

GENERAL
INFORMATION

Posting Notice Confirmation Form of the Filing of a Labor Condition
Application

This form is to be completed and signed **after** the "Notice of the Filing of the Labor Condition Application" has been posted in two conspicuous locations for each worksite for 10 business days. After 10 business days, remove the posting, complete and sign this form, and **return to DIS via email**.

SITE ONE:

Dates Posted: FROM: _____ TO: _____

Posting Location #1: _____

Street Address/Building/Location in Building

Posting Location #2: _____

Street Address/Building/Location in Building

**If the individual's employment involves performing services in more than one location,
please use the space below to list the additional posting sites.**

SITE TWO:

Dates Posted: FROM: _____ TO: _____

Posting Location #1: _____

Street Address/Building/Location in Building

Posting Location #2: _____

Street Address/Building/Location in Building

SITE THREE:

Dates Posted: FROM: _____ TO: _____

Posting Location #1: _____

Street Address/Building/Location in Building

Posting Location #2: _____

Street Address/Building/Location in Building

POSTING CONDUCTED BY:

Print Name: _____

Signature: _____

Title: _____

Date _____

USEFUL LINKS

[Contact DIS](#)

[Visiting Program Scientist Guidance](#)

[DIS Processing Times](#)

[How to Submit Cases and Documents to DIS](#)

Keep copies of everything you send to DIS