached addendum.

**Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore**

By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the beneficiary is assigned to a position in a new location, I will obtain and post an LCA for that site prior to reassignment.

I further understand that I cannot charge the beneficiary the ACWIA fee, and that any other required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

**Signature of Petitioner**

**Name of Petitioner**

**Date (mm/dd/yyyy)**



Amy Lutz, Immigration Specialist

**Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects**

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

**Signature of Authorized Official of Employer**

**Name of Authorized Official of Employer**

**Date (mm/dd/yyyy)**

Amy Lutz, Immigration Specialist

**Statement for H-1B U.S. Department of Defense Projects Only**

I certify that the beneficiary will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense.

**Signature of DOD Project Manager**

**Name of DOD Project Manager**

**Date (mm/dd/yyyy)**

**Section 2. Complete This Section If Filing for H-2A or H-2B Classification**

1. Employment is: (select **only one** box)

☐

a. Seasonal

☐

b. Peak load

☐

c. Intermittent

☐

d. One-time occurrence

2. Temporary need is: (select **only one** box)

☐

a. Unpredictable

☐

b. Periodic

☐

c. Recurrent annually



# H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-129  
OMB No. 1615-0009  
Expires 01/31/2022

1. Name of the Petitioner

Deloitte & Touche LLP

2. Name of the Beneficiary

Himanshu Malik

## Section 1. General Information

1. Employer Information - (select all items that apply)

- a. Is the petitioner an H-1B dependent employer? ☐ Yes ☒ No
- b. Has the petitioner ever been found to be a willful violator? ☐ Yes ☒ No
- c. Is the beneficiary an H-1B nonimmigrant exempt from the Department of Labor attestation requirements? ☒ Yes ☐ No
- c.1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? ☒ Yes ☐ No
- c.2. Or is it because the beneficiary has a master's degree or higher degree in a specialty related to the employment? ☒ Yes ☐ No
- d. Does the petitioner employ 50 or more individuals in the United States? ☒ Yes ☐ No
- d.1. If yes, are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status? ☐ Yes ☒ No

2. Beneficiary's Highest Level of Education (select only one box)

- ☐ a. NO DIPLOMA
- ☐ b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (for example: GED)
- ☐ c. Some college credit, but less than 1 year
- ☐ d. One or more years of college, no degree
- ☐ e. Associate's degree (for example: AA, AS)
- ☐ f. Bachelor's degree (for example: BA, AB, BS)
- ☒ g. Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- ☐ h. Professional degree (for example: MD, DDS, DVM, LLB, JD)
- ☐ i. Doctorate degree (for example: PhD, EdD)

3. Major/Primary Field of Study

Business Analytics

4. Rate of Pay Per Year

\$61,200.00

5. DOT Code

0 3 3

6. NAICS Code

5 4 1 2 1 0

## Section 2. Fee Exemption and/or Determination

In order for USCIS to determine if you must pay the additional **\$1,500** or **\$750** American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions:

1. Are you an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? ☐ Yes ☒ No
2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in 8 CFR 214.2(h)(19)(iii)(B)? ☐ Yes ☒ No

## Section 2. Fee Exemption and/or Determination (continued)

3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? ☐ Yes ☒ No
4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien? ☐ Yes ☒ No
5. Is this an amended petition that does not contain any request for extensions of stay? ☐ Yes ☒ No
6. Are you filing this petition to correct a USCIS error? ☐ Yes ☒ No
7. Is the petitioner a primary or secondary education institution? ☐ Yes ☒ No
8. Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution? ☐ Yes ☒ No

If you answered yes to any of the questions above, you are not required to submit the ACWIA fee for your H-1B Form I-129 petition. If you answered no to all questions, answer **Item Number 9.** below.

9. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? ☐ Yes ☒ No

If you answered yes, to **Item Number 9.** above, you are required to pay an additional ACWIA fee of **\$750.** If you answered no, then you are required to pay an additional ACWIA fee of **\$1,500.**

**NOTE:** A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional **\$500** Fraud Prevention and Detection fee. For petitions filed on or after December 18, 2015, an additional fee of **\$4,000** must be submitted if you responded yes to **Item Numbers 1.d. and 1.d.1. of Section 1.** of this supplement. This **\$4,000** fee was mandated by the provisions of Public Law 114-113.

The Fraud Prevention and Detection Fee and Public Law 114-113 fee do not apply to H-1B1 petitions. **These fees, when applicable, may not be waived.** You must include payment of the fees when you submit this form. Failure to submit the fees when required will result in rejection or denial of your submission. Each of these fees should be paid by separate checks or money orders.

## Section 3. Numerical Limitation Information

1. Specify the type of H-1B petition you are filing. (select **only one** box):

- ☐ a. CAP H-1B Bachelor's Degree ☐ c. CAP H-1B1 Chile/Singapore  
☒ b. CAP H-1B U.S. Master's Degree or Higher ☐ d. CAP Exempt

2. If you answered **Item Number 1.b. "CAP H-1B U.S. Master's Degree or Higher,"** provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):

- a. Name of the United States Institution of Higher Education

Fordham University

- b. Date Degree Awarded

08/31/2019

- c. Type of United States Degree

Master's

- d. Address of the United States institution of higher education

Street Number and Name

Salvatore C. Longarino, 33 West 60th Street, Room 306

Apt. Ste. Flr. Number

☐

☐

☐

City or Town

New York

State

NY

ZIP Code

10023



### Section 3. Numerical Limitation Information (continued)

3. If you answered **Item Number 1.d. "CAP Exempt,"** you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:

- ☐ a. The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act, of 1965, 20 U.S.C. 1001(a).
- ☐ b. The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in 8 CFR 214.2(h)(8)(ii)(F)(2).
- ☐ c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(ii)(F)(3).
- ☐ d. The beneficiary will be employed at a qualifying cap exempt institution, organization or entity pursuant to 8 CFR 214.2(h)(8)(ii)(F)(4).
- ☐ e. The petitioner is requesting an amendment to or extension of stay for the beneficiary's current H-1B classification.
- ☐ f. The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(l) of the Act.
- ☐ g. The beneficiary of this petition has been counted against the cap and **(1)** is applying for the remaining portion of the 6 year period of admission, or **(2)** is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21).
- ☐ h. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.

### Section 4. Off-Site Assignment of H-1B Beneficiaries

1. The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification sought. ☐ Yes ☒ No
- If no, do not complete **Item Numbers 2. and 3.**
2. Placement of the beneficiary off-site during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification. N/A ☐ Yes ☐ No
3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. N/A ☐ Yes ☐ No

THIS SUBMISSION CONTAINS CONFIDENTIAL COMMERCIAL  
INFORMATION. PER FOIA [5 U.S.C. §552 (b)(4)] SUBMITTER  
REQUESTS PREDISCLOSURE NOTIFICATION PER PRESIDENTIAL  
EXECUTIVE ORDER NO. 12,600, 52 Fed. Reg. 23781 (June 23, 1987).

## **ADDENDUM TO FORM I-129 AND H SUPPLEMENT**

**Re:** Request for H-1B Status  
**Petitioner:** Deloitte & Touche LLP  
**Beneficiary:** MALIK, Himanshu  
**Specialty Occupation:** Advisory Consultant

This statement is being provided by Amy Lutz (Immigration Specialist) as an addendum to Form I-129 and H Supplement in support of Deloitte & Touche LLP's ("Deloitte & Touche") request that H-1B status be granted to Mr. Himanshu Malik to enable him to perform in the Advisory Consultant position in Miami, Florida. This addendum is an integral part of the Form I-129 petition to which it is attached.

### **INFORMATION ABOUT DELOITTE & TOUCHE**

Deloitte & Touche employs approximately 15,000 individuals in the United States and has a consolidated gross income of approximately \$5.5 billion. One of the nation's leading audit firms, Deloitte & Touche helps organizations identify and manage both risks and opportunities to improve business performance, strengthen controls, and enhance corporate governance. Deloitte & Touche's professionals combine knowledge and experience in the areas of financial reporting, risk management, and compliance to help address their clients' most important issues. Known as an employer of choice for innovative human resources programs, Deloitte & Touche is dedicated to helping its clients and its people excel. Deloitte & Touche is one of the operating subsidiaries of Deloitte LLP -- one of the nation's leading professional services firms providing audit, tax, consulting and financial advisory services through nearly 94,637 people in more than 90 U.S. cities. For its most recent fiscal year, Deloitte LLP's operations exceeded \$19.8 billion in revenues.

Deloitte & Touche is part of the "Deloitte" brand under which over 263,000 dedicated professionals in independent firms throughout the world in over 150 countries provide audit, consulting, financial advisory, risk management, and tax services to selected clients. These firms are members of Deloitte Touche Tohmatsu Limited ("DTTL"), a UK private company limited by guarantee. Deloitte LLP is the U.S. member firm of DTTL. DTTL member firms serve the world's largest companies, as well as large national enterprises, public institutions, and successful, fast-growing global growth companies. For the most recent fiscal year, the aggregate revenues of the DTTL member firms equate to \$38.8 billion.

### **THE BAHA EXECUTIVE ORDER AND "THE MOST SKILLED OR HIGHEST PAID"**

Public policy supports granting Mr. Malik H-1B classification. President Trump signed the *Buy American and Hire American Executive Order*, in part, to advance policies to ensure H-1B visas are awarded to the most-skilled and highest-paid beneficiaries. Mr. Malik is highly educated and skilled. He received a Master of Science degree from Fordham University in August, 2019. Thus, USCIS should in its discretion approve the H-1B petition, which would be supported by public policy.

### **AVAILABILITY OF SUFFICIENT SPECIALTY OCCUPATION WORK**

As a leading organization in its field with extensive revenues, a widespread client base, and myriad on-going client engagements (including the engagement on which Mr. Malik is or will be working) and taking into account our history of bona fide participation in the H-1B program, Deloitte & Touche consistently acts

in accordance with all appropriate regulations. Nonetheless, the nature of our business and of our client relationships generally precludes us from forecasting future employee assignments to client engagements with significant advance notice, thereby making exhaustive itineraries of services or engagements inapplicable. If Mr. Malik's on-going assignment is completed before the end of the H-1B work authorization period requested, we would immediately re-deploy Mr. Malik on another project requiring his expertise, and we would immediately take the requisite steps to ensure compliance with applicable regulations, including providing an LCA specific to each location at which Mr. Malik may be working.

### **JOB DUTIES AND RESPONSIBILITIES OF ADVISORY CONSULTANT**

As Advisory Consultant, Mr. Malik will assist with financial statement audit, Sarbanes-Oxley readiness, IT controls, and SSAE16 examinations; utilize Peoplesoft, Lawson, Invision, JDE and SAP ERPs, AS/400, Windows and UNIX operating systems, and DB2 and MS SQL database environments; assess security configurations, conduct policy and procedure reviews, audit client platform baseline standards, and test platforms for numerous clients; assist with designing and implementing technical and general computer IT audits, systems development, conversion, and application control reviews, including process and procedure, documentation, control identification, test plan creation and execution, and executive reporting; assist with in-depth control assessments, document test requirements, and suggest remediation alternatives where necessary; and understand clients' business environment and basic risk management approaches..

The above duties are submitted as evidence that the position qualifies as a Specialty Occupation pursuant to 8 CFR 214.2(h)(4)(iii)(A).

Mr. Malik possesses a Master of Science degree in Business Analytics and a Bachelor of Technology degree in Information Technology. Mr. Malik's educational background qualifies him for the role of Advisory Consultant.

### **SUMMARY OF TERMS OF EMPLOYMENT**

Deloitte & Touche takes this opportunity to provide a summary of the terms of employment pursuant to which Deloitte & Touche has engaged the services of Mr. Malik. Deloitte & Touche will employ Mr. Malik in H-1B status as Advisory Consultant at an annual wage of \$61,200.00 in consideration of performing the job duties described in this addendum. This salary is in addition to standard benefits available to similarly situated professional personnel. Total compensation for the position is commensurate with the professional level duties required to be performed. The term or duration of Mr. Malik's employment is "at will."

### **EMPLOYER-EMPLOYEE RELATIONSHIP**

Deloitte & Touche is the appropriate entity to request H-1B status for Mr. Malik because it is Deloitte & Touche that will have and exercise the right to control the work performed by Mr. Malik as Advisory Consultant. Deloitte & Touche is NOT an employment staffing company, job shop, or job placement agency, and Deloitte & Touche does NOT hire employees for the purpose of contracting with clients in order to staff their places of business. On the contrary, Deloitte & Touche is a leading advisory firm committed to helping clients achieve superior results and to enhancing organizational capabilities. Deloitte & Touche's business model involves the formation of a team of qualified professionals who work together, at Deloitte & Touche's offices and, if applicable under the terms of the specific client engagement, at client sites, to provide advisory services to the client. During the course of a Deloitte & Touche engagement, Deloitte & Touche staff do NOT become members of the client's workforce; rather, the Deloitte & Touche team will work with the client to achieve the project goals detailed within the engagement agreement. At all times, Deloitte & Touche project team members function as Deloitte & Touche employees and operate under the control of Deloitte & Touche and not of the client. Although the end product of the engagement is ultimately evaluated by the client, each Deloitte & Touche team member's particular performance is formally evaluated by Deloitte & Touche management.

Deloitte & Touche provides the below summary to further confirm that it is Deloitte & Touche that will have and exercise the right to control the work of Mr. Malik:

- Source of resources, instrumentalities and tools used to perform the specialty occupation Advisory Consultant: Computer and information technology provided by Deloitte & Touche; knowledge and project management resources provided by Deloitte & Touche; access to client data and/or technology as necessary to conduct analysis.
- Right to assign additional duties: Only Deloitte & Touche has the right to assign additional duties to Mr. Malik.
- Extent of Deloitte & Touche's discretion over work period, method of payment, role in paying and hiring assistants: Deloitte & Touche will directly pay Mr. Malik on a full-time basis for the entire duration requested. Deloitte & Touche will not "bench" Mr. Malik. Any and all assistants providing support to Mr. Malik are employed directly by Deloitte & Touche.
- Work to be performed is a part of Deloitte & Touche's regular business. The specialty occupation duties detailed in this filing are integral to the core business performed by Deloitte & Touche.
- Provision of employee benefits. Deloitte & Touche will offer to Mr. Malik all medical, welfare and retirement benefits offered to similarly situated U.S. workers.
- Tax treatment of Mr. Malik. Mr. Malik will be a salaried employee of Deloitte & Touche, subject to regular withholding of appropriate taxes. Deloitte & Touche issues a W-2 to Mr. Malik at the end of the calendar year.
- Location where Mr. Malik will perform job. Deloitte & Touche's office and, if and as required, various client sites (operating within Deloitte & Touche's project team structure under the control of Deloitte & Touche at any such client sites).
- Hiring, firing, and setting rules/regulations governing Mr. Malik's work. Irrespective of the client company or the nature of the engagement, the employer-employee relationship will exist at all times between Deloitte & Touche and Mr. Malik. Deloitte & Touche will have the authority to hire, fire, promote and supervise Mr. Malik and to adjust Mr. Malik's pay rate.
- Supervision of Mr. Malik's work. Mr. Malik will be, at all times, subject to Deloitte & Touche's employment policies and standards of conduct and, when performing work at client sites, will be subject to Deloitte & Touche's on-going direction and control as manifest in its standing project team and associated reporting structures.

#### **TERMS OF EMPLOYMENT UNCHANGED**

Notwithstanding that Deloitte & Touche has requested work authorization for Mr. Malik for a specific term, it is not our intention that this petition change or alter in any manner the terms and conditions of Mr. Malik's employment with Deloitte & Touche as originally agreed between Deloitte & Touche and Mr. Malik, and no language set out in this petition or in any immigration-related document should be construed as constituting an employment contract or as altering the terms of the employment relationship between Deloitte & Touche and Mr. Malik.

#### **REGULATORY COMPLIANCE**

Deloitte & Touche will be liable for the reasonable costs of return transportation of Mr. Malik, if he is dismissed from employment by Deloitte & Touche before the end of the period of authorized stay in H-1B status, to the extent such liability is imposed per applicable regulations of the U.S. Citizenship and Immigration Service, as required by 8 C.F.R. §214.2 (h)(4)(iii)(B)(2) and (E).

**DELOITTE & TOUCHE HAS CLEARLY MET THE PREPONDERANCE OF THE EVIDENCE BURDEN  
OF PROOF**

**Deloitte & Touche clearly meets the preponderance of the evidence standard of proof in that Deloitte & Touche demonstrates that the offered position Advisory Consultant is a specialty occupation.** Under the preponderance of the evidence standard, the evidence must demonstrate that our assertions are probably true based on the factual circumstances of the case.<sup>1</sup> According to the Service's Adjudicator's Field Manual, the standard of proof applied in most administrative immigration proceedings, and in this petition, is the preponderance of the evidence standard. Thus, even if the Director has some doubt, if we have submitted relevant, probative, and credible evidence that leads the Director to believe that the claim is probably true or more likely than not, then we have satisfied the standard of proof.<sup>2</sup> Here, it is clear that Deloitte & Touche has met its burden to establish that it is more likely than not that the offered role of Advisory Consultant is a specialty occupation.

**CONCLUSION**

We believe that Mr. Malik's education renders him well qualified to perform the job duties of Advisory Consultant. Mr. Malik has the necessary knowledge and expertise to perform the job duties and responsibilities and thus to make a viable contribution to our continued success.

We therefore request approval of the H-1B petition request so that Mr. Malik may serve in the Advisory Consultant position.

Please contact our attorney Sharon Cook of Seyfarth Shaw LLP at (404) 885-6754 if you require additional information or documentation on this matter.

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<sup>1</sup> Matter of Chawathe, 25 I&N Dec. 369, 375-376 (AAO 2010).

<sup>2</sup> See INS v. Cardoza-Fonseca, 480 U.S. 421, 431 (1987) (defining "more likely than not" as a greater than 50% chance of an occurrence taking place).

### **Public Access File Summary Sheet**

The following documents are being made available for inspection:

1. Labor Condition Application (completed Form ETA-9035) filed by Deloitte & Touche LLP for the position of Advisory Consultant.
2. Description of the system Deloitte & Touche used to determine the wage that it will pay to its Advisory Consultant.
3. Prevailing wage information for the occupational classification in the area of employment. The prevailing wage information is based on the OES/SOC Wage Survey and in particular Level 1 of the survey as indicated in the chart included in the case materials.
4. A notice of posting of the LCA data confirming that Deloitte & Touche posted the required LCA data electronically on deloitte.com for ten days.
5. A statement of the wage paid for the position of Advisory Consultant.
6. A copy of the summary plan description and related employee notices describing generally the benefits offered to the H-1B nonimmigrant.

The law requires Deloitte & Touche to retain the documents that support the LCA filing for one year beyond the end of the period of employment specified on the LCA or, if earlier, one year from the date the LCA is withdrawn. If a timely complaint is filed, Deloitte & Touche must retain the documentation until the complaint is resolved.

## ACTUAL WAGE MEMORANDUM

PUBLIC ACCESS INFORMATION --  
THIS DOCUMENT MAY BE RELEASED TO ANY INTERESTED PARTY

TO: Labor Condition Application File for Advisory Consultant  
FROM: Deloitte & Touche LLP  
DATE: February 6, 2020  
RE: Explanation of System Used to Determine Wage

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This Memorandum is intended to set forth a full and clear explanation of the system that Deloitte & Touche LLP uses to set the actual wage rate that it will pay for the occupational category for which an H-1B nonimmigrant is sought. This information is provided in accordance with 20 C.F.R. §655.760(a)(3).

The wage paid to the Advisory Consultant is reflective of the educational requirements for the position as well as the job responsibilities and duties for the position.

Deloitte & Touche LLP considers the following factors in determining the final set of employees used to establish the actual wage for the position of Advisory Consultant:

- required experience in a relevant field;
- supervisory nature of the employee's position;
- minimum educational level;
- knowledge of and experience in a relevant field;
- academic records/achievements; and
- actual job duties and responsibilities.

The following factors are then used to establish wage levels within the final set of employees:

- employee's length and type of experience in a relevant field;
- number of persons supervised by the employee;
- employee's graduate school education;
- employee's level of knowledge of and experience with a relevant field;
- employee's academic records; and

- employee's job duties and responsibilities.

Under Deloitte & Touche's current wage structure, the position of Advisory Consultant has a wage range commencing from \$56,763.00; wages are reflective of prevailing market salaries and level of experience as Advisory Consultant. There is recognition within the Deloitte & Touche system of (and increase for) those employees with particular demonstrated skills or experience in a specialized area. Any inquiries or questions concerning the current determination of the wage to be paid with respect to the position Advisory Consultant should be referred to an authorized representative of Deloitte & Touche.



## Foreign Labor Certification Data Center Online Wage Library

[www.flcdatacenter.com](http://www.flcdatacenter.com)


### Wage Library

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[Explanation](#)

[SVP Explanation](#)

[FLC Wage Data](#)  
[updated](#)  
[July 1, 2019](#)

[Job Zones updated](#)  
[September 30,](#)  
[2019](#)  
[See change](#)  
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### FLC Wage Results [New Quick Search](#) [New Search Wizard](#)

You selected the All Industries database for 7/2019 - 6/2020.

Your search returned the following: [Print Format](#)

**Area Code:** [33100](#)  
**Area Title:** Miami-Fort Lauderdale-West Palm Beach, FL  
**OES/SOC Code:** 15-1122  
**OES/SOC Title:** Information Security Analysts  
**GeoLevel:** 1  
**Level 1 Wage:** \$27.29 hour - \$56,763 year  
**Level 2 Wage:** \$34.48 hour - \$71,718 year  
**Level 3 Wage:** \$41.67 hour - \$86,674 year  
**Level 4 Wage:** \$48.86 hour - \$101,629 year  
**Mean Wage (H-2B):** \$41.67 hour - \$86,674 year

This wage applies to the following O\*Net occupations:

#### **15-1122.00 Information Security Analysts**

Plan, implement, upgrade, or monitor security measures for the protection of computer networks and information. May ensure appropriate security controls are in place that will safeguard digital files and vital electronic infrastructure. May respond to computer security breaches and viruses.

[O\\*Net™ JobZone: 4](#)

[Education & Training Code: No Level Set](#)

For information on determining the proper occupation and wage level see the new [Prevailing Wage Guidance on the Skill Level page.](#)

The prevailing wage must be at, or above the federal or state or local minimum wage, whichever is higher. The federal minimum wage is \$7.25/hr effective July 24, 2009.

The Foreign Labor Certification Data Center is developed and maintained by the [State of Utah](#) under contract with the [US Department of Labor, Office of Foreign Labor Certification.](#)

## **WAGE RATE MEMORANDUM**

PUBLIC ACCESS INFORMATION --  
THIS DOCUMENT MAY BE RELEASED TO ANY INTERESTED PARTY

TO: Labor Condition Application File for the Position Advisory Consultant

FROM: Deloitte & Touche LLP

DATE: February 6, 2020

RE: Statement of Wage Rate to be Paid to Advisory Consultant

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The wage rate that Deloitte & Touche will pay for the position Advisory Consultant in Miami, Florida pursuant to the effective date of the Labor Condition Application is at or above the wage stated on the LCA -- from \$56,763.00 per year. Because this LCA is a multi-slot LCA, it may be utilized by a number of Deloitte & Touche's employees each receiving varying levels of compensation (but all such levels meeting or exceeding the LCA wage). Any questions regarding this point should be addressed to Deloitte & Touche.

## ATTESTATION MEMORANDUM

CONFIDENTIAL -- RELEASE DOCUMENTATION ONLY TO THE  
ADMINISTRATOR (OR OTHER AUTHORIZED REPRESENTATIVE) OF THE  
WAGE AND HOUR DIVISION, EMPLOYMENT STANDARDS ADMINISTRATION,  
UNITED STATES DEPARTMENT OF LABOR

TO: Labor Condition Application File for Advisory Consultant  
Employee: Himanshu Malik

FROM: Deloitte & Touche LLP

DATE: February 6, 2020

RE: Documentation to Establish Accuracy of Attestations in Labor Condition  
Application

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This Memorandum is intended to support the attestations made by Deloitte & Touche LLP in the Form ETA-9035 submitted to the U.S. Department of Labor for the position Advisory Consultant to be undertaken by Himanshu Malik.

**THE WAGE RATE PAID TO HIMANSHU MALIK IS NO LESS THAN THE  
REQUIRED WAGE RATE AS DEFINED IN THE DEPARTMENT OF LABOR  
REGULATIONS GOVERNING LABOR CONDITION APPLICATIONS.**

Attached to this Memorandum is an explanation of the job duties and responsibilities of the Advisory Consultant. The attached explanation confirms that the position Advisory Consultant is a demanding position requiring expertise and knowledge of a relevant field. The wage proposed to be paid to Mr. Malik is equal to or in excess of the rate of pay that is offered to similar positions in the relevant area of employment (as confirmed by the prevailing wage results obtained for the position in the relevant area of employment as described below) and is consistent with the wage paid by Deloitte & Touche LLP to its current Advisory Consultants and to employee(s) whose position is similar to the position Advisory Consultant. Thus, Deloitte & Touche LLP has documented the basis upon which it asserts compliance with the requirement that the wage rate paid be not less than the required wage rate.

**DELOITTE & TOUCHE LLP IS PAYING THE REQUIRED WAGE RATE FOR THE  
POSITION.**

Deloitte & Touche LLP maintains payroll records as required in accordance with the Fair Labor Standards Act ("FLSA") for all Advisory Consultants (or persons similarly employed) who are employed by Deloitte & Touche LLP as of the date of filing of the Labor Condition Application and continuing until Deloitte & Touche LLP no longer employs Mr. Malik in H-1B nonimmigrant status. These FLSA payroll records include the following information:

- Employee Name

- Employee Home Address
- Employee Occupation
- Employee Rate of Pay
- Total Additions to or Deductions from Pay for Each Pay Period
- Total Wages Paid Each Pay Period

#### **DETERMINATION OF PREVAILING WAGE FOR THE POSITION**

The \$61,200.00/year wage that Deloitte & Touche is offering for the position will be equal to or greater than the Department of Labor (DOL) wage determination because we have determined the prevailing wage independently using the same wage survey (the “OES/SOC” survey) that the DOL uses; the OES/SOC wage for the position is \$56,763.00/year. The wage has been calculated based on the OES Level 1 wage as set out in the chart attached here.

#### **EVIDENCE OF COMPLIANCE WITH POSTING/NOTIFICATION REQUIREMENT**

Included in the Public Access File pertaining to this LCA is a copy of the Employer Posting Notice confirming that it was posted electronically on deloitte.com for ten consecutive days.

#### **EVIDENCE OF COMPLIANCE WITH REQUIREMENT THAT BENEFITS OFFERED TO MR. HIMANSHU MALIK BE EQUIVALENT TO BENEFITS OFFERED TO U.S. WORKERS**

Deloitte & Touche LLP has offered to Mr. Malik benefits (and eligibility for benefits) that are on the same basis as those offered to our U.S. workers. We have included in the Public Access File accompanying the Labor Condition Application for the position of Advisory Consultant a summary plan description and related notices of the benefits offered, and we will provide upon proper request by an authorized government agency a full copy of the benefit plan documentation. Further, we will provide upon proper request evidence as to what benefits are actually provided to U.S. workers and H-1B nonimmigrants (including evidence of benefits selected or declined by Mr. Malik where a choice of benefits was provided).

Attachments

Job Aspect	Employer Requirement	O*Net Requirement	Value
Default Value			1
Education	Bachelor's	Bachelor's	0
Experience	0 years	2-4 years	0
Special Skills	N/A	N/A	0
Licensure	N/A	N/A	0
Supervisory	N/A	N/A	0
Final OES Level			1

## **JOB DUTIES AND RESPONSIBILITIES OF ADVISORY CONSULTANT**

As Advisory Consultant, Mr. Malik will assist with financial statement audit, Sarbanes-Oxley readiness, IT controls, and SSAE16 examinations; utilize Peoplesoft, Lawson, Invision, JDE and SAP ERPs, AS/400, Windows and UNIX operating systems, and DB2 and MS SQL database environments; assess security configurations, conduct policy and procedure reviews, audit client platform baseline standards, and test platforms for numerous clients; assist with designing and implementing technical and general computer IT audits, systems development, conversion, and application control reviews, including process and procedure, documentation, control identification, test plan creation and execution, and executive reporting; assist with in-depth control assessments, document test requirements, and suggest remediation alternatives where necessary; and understand clients' business environment and basic risk management approaches.