

HCL AMERICA INC.  
330 POTRERO AVENUE US  
SUNNYVALE, CA 94086

RETURN SERVICE REQUESTED

Check No. 0000073874  
Check Date 06/17/2020  
Check Amount \$2,460.00  
Vendor No. 1100038870



OD-000147 0001 0001 000147

U S DEPARTMENT OF HOMELAND SECURITY  
UNITED STATES CITIZENSHIP  
LAGUNA NIGUEL, CA 92677

Invoice Date	Invoice No.	Description	Invoice Amount	Discount Amount	Net Amount
06/05/2020	2460/JUN20/669 1300021539 2460/JUN20/669		\$2,460.00		\$2,460.00
TOTAL			\$2,460.00		\$2,460.00

Page 1 of 1

↓ PLEASE FOLD ON PERFORATION AND DETACH HERE ↓

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

HCL AMERICA INC.  
330 POTRERO AVENUE US  
SUNNYVALE, CA 94086

0000073874

June 17, 2020

32-1 / 1110  
VOID AFTER 180 DAYS

Amount: \*\*Two Thousand Four Hundred Sixty dollars and 00 cents\*\*

\*\*\$2,460.00\*\*

Pay to  
the  
order of

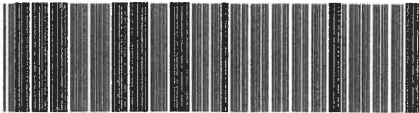
U S DEPARTMENT OF HOMELAND SECURITY  
UNITED STATES CITIZENSHIP  
LAGUNA NIGUEL, CA 92677

Bank of America N.A.  
Dallas, TX 75202

AUTHORIZED SIGNATURE

⑈0000073874⑈ ⑆111000012⑆ 4426644936⑈

**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.**

Beneficiary Confirmation Number 8744874458852890036		Case Type H-1BR - H1B REGISTRATION
Received Date 03/07/2020	Priority Date	Prospective Petitioner HCL America Inc
Notice Date 03/28/2020	Page 1 of 2	Beneficiary KRISHNAMURTHI, RAJARAM
HCL America Inc 330 Potrero Avenue Sunnyvale CA 94085		<b>Notice Type:</b> Registration Selection
<p>Your company, HCL America Inc, with an Employer Identification Number of 770205035, submitted a registration on behalf of KRISHNAMURTHI, RAJARAM (Date of Birth: 05/08/1981) for possible selection toward the FY2021 H-1B numerical cap projections.</p> <p>This registration was selected. The Beneficiary Confirmation Number is 8744874458852890036.</p> <p>Based on this selected registration, your company is eligible to file a corresponding H-1B petition between 04/01/2020 and 06/30/2020 at the following location:</p> <p><b><u>Vermont Service Center</u></b></p> <p>Please see the "Direct Filing Addresses for Form I-129, Petition for a Nonimmigrant Worker" webpage (<a href="https://www.uscis.gov/i-129-addresses">https://www.uscis.gov/i-129-addresses</a>) for the appropriate address for the service center identified above that matches your petition type and mail carrier.</p> <p>You must include a copy of this selection notice with your petition.</p> <p>This notice is only valid for the FY2021 H-1B numerical allocations and for the company and beneficiary named below:</p> <p>Company: HCL America Inc D/B/A: EIN: 770205035 Beneficiary: KRISHNAMURTHI, RAJARAM DOB: 05/08/1981 Passport Number: P5839507</p> <p>Your company may not substitute the beneficiary named in the registration or transfer the registration to another petitioner. If you file an H-1B cap-subject petition for a different beneficiary than the one identified in the selected registration notice submitted with the petition, the H-1B cap-subject petition will be denied or rejected.</p> <p>If you do not properly file your H-1B cap-subject petition within the filing period indicated above, USCIS will deny or reject the petition.</p> <p>For additional information regarding the H-1B numerical cap, and exemptions from the numerical cap, please visit the USCIS website.</p> <p>Information concerning USCIS forms and filing instructions is available from the USCIS Forms Request Line, 1-800-870-3676 (Toll Free), or on the USCIS internet website at <a href="http://www.uscis.gov">www.uscis.gov</a>.</p>		
USCIS Contact Center: <a href="http://www.uscis.gov/contactcenter">www.uscis.gov/contactcenter</a>		

**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.**

If you are visiting a field office and need directions, including public transportation directions, please see [www.uscis.gov/fieldoffices](http://www.uscis.gov/fieldoffices) for more information.

### Notice for People with Disabilities

To request a disability accommodation:

- Go to [uscis.gov/accommodations](http://uscis.gov/accommodations) to make your request online, or
- Call the USCIS Contact Center at 800-375-5283 (TTY 800-767-1833) for help in English or Spanish. Asylum and NACARA 203 applicants must call to make their request.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit [uscis.gov/accommodationsinfo](http://uscis.gov/accommodationsinfo).

USCIS Contact Center: [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter)



HCL AMERICA, INC.

(A subsidiary of HCL TECHNOLOGIES LTD.)

330 Potrero Avenue, Sunnyvale, California 94085 U.S.A.

Tel: 408-733-0480 Fax: 408-733-0482

www.hcltech.com

07-Jun-2020

"USCIS Vermont Service Center  
Attn: I-129 H-1B Regular Cap  
4 Lemnah Drive  
St. Albans, VT 05479-0001"

RE: Request for H-1B CAP 2020-21 Petition by HCL America Inc on behalf of  
Mr. Rajaram Krishnamurthi

Dear USCIS Officer:

In support of the referenced petition/application, we are enclosing the following:

1. Form I-129, Petition for Nonimmigrant Worker with H supplement;
2. Form I-129, H1B Data Collection & Filing Fee Exemption;
3. Form ETA 9035 & 9035E, Certified Labor Condition Application;
4. Support Letter from HCL America Inc;
5. Copies of Supporting documentation;
6. Filing fees in the amount of Base filing fee \$460, fraud prevent and detection fee \$500, and AICWA fee \$1,500(\$2,460).

Please note that HCL America Inc. does not employ more than 50% of its employees in H1B or L-1 Status and is therefore not subject to the Public Law 114-113 fee of \$4000.

HCL America Inc respectfully requests an approval of the enclosed Individual H-1B CAP 2020-21 visa petition at your earliest convenience. Thank you for your cooperation in this matter. Should you have any further questions or need any further information, please contact the undersigned at (408)733-0480

Yours sincerely,



Jack Heh / Hanimireddy Venkatreddy / Associate Manager - HR / Functional Consultant  
HCL America Inc

**HCL**



# Petition for a Nonimmigrant Worker

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

USCIS  
Form I-129  
OMB No. 1615-0009  
Expires 10/31/2021

<b>For USCIS Use Only</b>	<b>Receipt</b>	<b>Partial Approval (explain)</b>	<b>Action Block</b>
	Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> <b>Classification Approved</b> <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)	Given Name (First Name)	Middle Name

### 2. Company or Organization Name

HCL America Inc
-----------------

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

In Care Of Name			
HCL America Inc Jack Heh /Hanimireddy Venkatreddy / Associate Manager - HR /Functional Consultant			
Street Number and Name		Apt. Ste. Flr. Number	
330 Potrero Avenue		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
City or Town		State	ZIP Code
Sunnyvale		CA	94085
Province	Postal Code	Country	
		United States Of America	

### 4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
(408)733-0480		Jheh@hcl.com /HanimireddyV@hcl.com

### 5. Other Information

Federal Employer Identification Number (FEIN)	Individual IRS Tax Number	U.S. Social Security Number (if any)
► 77-0205035	►	►

**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."**
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.) 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**
- 
2. **Provide Name of Beneficiary**
- | Family Name (Last Name) | Given Name (First Name) | Middle Name |
|-------------------------|-------------------------|-------------|
| Krishnamurthi           | Rajaram                 |             |
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 (mm/dd/yyyy) | Gender   | U.S. Social Security Number (if any)   |
| 05/08/1981                 | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> |

**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) Country of Birth

► A-

India

Province of Birth

Country of Citizenship or Nationality

Indian

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

Date of Last Arrival (mm/dd/yyyy)

I-94 Arrival-Departure Record Number

►

Passport or Travel Document Number

P5839507

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

12/01/2016

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

11/30/2026

Passport or Travel Document Country  
of Issuance

India

Current Nonimmigrant Status

NA

Date Status Expires or D/S (mm/dd/yyyy)

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

Employment Authorization Document (EAD)  
Number (if any)

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

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

**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)**

Chennai

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

India

d. **Beneficiary's Foreign Address**

Street Number and Name

2nd Street, Kailash Nagar

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Perumbakkam

State

Tamil Nadu

Province

Postal Code

600100

Country

India

2. Does each person in this petition have a valid passport? ☒ Yes ☐ No. If no, go to **Part 10.** 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 10.** 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 10.**
- 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 10.** 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 10.** 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 10.** 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 10.** and type or print your explanation. ☒ No
- 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.
- 

#### 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<br><div style="border: 1px solid black; padding: 2px;">Programmer Analyst - II</div> | 2. LCA or ETA Case Number<br><div style="border: 1px solid black; padding: 2px;">I-200-20129-556046</div> |
|---|---|



**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

7 Loveton circle, Sparks Glencoe, MD 21152

Apt. Ste. Flr. Number

☐☐☐

City or Town

Sparks Glencoe

State

MD

ZIP Code

21152

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? ▶

9. Wages: \$ 70928 per (Specify hour, week, month, or year)

▶ Year

10. Other Compensation (Explain)

Standard Company Benefits

11. Dates of intended employment From: (mm/dd/yyyy) 10/01/2020 To: (mm/dd/yyyy) 09/30/2023

12. Type of Business

IT and Engineering Services

13. Year Established

1988

14. Current Number of Employees in the United States

12858

15. Gross Annual Income

\$157 Million

16. Net Annual Income

\$118 Million

**Part 6. Information About The Beneficiary's Public Benefits**

**Part 6.** only applies to petitions that also seek a change of a beneficiary's status or an extension of a beneficiary's nonimmigrant stay in the United States. If you are filing this petition without a request for the beneficiary's change of status or extension of stay, you may skip **Part 6**.

Provide the requested information and submit documentation as outlined in the Instructions. For additional beneficiaries, please respond to the questions in **Attachment 1** below.

**Part 6. Information About The Beneficiary's Public Benefits (continued)**

1. Has the beneficiary received, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, the following public benefits? (select all that apply).

☐ Yes, the beneficiary has received or is currently certified to receive the following public benefits: (select all that apply)

- ☐ Any Federal, State, local or tribal cash assistance for income maintenance
- ☐ Supplemental Security Income (SSI)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ General Assistance (GA)
- ☐ Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
- ☐ Section 8 Housing Assistance under the Housing Choice Voucher Program
- ☐ Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
- ☐ Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
- ☐ Federally-Funded Medicaid

☐ No, the beneficiary has not received any of the above listed public benefits.

☐ No, the beneficiary is not certified to receive any of the above listed public benefits.

2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information**. Submit evidence as outlined in the Instructions.

**A. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,  
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires  
(mm/dd/yyyy)

**B. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,  
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires  
(mm/dd/yyyy)

**C. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,  
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires  
(mm/dd/yyyy)

**Part 6. Information About The Beneficiary's Public Benefits (continued)**

**D. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,  
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires  
(mm/dd/yyyy)

**3.** If you answered "Yes" to **Item Number 1.**, do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129 Instructions.

- ☐ The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- ☐ The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- ☐ At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- ☐ At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.
- ☐ At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.
- ☐ The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- ☐ None of the above statements apply to the beneficiary.

**4.** Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Instructions.

- ☐ An emergency medical condition
- ☐ For a service under the Individuals with Disabilities Education Act (IDEA)
- ☐ Other school-based benefits or services available up to the oldest age eligible for secondary education under State law
- ☐ While under the of age 21
- ☐ While pregnant or during the 60-day period following the last day of pregnancy

**5.** Provide the applicable dates

From: (mm/dd/yyyy)

To: (mm/dd/yyyy)

**Part 7. 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 8. 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)

Heh/Venkatreddy

Given Name (First Name)

Jack/Hanimireddy

Title

Associate Manager - HR /Functional Consultant

**2. Signature and Date**

Signature of Authorized Signatory

Date of Signature (mm/dd/yyyy)



6/24/2020

**3. Signatory's Contact Information**

Daytime Telephone Number

(408)733-0480

Email Address (if any)

Jheh@hcl.com /HanimireddyV@hcl.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 10. 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 10.** 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. 

Page Number
0

Part Number
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Item Number

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3. 

Page Number
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Part Number
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4. 

Page Number
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Part Number
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Item Number

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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 10/31/2021

1. Name of the Petitioner

HCL America Inc

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

2.a. Name of the Beneficiary

Rajaram Krishnamurthi

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

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. If you selected **a.** or **d.** in **Item Number 4.**, and are filing an H-1B cap petition (including a petition under the U.S. advanced degree exemption), provide the Beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in this petition (if applicable).

8744874458852890036

6. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?
- ☐ Yes ☒ No

7. 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

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

☐ Yes. If yes, please explain in **Item Number 8.b.** ☐ No

8.b. Explanation

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

1. Describe the proposed duties.

Please see attached support Letter

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

Please see attached Resume

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**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)

6/24/2020

**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)



Jack Heh /Hanimireddy Venkatreddy

6/24/2020

**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)



# 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 10/31/2021

1. Name of the Petitioner

HCL America Inc

2. Name of the Beneficiary

Rajaram Krishnamurthi

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

3. Major/Primary Field of Study

COMPUTER SCIENCE

4. Rate of Pay Per Year

\$ 70928

5. DOT Code

0 3 0

6. NAICS Code

5 4 1 5 1 1

## 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 10.** 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

- b. Date Degree Awarded c. Type of United States Degree

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

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

### 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. ☒ Yes ☐ No
3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. ☒ Yes ☐ No

07-Jun-2020

"USCIS Vermont Service Center  
Attn: I-129 H-1B Regular Cap  
4 Lemnah Drive  
St. Albans, VT 05479-0001"

RE: H-1B CAP 2020-21 Petition for a Nonimmigrant Worker on behalf of  
Mr. Rajaram Krishnamurthi

Dear USCIS Officer:

Please accept this letter in support of the enclosed H1B Petition filed by HCL America Inc. on behalf of the Beneficiary, who is to fulfill the specialty occupation position of as described below for our company on a temporary basis.

#### **The Petitioner**

Founded in 1976 as one of India's original IT garage start-ups, HCL is a pioneer of modern computing with many firsts to its credit, including the introduction of the 8-bit microprocessor-based computer in 1978 well before its global peers. Today, the HCL enterprise has a presence across varied sector that include technology, healthcare and talent management solution and comprise three companies - HCL Infosystems, HCL Technologies and HCL Healthcare. The enterprise generates annual revenues of over US \$7.5 billion with more than 120,000 employees from 140 nationalities operation across 32 countries, including over 500 points of presence in India. For more information, visit [www.hcl.com](http://www.hcl.com).

#### **Business Model**

HCL America Inc's proprietary technologies enhance business value for clients through innovative technology solutions built digital, IoT, cloud, automation, cyber-security, governance risk and compliance, analytics, infrastructure Management and engineering services, amongst others, which are used to solve complex business problems for clients. HCL America Inc is a 'next-generation' technology firm, driven by a unique HCL America Inc's Mode 1-2-3. HCL America Inc's Mode 1-2-3 strategy is critical in deploying a unique and concurrent, three-point spotlight on the existing core of the client's business and IT landscape, in combination with new growth areas as well as the ecosystems of the future.

As part of HCL America Inc's business model and in order to ensure successful delivery to meet clients' needs for improved efficiency and cost effectiveness, HCL America Inc's supplies its own employees to our clients to work as on-site professionals. HCL America Inc does not provide employees to a third-party client to perform the client's business operations -instead HCL America Inc employees are assigned to third -party client locations to service engagements to introduce disruptive technology to smartly transform legacy environments. HCL America Inc's professionals must meet strict educational requirements of the position as defined by HCL America Inc in order to be considered for and serve in the designated position, regardless of where they are physically stationed. HCL America Inc's clients do not

define the position requirements or day to day job duties of HCL America Inc employees.

### **The Position Offered**

HCL America Inc requires the services of the Beneficiary to serve in the specialty occupation position at the address listed on the enclosed Form I-129 and in the Labor Condition Application.

This is a professional position that requires at least a bachelor's degree or its equivalent in the fields of Computer Science, Engineering, Management Information Systems, Information Technology, Mathematics or a related quantitatively analytical field. The nature of the duties is so specialized and complex that the skills necessary to perform the duties require the attainment of a baccalaureate or higher degree.

Please note that HCL America Inc requires the skills, knowledge, and analytical thinking acquired only the acquisition of a bachelor's degree or its equivalent in Computer Science, Electrical Engineering or a related, quantitatively is necessary because the position requires that the Beneficiary must be skilled in writing and reviewing complex code and working directly with large scale computer systems and testing methodologies. HCL America Inc requires the beneficiary to conduct complex problem solving, critical thinking, and analysis to evaluate technical implementation needs to business requirements. These job duties require a fundamental understanding of technical design concepts in order to analyze and improve diverse application tools. Further, these job duties require highly sophisticated technical skills and advanced computer competency with computer software. The use of this software requires the beneficiary to conduct information ordering, where the beneficiary must have the ability to arrange patterns of numbers and mathematical operations according to specific rule set. The beneficiary will conduct complex technical analysis to troubleshoot application issues and support the application development cycle, including application design and deploying code.

These skills are gained through courses undertaken in pursuit of a bachelor's degree, or its equivalent, in Computer Science, Electrical Engineering or in a related, quantitatively analytical field. The above-stated education requirements are not only by HCL America Inc but also considered to be common in the industry due to the nature of the described role. Specifically, students pursuing degrees in computer science or Electrical Engineering complete coursework in program design, software development, computer organization, systems and networks, theories of computation, principles of languages, advanced algorithms and analyzing data structures. Students in these fields also learn complex mathematics, including discrete mathematical principles that are used to prove solutions mathematically. Coursework or experience in computer science and electrical engineering instructs students in the design and implementation of algorithms to solve engineering problems using high-level programming language, complex coding methods and tools, as well as assembly language programming, as well as software engineering principles.

Degree in Computer Science provide students with the skills necessary to conduct digital system design, perform differential equations, and program code. These degrees provide a solid background in math and science, and the ability complex issues and develop solutions, while considering feasibility and cost. Furthermore, both disciplines study the inner workings

of computers and both study hardware as well as software aspects of computer systems.

HCL America Inc, like other computer consulting and software development companies, does not and will not employ individuals in this professional position unless this minimum standard is met. These minimum academic requirements are consistent with the requirements for comparable positions in the industry and clearly qualify this position as a specialty occupation.

### **The Beneficiary**

HCL America Inc believes that the beneficiary is well qualified for the offered professional position as the beneficiary has earned a minimum of a bachelor's degree or its equivalent in computer science, Management information systems, Information Technology, Mathematics, or a related field.

Please see the below educational and experience details of the beneficiary.

<b>Study/Specialization</b>	<b>University Name</b>	<b>Completed Year</b>
Maths And Science	Board of Higher Secondary Education	31-Mar-1999
Maths And Science	Board of Secondary Education	30-Apr-1997
Computer Science	Madurai Kamaraj University	30-Apr-2002
Computer Science	Madurai Kamaraj University	30-Apr-2004

<b>Previous company</b>	<b>Previous company start date</b>	<b>Previous company End date</b>
Hcl Technologies Ltd	23-Mar-2015	Till Date
Computers Internationals	15-Jun-2011	25-Feb-2015
Landscape Engineering India Private Ltd	01-Dec-2009	30-Apr-2011
Yennes Infotec Private Ltd	02-Jan-2008	30-Nov-2009



In the current role, the beneficiary will be performing the below Onsite Job Duties.  
Detailed Analysis of the DiscA application requirement. Perform a detailed requirement analysis b. Implementation review in the current system. Prepare an analysis report. Sprint Planning. Participation in Sprint planning and grooming. Schedule and prioritize work and plan a sequence of development activities that accomplish the planned targets. Set priorities and provide reports to the management. Handling Sprint Retrospective meetings for each sprint. Software Development of DiscA application. Involved in the development, design and implementation of application Components. Construct unit testing the piece of code against its requirement. Design and implementation. Provide technical assistance and direction to the team. Product Support. DiscA application production deployment. Performing sanity check. Validating the overall system functionality to meet business needs. Problem Solving. Identifying and solving critical issues post deployment. Team Coordination and Communication. Onsite and offshore team coordination, Interact with Mechanical, System, Validation and Verification and RGT team activities, evaluate and report performance of the application8. Risk Assessment. Perform Requirement Gap Assessments 21 CFR Part 11 assessments. Risk assessments with cross functional team changes

### Terms of Employment

HCL America Inc is NOT a staffing company. HCL America Inc is a global information technology solutions company. With our domain expertise and technical excellence, we engineer meaningful solutions for our clients. For the period that the beneficiary is in the United States pursuant to valid H-1B status, HCL America Inc will maintain the right to control the manner and means by which the work product of the beneficiary is accomplished. The beneficiary will report directly to an HCL America Inc manager; at no time will the beneficiary or any other HCL America Inc employee work under the supervision of the client. HCL America Inc will have ability to hire, pay, and fire the beneficiary. HCL America Inc will determine the beneficiary's work schedule, closely monitor the status of the beneficiary's assignments and conduct performance reviews. Moreover, the beneficiary will be required to adhere to HCL America Inc's employment policies and standards of conduct, as well as all applicable laws. Please see attached related documents evidencing HCL America Inc's right to control the beneficiary's employment.

We currently intend to employ the beneficiary for a period as requested on the enclosed Form I-129. We have filed a Labor Condition Application with the U.S. Department of Labor and will abide by the terms and conditions of the application. We understand the temporary nature of this employment, and the beneficiary is also aware of this condition.

HCL America Inc is looking forward to the specialty services of the beneficiary, in the role as described herein. Thank you for your consideration of our H-1B petition on behalf of this professional.

Yours sincerely,



Jack Heh / Hanimireddy Venkatreddy / Associate Manager - HR / Functional Consultant  
HCL America Inc

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



Please read and review the filing instructions carefully before completing the Form ETA- 9035 or 9035E. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. In accordance with Federal Regulations at 20 CFR 655.730(b), incomplete or obviously inaccurate Labor Condition Applications (LCAs) will not be certified by the Department of Labor (DOL). For all submissions, both electronic (Form ETA- 9035E) or paper (Form ETA- Form 9035 where the employer has notified DOL that it will submit this form non-electronically due to a disability or received permission from DOL to file non-electronically due to lack of Internet access), ALL required fields/items containing an asterisk (\*) must be completed as well as any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): \*

H-1B

B. Temporary Need Information

1. Job Title \* Programmer Analyst - II

2. SOC (ONET/OES) code \*  
15-1131.00

3. SOC (ONET/OES) occupation title \*  
Computer Programmers

4. Is this a full-time position? \*

☒ Yes ☐ No

Period of Intended Employment

5. Begin Date \* 10/1/2020  
(mm/dd/yyyy)

6. End Date \* 9/30/2023  
(mm/dd/yyyy)

7. Worker positions needed/basis for the visa classification supported by this application

1

Total Worker Positions Being Requested for Certification \*

Basis for the visa classification supported by this application  
(indicate total workers in each applicable category)

1

a. New employment \*

0

d. New concurrent employment \*

0

b. Continuation of previously approved employment  
without change with the same employer\*

0

e. Change in employer \*

0

c. Change in previously approved employment \*

0

f. Amended petition \*

C. Employer Information

1. Legal business name \*

HCL AMERICA INC

2. Trade name/Doing Business As (DBA), if applicable

3. Address 1 \*

330 POTRERO AVENUE

4. Address 2

5. City \*

SUNNYVALE

6. State \*

California

7. Postal code \*

94085

8. Country \*

United States Of America

9. Province

10. Telephone number \*

+1 (408) 733-0480

11. Extension

12. Federal Employer Identification Number (FEIN from IRS) \*

77-0205035

13. NAICS code (must be at least 4-digits) \*

541511

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



**D. Employer Point of Contact Information**

**Important Note:** The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s)
Heh	Jack	
4. Contact's job title *		
Associate Manager		
5. Address 1 *		
330 POTRERO AVENUE		
6. Address 2		
7. City *	8. State *	9. Postal code *
SUNNYVALE	California	94085
10. Country *		11. Province
United States Of America		
12. Telephone number *	13. Extension	14. E-Mail address
+1 (408) 694-7565		JHeh@hcl.com

**E. Attorney or Agent Information (If applicable)**

**Important Note:** The employer authorizes the attorney or agent identified in this section to act on its behalf in connection with the filing of this application.

1. Is the employer represented by an attorney or agent in the filing of this application? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," complete the remainder of Section E below.			
2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s)	
5. Address 1 §			
6. Address 2			
7. City §	8. State §	9. Postal code §	
10. Country §	11. Province		
12. Telephone number §	13. Extension	14. E-Mail address	
15. Law firm/Business name §		16. Law firm/Business FEIN §	
17. State Bar number (only if attorney) §		18. State of highest court where attorney is in good standing (only if attorney) §	
19. Name of the highest State court where attorney is in good standing (only if attorney) §			



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



**F. Employment and Wage Information**

**Important Note:** The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box. The employer must identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting this form non-electronically and the work is expected to be performed in more than one location, an attachment must be submitted in order to complete this section. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

**a. Place of Employment Information 1**

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*		1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment.*		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. \$ Becton Dickinson and company		
4. Address 1 * 7 Loveton circle		
5. Address 2		
6. City * Sparks Glencoe		7. County * Baltimore
8. State/District/Territory * Maryland		9. Postal code * 21152
10. Wage Rate Paid to Nonimmigrant Workers * From* \$ 70928 .00 To: \$		10a. Per: (Choose only one)* <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing Wage Rate * \$ 70928 .00		11a. Per: (Choose only one)* <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
<b>Questions 12-14: Identify the source used for the prevailing wage (PW) (check and fully complete only one).</b>		
12.	A Prevailing Wage Determination (PWD) issued by the Department of Labor	a. PWD tracking number \$
13. <input checked="" type="checkbox"/>	A PW obtained independently from the Occupational Employment Statistics (OES) Program	
	a. Wage Level (check one): \$ <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	b. Source Year \$ 7/1/2019 - 6/30/2020
14.	A PW obtained using another legitimate source (other than OES) or an independent authoritative source	
	a. Source Type (check one): \$ <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey	b. Source Year \$
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher \$	
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey \$	

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



G. Employer Labor Condition Statements

**! 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 & 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; and
- (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. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

H. Additional Employer Labor Condition Statements –H-1B Employers ONLY

**! Important Note:** In order for your H-1B application to be processed, you MUST read Section H – Subsection 1 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and answer the questions below.

a. Subsection 1

1. At the time of filing this LCA, is the employer H-1B dependent? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. At the time of filing this LCA, is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" is marked in questions H.1 and/or H.2, you must answer "Yes" or "No" regarding whether the employer will use this application <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. If "Yes" is marked in question H.3, identify the statutory basis for the exemption of the H-1B nonimmigrant workers associated with this LCA. §	<input checked="" type="checkbox"/> \$60,000 or higher annual wage <input type="checkbox"/> Master's Degree or higher in related specialty <input type="checkbox"/> Both
<b>H-1B Dependent or Willful Violator Employers -Master's Degree or Higher Exemptions ONLY</b>	
5. Indicate whether a completed Appendix A is attached to this LCA covering any H-1B nonimmigrant worker for whom the statutory exemption will be based <u>ONLY</u> on attainment of a Master's Degree or higher in related specialty. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A



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If you marked "Yes" to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and "No" to question H.a.3 (exempt H-1B nonimmigrant workers), you **MUST** read Section H – Subsection 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all three (3) additional statements summarized below.

**b. Subsection 2**

- A. **Displacement:** An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filing of the visa petition. 20 CFR 655.738(c);
- B. **Secondary Displacement:** An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in 20 CFR 655.738(d)(5) concerning that other/secondary employer's displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. 20 CFR 655.738(d). Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition if the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period; and
- C. **Recruitment and Hiring:** Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as great as the required wage to be paid to the nonimmigrant worker(s) pursuant to 20 CFR 655.731(a). The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. 20 CFR 655.739.

6. <b>I have read and agree</b> to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section H – Subsections 1 and 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. §	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**I. Public Disclosure Information**


**! Important Note:** You must select one or both of the options listed in this Section.

1. Public disclosure information in the United States will be kept at: *	<input checked="" type="checkbox"/> Employer's principal place of business <input type="checkbox"/> Place of employment
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**J. Notice of Obligations**

- A. Upon receipt of the certified LCA, the employer must take the following actions:
- Print and sign a hard copy of the LCA if filing electronically (20 CFR 655.730(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); and
  - 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 statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(4)(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 supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).*

1. Last (family) name of hiring or designated official *	2. First (given) name of hiring or designated official *	3. Middle initial §
Heh	Jack	
4. Hiring or designated official title *		
Associate Manager		
5. Signature *		6. Date signed *
		05/16/2020



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**K. LCA Preparer**

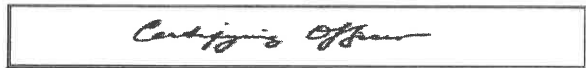
**Important Note:** Complete this section if the preparer of this LCA is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name §	2. First (given) name §	3. Middle initial
4. Firm/Business name §		
5. E-Mail address §		

**L. U.S. Government Agency Use (ONLY)**

By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 10/1/2020 to 9/30/2023.



Department of Labor, Office of Foreign Labor Certification

5/15/2020

Certification Date (date signed)

I-200-20129-556046

Case number

Certified

Case Status

*The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified LCA.*

**M. Signature Notification and Complaints**

The signatures and dates signed on this form will not be filled out when electronically submitting to the Department of Labor for processing, but **MUST** be complete when submitting non-electronically. If the application is submitted electronically, any resulting certification **MUST** be signed *immediately upon receipt* from DOL before it can be submitted to USCIS for final processing.

Complaints alleging misrepresentation of material facts in the LCA and/or failure to comply with the terms of the LCA may be filed using the WH-4 Form with any office of the Wage and Hour Division, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at [www.dol.gov/whd](http://www.dol.gov/whd). Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with the U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, 950 Pennsylvania Avenue, NW, # IER, NYA 9000, Washington, DC, 20530, and additional information can be obtained at [www.justice.gov](http://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 (1205-0310)**

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.