



**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.
- 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)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
8. Client's USCIS Online Account Number (if any)
▶
9. Client's Alien Registration Number (A-Number) (if any)
▶ A-

Client's Contact Information

10. Daytime Telephone Number
11. Mobile Telephone Number (if any)
12. Email Address (if any)

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
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

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. _____

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

3.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. _____

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

6.d. _____





Immigrant Petition for Alien Workers

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

USCIS
Form I-140
OMB No. 1615-0015
Expires 06/30/2022

| | | | | |
|---------------------------|---|--|------------------|---------------------|
| For USCIS Use Only | Fee Stamp | Priority Date | Consulate | Action Block |
| | Classification <input type="checkbox"/> 203(b)(1)(A) Alien of Extraordinary Ability <input type="checkbox"/> 203(b)(1)(B) Outstanding Professor or Researcher <input type="checkbox"/> 203(b)(1)(C) Multinational Executive or Manager <input type="checkbox"/> 203(b)(2) Member of Professions with Advanced Degree/Exceptional Ability <input type="checkbox"/> 203(b)(3)(A)(i) Skilled Worker <input type="checkbox"/> 203(b)(3)(A)(ii) Professional <input type="checkbox"/> 203(b)(3)(A)(iii) Other Worker | Certification <input type="checkbox"/> National Interest Waiver (NIW) <input type="checkbox"/> Schedule A, Group I <input type="checkbox"/> Schedule A, Group II | | |
| | Remarks | | | |

| | | | |
|--|---|--|---|
| To be completed by an Attorney or Accredited Representative (if any). | <input type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached. | Attorney State Bar Number (if applicable) <input type="text"/> | Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/> |
|--|---|--|---|

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

Part 1. Information About the Person or Organization Filing This Petition

If an individual is filing this petition, answer **Item Numbers 1.a. - 1.c.** If a company or organization is filing this petition, answer **Item Number 2.**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Company or Organization Name

Mailing Address

3.a. In Care Of Name

3.b. Street Number and Name

3.c. ☐ Apt. ☐ Ste. ☐ Flr.

3.d. City or Town

3.e. State 3.f. ZIP Code

3.g. Province

3.h. Postal Code

3.i. Country

Other Information

4. IRS Employer Identification Number (EIN)

5. U.S. Social Security Number (SSN) (if any)

6. USCIS Online Account Number (if any)

Part 2. Petition Type

This petition is being filed for (select **only one** box):

- 1.a. ☐ An alien of extraordinary ability.
- 1.b. ☐ An outstanding professor or researcher.
- 1.c. ☐ A multinational executive or manager.
- 1.d. ☐ A member of the professions holding an advanced degree or an alien of exceptional ability (who is **NOT** seeking a National Interest Waiver (NIW)).
- 1.e. ☐ A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree).
- 1.f. ☐ A skilled worker (requiring at least two years of specialized training or experience).
- 1.g. ☐ Any other worker (requiring less than two years of training or experience).
- 1.h. ☐ An alien applying for an NIW (who **IS** a member of the professions holding an advanced degree or an alien of exceptional ability).



Part 2. Petition Type (continued)

This petition is being filed (select **only one** box):

- 2.a. ☐ To amend a previously filed petition.

Previous Petition Receipt Number

▶

- 2.b. ☐ For the Schedule A, Group I or II designation.

Part 3. Information About the Person for Whom You Are Filing

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Mailing Address

2.a. In Care Of Name

2.b. Street Number and Name

2.c. ☐ Apt. ☐ Ste. ☐ Flr.

2.d. City or Town

2.e. State 2.f. ZIP Code

2.g. Province

2.h. Postal Code

2.i. Country

Other Information

3. Date of Birth (mm/dd/yyyy)

4. City/Town/Village of Birth

5. State or Province of Birth

6. Country of Birth

7. Country of Citizenship or Nationality

8. Alien Registration Number (A-Number) (if any) ▶ A-

9. U.S. SSN (if any) ▶

Information About His or Her Last Arrival in the United States

If the person for whom you are filing is in the United States, provide the following information.

10. Date of Last Arrival (mm/dd/yyyy)

11.a. Form I-94 Arrival-Departure Record Number ▶

11.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy)

11.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled)

12. Passport Number

13. Travel Document Number

14. Country of Issuance for Passport or Travel Document

15. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Part 4. Processing Information

Provide the following information for the person named in **Part 3.** (select **only one** box):

- 1.a. ☐ Alien will apply for a visa abroad at a U.S. Embassy or U.S. Consulate at:

1.b. City or Town

1.c. Country

- 2.a. ☐ Alien is in the United States and will apply for adjustment of status to that of lawful permanent resident.



Part 4. Processing Information (continued)

- 2.b. Alien's current country of residence or, if now in the United States, last country of permanent residence abroad.

If you provided a United States address in **Part 3.**, provide the person's foreign address in **Item Numbers 3.a. - 3.f.**:

- 3.a. Street Number and Name

- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.

- 3.c. City or Town

- 3.d. Province

- 3.e. Postal Code

- 3.f. Country

If the person's native alphabet is other than Roman letters, type or print the person's foreign name and address in the native alphabet in **Item Numbers 4.a. - 4.c.**:

- 4.a. Family Name (Last Name)

- 4.b. Given Name (First Name)

- 4.c. Middle Name

Mailing Address

- 5.a. In Care Of Name

- 5.b. Street Number and Name

- 5.c. ☐ Apt. ☐ Ste. ☐ Flr.

- 5.d. City or Town

- 5.e. Province

- 5.f. Postal Code

- 5.g. Country

If you answer "Yes" to **Item Numbers 6.a. - 10.**, provide the case number, office location, date of decision, and disposition of the decision in the space provided in **Part 11. Additional Information.**

- 6.a. Are you filing any other petitions or applications with this Form I-140? ☐ Yes ☐ No

- 6.b. If you answered "Yes" to **Item Number 6.a.**, select all applicable boxes:

- ☐ Form I-485
☐ Form I-131
☐ Form I-765
☐ Other (Provide an explanation in **Part 11. Additional Information.**)

7. Is the person for whom you are filing in removal proceedings? ☐ Yes ☐ No

8. Has any immigrant visa petition ever been filed by or on behalf of this person? ☐ Yes ☐ No

9. Are you filing this petition without an original labor certification because the original labor certification was previously submitted in support of another Form I-140? ☐ Yes ☐ No

10. If you are filing this petition without an original labor certification, are you requesting that U.S. Citizenship and Immigration Services (USCIS) request a duplicate labor certification from the Department of Labor (DOL)? ☐ Yes ☐ No

Part 5. Additional Information About the Petitioner

Type of petitioner (select **only one** box):

- 1.a. ☐ Employer
1.b. ☐ Self
1.c. ☐ Other (For example, Lawful Permanent Resident, U.S. citizen or any other person filing on behalf of the alien)

If a company or an organization is filing this petition, provide the following information:

2. Type of Business
3. Date Established (mm/dd/yyyy)
4. Current Number of U.S. Employees
5. Gross Annual Income \$
6. Net Annual Income \$
7. NAICS Code
8. Labor Certification DOL Case Number



Part 5. Additional Information About the Petitioner (continued)

9. Labor Certification DOL Filing Date (mm/dd/yyyy)

10. Labor Certification Expiration Date (mm/dd/yyyy)

If an individual is filing this petition, provide the following information.

11. Occupation

12. Annual Income \$

Part 6. Basic Information About the Proposed Employment

1. Job Title

2. SOC Code

 -

3. Nontechnical Job Description

4. Is this a full-time position? ☐ Yes ☐ No

5. If the answer to **Item Number 4.** is "No," how many hours per week for the position?

6. Is this a permanent position? ☐ Yes ☐ No

7. Is this a new position? ☐ Yes ☐ No

8. Wages (Specify hour, week, month, or year):

\$ per

Worksite Location

For **Item Numbers 9.a. - 9.e.**, provide the address where the person will work if different from the address provided in **Part 1.**

9.a. Street Number and Name

9.b. ☐ Apt. ☐ Ste. ☐ Flr.

9.c. City or Town

9.d. State

9.e. ZIP Code

Part 7. Information About the Spouse and All Children of the Person for Whom You Are Filing

For **Part 7.**, provide information on the spouse and all children related to the individual for whom you are filing this petition. Also, note if the individual will apply for a visa abroad or adjustment of status as the dependent of the individual for whom the petition is filed. If you need extra space to provide information about additional family members, use the space provided in **Part 11. Additional Information.**

Person 1

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Date of Birth (mm/dd/yyyy)

3. Country of Birth

4. Relationship

5. Is he or she applying for adjustment of status?

☐ Yes ☐ No

6. Is he or she applying for a visa abroad?

☐ Yes ☐ No

Person 2

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

8. Date of Birth (mm/dd/yyyy)

9. Country of Birth

10. Relationship

11. Is he or she applying for adjustment of status?

☐ Yes ☐ No

12. Is he or she applying for a visa abroad?

☐ Yes ☐ No



Part 7. Information About Spouse and All Children of the Person for Whom You Are Filing (continued)

Person 3

- 13.a. Family Name (Last Name)
- 13.b. Given Name (First Name)
- 13.c. Middle Name
14. Date of Birth (mm/dd/yyyy)
15. Country of Birth
16. Relationship
17. Is he or she applying for adjustment of status?
☐ Yes ☐ No
18. Is he or she applying for a visa abroad?
☐ Yes ☐ No

Person 4

- 19.a. Family Name (Last Name)
- 19.b. Given Name (First Name)
- 19.c. Middle Name
20. Date of Birth (mm/dd/yyyy)
21. Country of Birth
22. Relationship
23. Is he or she applying for adjustment of status?
☐ Yes ☐ No
24. Is he or she applying for a visa abroad?
☐ Yes ☐ No

Person 5

- 25.a. Family Name (Last Name)
- 25.b. Given Name (First Name)
- 25.c. Middle Name
26. Date of Birth (mm/dd/yyyy)
27. Country of Birth
28. Relationship
29. Is he or she applying for adjustment of status?
☐ Yes ☐ No
30. Is he or she applying for a visa abroad?
☐ Yes ☐ No

Person 6

- 31.a. Family Name (Last Name)
- 31.b. Given Name (First Name)
- 31.c. Middle Name
32. Date of Birth (mm/dd/yyyy)
33. Country of Birth
34. Relationship
35. Is he or she applying for adjustment of status?
☐ Yes ☐ No
36. Is he or she applying for a visa abroad?
☐ Yes ☐ No



Part 8. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or Authorized Signatory and Signature

NOTE: Read the **Penalties** section of the Form I-140 Instructions before completing this part.

Petitioner's or Authorized Signatory's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 9.** has read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent. I understood all of this information as interpreted.
2. ☐ At my request, the preparer named in **Part 10.**, , prepared this petition for me based only upon information I provided or authorized.

Authorized Signatory's Contact Information

- 3.a. Authorized Signatory's Family Name (Last Name)
- 3.b. Authorized Signatory's Given Name (First Name)
4. Authorized Signatory's Title
5. Authorized Signatory's Daytime Telephone Number
6. Authorized Signatory's Mobile Telephone Number (if any)
7. Authorized Signatory's Email Address (if any)

Petitioner's or Authorized Signatory's Declaration and Certification

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 USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. 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, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

Petitioner's or Authorized Signatory's Signature

- 8.a. Petitioner's Signature
- 8.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)



Part 9. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address

- 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

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 8., Item Number 1.b.**, and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's or Authorized Signatory's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Authorized Individual

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization (if any)

Preparer's Mailing Address

- 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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)



Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Authorized Individual
(continued)

Preparer's Statement

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
- 7.b. ☐ I am an attorney or accredited representative and my representation of the petitioner in this case
☐ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the **Petitioner's or Authorized Signatory's Declaration and Certification**, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

Preparer's Signature

8.a. Preparer's Signature

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



Part 11. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) 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

1.c. Middle Name

2. IRS EIN ►

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

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

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

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

7.a. Page Number **7.b.** Part Number **7.c.** Item Number





Please read and review the filing instructions before completing this form. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/pdf/9089inst.pdf>

Employing or continuing to employ an alien unauthorized to work in the United States is illegal and may subject the employer to criminal prosecution, civil money penalties, or both.

A. Refiling Instructions

| | | |
|---|------------------------------|--|
| 1. Are you seeking to utilize the filing date from a previously submitted Application for Alien Employment Certification (ETA 750)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 1-A. If Yes, enter the previous filing date | | |
| 1-B. Indicate the previous SWA or local office case number OR if not available, specify state where case was originally filed: | | |

B. Schedule A or Shepherdher Information

| | | |
|--|------------------------------|--|
| 1. Is this application in support of a Schedule A or Shepherdher Occupation? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If Yes, do NOT send this application to the Department of Labor. All applications in support of Schedule A or Shepherdher Occupations must be sent directly to the appropriate Department of Homeland Security office. | | |

C. Employer Information (Headquarters or Main Office)

| | | | |
|---|----------------------|-------------------------------------|---|
| 1. Employer's name EVICORE HEALTHCARE MSI, LLC DBA EVICORE HEALTHCARE | | | |
| 2. Address 1 400 BUCKWALTER PLACE BOULEVARD | | | |
| Address 2 | | | |
| 3. City BLUFFTON | State/Province SC | Country UNITED STATES OF AMERICA | Postal code 29910 |
| 4. Phone number 800-918-8924 | | Extension | |
| 5. Number of employees 5300 | | 6. Year commenced business 1995 | |
| 7. FEIN(Federal Employer Identification Number) 621615395 | | 8. NAICS Code 5242 | |
| 9. Is the employer a closely held corporation, partnership, or sole proprietorship in which the alien has an ownership interest, or is there a familial relationship between the owners, stockholders, partners, corporate officers, or incorporators, and the alien? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

D. Employer Contact Information (This section must be filled out. This information must be different from the agent or attorney information listed in Section E).

| | | | |
|---|----------------------|-------------------------------------|----------------------|
| 1. Contact's last name Sansom | First name Tyler | Middle initial | |
| 2. Address 1 730 Cool Springs Boulevard | | | |
| Address 2 Suite 800 | | | |
| 3. City Franklin | State/Province TN | Country UNITED STATES OF AMERICA | Postal code 37067 |
| 4. Phone number 615-862-9016 | | Extension | |
| 5. E-mail address tyler.sansom@cigna.com | | | |

ETA Form 9089
U.S. Department of Labor



E. Agent or Attorney Information (If applicable)

| | | |
|--|--------------------------------------|--|
| 1. Agent or attorney's last name Brueggemann | First name Benjamin | Middle initial |
| 2. Firm name Global Immigration Partners, Inc. | | |
| 3. Firm EIN 264750036 | 4. Phone number 8189146482 | Extension |
| 5. Address 1 30300 Agoura Road | | |
| Address 2 Suite B100 | | |
| 6. City Agoura Hills | State/Province | Country UNITED STATES OF AMERICA |
| | | Postal code 91301 |
| 7. E-mail address perm@gip-us.com | | |

F. Prevailing Wage Information (as provided by the State Workforce Agency)

| | |
|---|--|
| 1. Prevailing wage tracking number (if applicable) P10020311901865 | 2. SOC/O*NET(OES) code 15-1132 |
| 3. Occupation Title Software Developers, Applications | 4. Skill Level Level I |
| 5. Prevailing wage Per: (Choose only one) \$ 64,958.00 <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year | |
| 6. Prevailing wage source (Choose only one) <input checked="" type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> Employer Conducted Survey <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other | |
| 6-A. If Other is indicated in question 6, specify: | |
| 7. Determination date 03/26/2021 | 8. Expiration date 06/30/2021 |

G. Wage Offer Information

| | | |
|--|--|--|
| 1. Offered wage From: \$ 73,700.00 | To: (Optional) \$ 122,900.00 | 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 |
|--|--|--|

H. Job Opportunity Information (Where work will be performed)

| | | |
|---|--------------------|---|
| 1. Primary worksite (where work is to be performed) address 1 730 Cool Springs Blvd. | | |
| Address 2 Suite 800 | | |
| 2. City Franklin | State TN | Postal code 37067 |
| 3. Job title IT Business Intelligence Engineer | | |
| 4. Education: minimum level required: <input type="checkbox"/> None <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input checked="" type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other | | |
| 4-A. If Other is indicated in question 4, specify the education required: | | |
| 4-B. Major field of study See H.14. | | |
| 5. Is training required for this job opportunity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 5-A. If Yes, number of months of training required: |



H. Job Opportunity Information Continued

| | |
|--|---|
| 5-B. Indicate the field of training: | |
| 6. Is experience in the job offered required for the job? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6-A. If Yes, number of months experience required: 24 | |
| 7. Is there an alternate field of study that is acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7-A. If Yes, specify the major field of study: See H.14. | |
| 8. Is there an alternate combination of education and experience that is acceptable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8-A. If Yes, specify the alternate level of education required: <input type="checkbox"/> None <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other | |
| 8-B. If Other is indicated in question 8-A, indicate the alternate level of education required: | |
| 8-C. If applicable, indicate the number of years experience acceptable in question 8: | |
| 9. Is a foreign educational equivalent acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Is experience in an alternate occupation acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10-A. If Yes, number of months experience in alternate occupation required: 24 | |
| 10-B. Identify the job title of the acceptable alternate occupation: See H.14. | |
| 11. Job duties – If submitting by mail, add attachment if necessary. Job duties description must begin in this space. See Attachment | |
| 12. Are the job opportunity's requirements normal for the occupation? If the answer to this question is No, the employer must be prepared to provide documentation demonstrating that the job requirements are supported by business necessity. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Is knowledge of a foreign language required to perform the job duties? If the answer to this question is Yes, the employer must be prepared to provide documentation demonstrating that the language requirements are supported by business necessity. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 14. Specific skills or other requirements – If submitting by mail, add attachment if necessary. Skills description must begin in this space. See Attachment | |



H. Job Opportunity Information Continued

| | |
|--|--|
| 15. Does this application involve a job opportunity that includes a combination of occupations? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Is the position identified in this application being offered to the alien identified in Section J? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Does the job require the alien to live on the employer's premises? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 18. Is the application for a live-in household domestic service worker? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 18-A. If Yes, have the employer and the alien executed the required employment contract and has the employer provided a copy of the contract to the alien? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |

I. Recruitment Information

a. Occupation Type – All must complete this section.

| | |
|--|---|
| 1. Is this application for a professional occupation , other than a college or university teacher? Professional occupations are those for which a bachelor's degree (or equivalent) is normally required. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is this application for a college or university teacher? If Yes, complete questions 2-A and 2-B below. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2-A. Did you select the candidate using a competitive recruitment and selection process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2-B. Did you use the basic recruitment process for professional occupations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

b. Special Recruitment and Documentation Procedures for College and University Teachers – Complete only if the answer to question I.a.2-A is Yes.

| |
|--|
| 3. Date alien selected: |
| 4. Name and date of national professional journal in which advertisement was placed: |
| 5. Specify additional recruitment information in this space. Add an attachment if necessary. |

c. Professional/Non-Professional Information – Complete this section unless your answer to question B.1 or I.a.2-A is YES.

| | |
|--|---|
| 6. Start date for the SWA job order 04/26/2021 | 7. End date for the SWA job order 05/31/2021 |
| 8. Is there a Sunday edition of the newspaper in the area of intended employment? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Name of newspaper (of general circulation) in which the first advertisement was placed: The Tennessean | |
| 10. Date of first advertisement identified in question 9: 05/09/2021 | |
| 11. Name of newspaper or professional journal (if applicable) in which second advertisement was placed: The Tennessean | |
| <input checked="" type="checkbox"/> Newspaper <input type="checkbox"/> Journal | |



I. Recruitment Information Continued

12. Date of second newspaper advertisement or date of publication of journal identified in question 11:
05/16/2021

d. Professional Recruitment Information – Complete if the answer to question I.a.1 is YES or if the answer to I.a.2-B is YES. Complete at least 3 of the items.

| | |
|--|--|
| 13. Dates advertised at job fair From: To: | 14. Dates of on-campus recruiting From: To: |
| 15. Dates posted on employer web site From: To: | 16. Dates advertised with trade or professional organization From: To: |
| 17. Dates listed with job search web site From: 04/23/2021 To: 05/06/2021 | 18. Dates listed with private employment firm From: To: |
| 19. Dates advertised with employee referral program From: To: | 20. Dates advertised with campus placement office From: To: |
| 21. Dates advertised with local or ethnic newspaper From: 05/13/2021 To: 05/13/2021 | 22. Dates advertised with radio or TV ads From: 05/19/2021 To: 05/19/2021 |

e. General Information – All must complete this section.

| | |
|--|---|
| 23. Has the employer received payment of any kind for the submission of this application? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 23-A. If Yes, describe details of the payment including the amount, date and purpose of the payment : | |
| 24. Has the bargaining representative for workers in the occupation in which the alien will be employed been provided with notice of this filing at least 30 days but not more than 180 days before the date the application is filed? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| 25. If there is no bargaining representative, has a notice of this filing been posted for 10 business days in a conspicuous location at the place of employment, ending at least 30 days before but not more than 180 days before the date the application is filed? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 26. Has the employer had a layoff in the area of intended employment in the occupation involved in this application or in a related occupation within the six months immediately preceding the filing of this application? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 26-A. If Yes, were the laid off U.S. workers notified and considered for the job opportunity for which certification is sought? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |

J. Alien Information (This section must be filled out. This information must be different from the agent or attorney information listed in Section E).

| | | |
|---|---|-------------------------------------|
| 1. Alien's last name KANKANALA | First name GYANADEEP | Full middle name |
| 2. Current address 1 18302 CROWNE BROOK CIRCLE | | |
| Address 2 | | |
| 3. City FRANKLIN | State/Province TN | Country UNITED STATES OF AMERICA |
| | | Postal code 37067 |
| 4. Phone number of current residence | | |
| 5. Country of citizenship INDIA | 6. Country of birth INDIA | |
| 7. Alien's date of birth 10/03/1990 | 8. Class of admission H-1B | |
| 9. Alien registration number (A#) 138124306 | 10. Alien admission number (I-94) 51570538A2 | |
| 11. Education: highest level achieved as required by the requested job opportunity: <input type="checkbox"/> None <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input checked="" type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other | | |



J. Alien Information Continued

| | | | |
|--|-----------------------------|---|-----------------------------|
| 11-A. If Other indicated in question 11, specify | | | |
| 12. Specify major field(s) of study ENGINEERING | | | |
| 13. Year relevant education completed 2015 | | | |
| 14. Institution where relevant education specified in question 11 was received LOUISIANA TECH UNIVERSITY | | | |
| 15. Address 1 of conferring institution 201 MAYFIELD AVE | | | |
| Address 2 | | | |
| 16. City RUSTON | State/Province LA | Country UNITED STATES OF AMERICA | Postal code 71272 |
| 17. Did the alien complete the training required for the requested job opportunity, as indicated in question H.5? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | |
| 18. Does the alien have the experience as required for the requested job opportunity indicated in question H.6? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | |
| 19. Does the alien possess the alternate combination of education and experience as indicated in question H.8? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | |
| 20. Does the alien have the experience in an alternate occupation specified in question H.10? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| 21. Did the alien gain any of the qualifying experience with the employer in a position substantially comparable to the job opportunity requested? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | |
| 22. Did the employer pay for any of the alien's education or training necessary to satisfy any of the employer's job requirements for this position? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 23. Is the alien currently employed by the petitioning employer? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

K. Alien Work Experience

List all jobs the alien has held during the past 3 years. Also list any other experience that qualifies the alien for the job opportunity for which the employer is seeking certification.

a. Job 1

| | | | |
|--|-----------------------------|---|-----------------------------|
| 1. Employer name eviCore healthcare MSI, LLC dba eviCore healthcare*** | | | |
| 2. Address 1 730 Cool Springs Blvd. | | | |
| Address 2 Suite 800 | | | |
| 3. City Franklin | State/Province TN | Country UNITED STATES OF AMERICA | Postal code 37067 |
| 4. Type of business Cost Management | | 5. Job title IT BI Engineer | |
| 6. Start date 07/16/2018 | 7. End date | 8. Number of hours worked per week 40 | |

Job 1 continued on next page



K. Alien Work Experience Continued

9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.)

See Attachment

b. Job 2

| | | | |
|---|----------------------------------|---|-----------------------------|
| 1. Employer name Reliable Software Resources Inc. | | | |
| 2. Address 1 22260 Haggerty Rd. | | | |
| Address 2 Ste 285 | | | |
| 3. City Northville | State/Province MI | Country UNITED STATES OF AMERICA | Postal code 48167 |
| 4. Type of business Health Care | | 5. Job title Programmer Analyst | |
| 6. Start date 10/30/2017 | 7. End date 07/15/2018 | 8. Number of hours worked per week 40 | |
| 9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.) See Attachment | | | |

c. Job 3

| | | | |
|--|----------------------------------|---|-----------------------------|
| 1. Employer name Aries Computer Systems Inc. | | | |
| 2. Address 1 295 Durham Avenue | | | |
| Address 2 Bldg 7, Ste 105 | | | |
| 3. City South Plainfield | State/Province NJ | Country UNITED STATES OF AMERICA | Postal code 07080 |
| 4. Type of business IT Consulting | | 5. Job title Programmer Analyst | |
| 6. Start date 10/01/2017 | 7. End date 10/29/2017 | 8. Number of hours worked per week 40 | |

Job 3 continued on next page



K. Alien Work Experience Continued

9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.)

See Attachment

L. Alien Declaration

I declare under penalty of perjury that Sections J and K are true and correct. I understand that to knowingly furnish 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 a fine or imprisonment up to five years or both under 18 U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of ETA immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.

In addition, I further declare under penalty of perjury that I intend to accept the position offered in Section H of this application if a labor certification is approved and I am granted a visa or an adjustment of status based on this application.

| | | |
|--|--------------------------------|------------------|
| 1. Alien's last name KANKANALA | First name GYANADEEP | Full middle name |
| 2. Signature | Date signed | |

Note – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. 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.

M. Declaration of Preparer

| | | |
|---|------------------------------|--|
| 1. Was the application completed by the employer? If No, you must complete this section. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|---|------------------------------|--|

I hereby certify that I have prepared this application at the direct request of the employer listed in Section C and that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish 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 a fine, imprisonment up to five years or both under 18 U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of ETA immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.

| | | |
|---|-------------------------------|----------------|
| 2. Preparer's last name Brueggemann | First name Benjamin | Middle initial |
| 3. Title Attorney | | |
| 4. E-mail address perm@gip-us.com | | |
| 5. Signature | Date signed | |

Note – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. 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.



N. Employer Declaration

By virtue of my signature below, **I HEREBY CERTIFY** the following conditions of employment:

1. The offered wage equals or exceeds the prevailing wage and I will pay at least the prevailing wage.
2. The wage is not based on commissions, bonuses or other incentives, unless I guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage.
3. I have enough funds available to pay the wage or salary offered the alien.
4. I will be able to place the alien on the payroll on or before the date of the alien's proposed entrance into the United States.
5. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.
6. The job opportunity is not:
 - a. Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage; or
 - b. At issue in a labor dispute involving a work stoppage.
7. The job opportunity's terms, conditions, and occupational environment are not contrary to Federal, state or local law.
8. The job opportunity has been and is clearly open to any U.S. worker.
9. The U.S. workers who applied for the job opportunity were rejected for lawful job-related reasons.
10. The job opportunity is for full-time, permanent employment for an employer other than the alien.

I hereby designate the agent or attorney identified in section E (if any) to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, **I take full responsibility** for the accuracy of any representations made by my agent or attorney.

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 herein is true and accurate. *I understand that to knowingly furnish 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 a fine or imprisonment up to five years or both under 18 U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of ETA immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.*

| | | |
|--|----------------------------|----------------|
| 1. Last name Sansom | First name Tyler | Middle initial |
| 2. Title Sr. Manager, Talent Acquisition | | |
| 3. Signature | | Date signed |

Note – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. 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.

O. U.S. Government Agency Use Only

Pursuant to the provisions of Section 212 (a)(5)(A) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed.

This Certification is valid from 02/02/2022 to 08/01/2022

Certifying Officer

Signature of Certifying Officer

Date

02/02/2022

Signed

A-21202-20438

Case Number

08/26/2021

Filing Date



P. OMB Information

Paperwork Reduction Act Information Control Number 1205-0451

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Respondent's reply to these reporting requirements is required to obtain the benefits of permanent employment certification (Immigration and Nationality Act, Section 212(a)(5)). Public reporting burden for this collection of information is estimated to average G hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Division of Foreign Labor Certification * U.S. Department of Labor * 200 Constitution Ave. N.W. * Washington, DC * 20210.

Do NOT send the completed application to this address.

Q. Privacy Statement Information

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that the information provided herein is protected under the Privacy Act. The Department of Labor (Department or DOL) maintains a System of Records titled Employer Application and Attestation File for Permanent and Temporary Alien Workers (DOL/ETA-7) that includes this record.

Under routine uses for this system of records, case files developed in processing labor certification applications, labor condition applications, or labor attestations may be released as follows: in connection with appeals of denials before the DOL Office of Administrative Law Judges and Federal courts, records may be released to the employers that filed such applications, their representatives, to named alien beneficiaries or their representatives, and to the DOL Office of Administrative Law Judges and Federal courts; and in connection with administering and enforcing immigration laws and regulations, records may be released to such agencies as the DOL Office of Inspector General, Employment Standards Administration, the Department of Homeland Security, and the Department of State.

Further relevant disclosures may be made in accordance with the Privacy Act and under the following circumstances: in connection with federal litigation; for law enforcement purposes; to authorized parent locator persons under Pub. L. 93-647; to an information source or public authority in connection with personnel, security clearance, procurement, or benefit-related matters; to a contractor or their employees, grantees or their employees, consultants, or volunteers who have been engaged to assist the agency in the performance of Federal activities; for Federal debt collection purposes; to the Office of Management and Budget in connection with its legislative review, coordination, and clearance activities; to a Member of Congress or their staff in response to an inquiry of the Congressional office made at the written request of the subject of the record; in connection with records management; and to the news media and the public when a matter under investigation becomes public knowledge, the Solicitor of Labor determines the disclosure is necessary to preserve confidence in the integrity of the Department, or the Solicitor of Labor determines that a legitimate public interest exists in the disclosure of information, unless the Solicitor of Labor determines that disclosure would constitute an unwarranted invasion of personal privacy.

Addendum

H. 11. Job duties

***Please note that the Prevailing Wage Request was filed by CareCore National, LLC (Tax ID of 14-1831391) prior to the De Facto Merger of CareCore National, LLC with eviCore healthcare MSI, LLC. All of the recruitment was performed by the new sponsoring entity, eviCore healthcare MSI, LLC (Tax ID of 62-1615395). All aspects of the PERM job offer, including the worksite, have remained the same as in the Prevailing Wage Determination.

eviCore healthcare MSI, LLC dba eviCore healthcare is seeking an IT Business Intelligence Engineer for its Franklin, Tennessee office. Individuals will perform the following duties:

1. Work as a Data warehouse/Bi developer to build SSIS ETL packages, complex stored procedures to make the data flow seamlessly from source server to the warehouse data model;
2. Implement CDC in integrating the data from two different platforms, ImageOne & Isaac into one single data warehouse platform;
3. Create views for the end users to pull data from data model and develop reports using various BI tools like Micro strategy, Tableau and SSRS;
4. Support migration to new technologies and tools such as Azure Cloud and related PaaS, IaaS, or SaaS offerings.
5. Apply various business rules in terms of code, to transform the data into normalized and understandable format for users who will be analyzing the warehouse data, so that company will use the result in future decisions and tracking the current trends;
6. Perform peer to peer code review;
7. Involved in sprint review and retrospective meetings every week to measure productivity and plan for next weeks' sprint;
8. Provide on call support for the live production issues in the data warehouse;
9. Troubleshoot and resolve data load issues using Microsoft SQL Server, T-SQL, SSIS;
10. Fine-tune existing code to enhance the run time so that the production Server load will be optimized;
11. Maintain and create documentation to describe data management processes.

This position does not supervise any employees.

Addendum

H. 14. Specific skills or other requirements

The normal minimum requirements of the position are:

Bachelor's degree in Business, Information Technology, or Engineering (any field) and 2 years of experience in job offered or related position(s).

Qualified applicants must also have demonstrable advanced proficiency with and advanced knowledge of the following:

1. SQL;
2. ETL development in Microsoft SSIS;
3. Data Warehouse and Dimensional Model development;
4. ETL development tools including SSIS, Azure Data Factory or Informatica;
5. Cube/Semantic Layer tools including SSAS, Power BI, MicroStrategy or Tableau.

No travel. Work at home benefit.

Addendum

K. Alien Work Experience Continued

d. Job 4

| | | | |
|---|----------------------------------|---|-----------------------------|
| 1. Employer name TEKsystems | | | |
| 2. Address 1 200 S. College Street | | | |
| Address 2 Suite 1200 | | | |
| 3. City Charlotte | State/Province NC | Country UNITED STATES OF AMERICA | Postal code 28202 |
| 4. Type of business IT Consulting | | 5. Job title Applications Programmer | |
| 6. Start date 04/12/2016 | 7. End date 09/30/2017 | 8. Number of hours worked per week 40 | |
| 9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.) See Attachment | | | |

e. Job 5

| | | | |
|---|----------------------------------|---|-----------------------------|
| 1. Employer name Vultus, Inc. | | | |
| 2. Address 1 50 Cragwood Road | | | |
| Address 2 Suite #126 | | | |
| 3. City South Plainfield | State/Province NJ | Country UNITED STATES OF AMERICA | Postal code 07080 |
| 4. Type of business Information Technology | | 5. Job title Application Programmer | |
| 6. Start date 10/17/2015 | 7. End date 03/31/2016 | 8. Number of hours worked per week 40 | |
| 9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.) See Attachment | | | |

Addendum

K. 9. Job 1 - Job Details

***eviCore healthcare MSI, LLC dba eviCore healthcare (De Facto Merger with CareCore National LLC dba eviCore healthcare) - IT BI Engineer

As IT BI Engineer, the beneficiary's duties include, but are not limited to, the following:

1. Work as a Data warehouse/Bi developer to build SSIS ETL packages, complex stored procedures to make the data flow seamlessly from source servers or files to Healthcare Claims data model.
2. Deploy, monitor, and troubleshoot new solutions and enhancements from Development team into Data Warehouse.
3. Work with business stakeholders to prioritize development and implementation activities for paid claims and membership files weekly
4. Work with business SMEs to define and troubleshoot incoming Healthcare claims file ingestion to the Data Warehouse
5. Support other teams developing BI tools like MicroStrategy, Tableau and SSRS with issues connecting or pulling from Data Warehouse
6. Research and correct various business rules and code within the Data Warehouse in support of user questions or reconciliation issues
7. Perform peer to peer code review.
8. Involved in daily support team calls and helping assign issues and coordinating with offshore support team.
9. Provide on call support for the live production issues in the data warehouse.
10. Troubleshooting and resolving data load issues using Microsoft SQL Server, T-SQL, SSIS
11. Fine-tuning the existing code to enhance the run-time so that the production Server load will be optimized.
12. Coordinate with Hadoop/Data Lake team to integrate data between Hadoop and SQL Server Data Warehouse for Paid Claims or other needs.

Addendum

K. 9. Job 2 - Job Details

Reliable Software Resources Inc. - Programmer Analyst

As Programmer Analyst, Mr. Kankanala's job duties included, but were not limited to, the following:

1. Worked as DWOPS engineer, developing and maintaining MS SQL Database Models, Warehouses in production environment;
2. Worked with clients and Line of Business to cater the needs and requirements for onboarding the clients on the Paid Claims Data Warehouse application;
3. Modified the legacy SQL Data Warehouse stored procedures to improve the data load speed;
4. Developed dynamic SQL code for dynamic data mapping and transforming the source data dynamically while loading on to stage;
5. Developed Custom Script (C#) to sort files, delete headers from files and enumerating the record count;
6. Extraction of large data sets from different systems by writing stored procedures and ETL jobs;
7. Developed reports using various tools like Micro Strategy, Tableau and SSRS;
8. Involved in daily loads monitoring, troubleshooting process, issues and error handling to meet the data live SLA;
9. Managed indexes, optimized query execution plan by tuning the Stored Procedures;
10. Improved performance in inserting and then fetching the data from database objects by using partitions function and schema in database objects;
11. Maintained the physical database by monitoring performance, integrity and optimized SQL queries for maximum efficiency using SQL Profiler and monitored schedules jobs and alerts;
12. Implemented change data capture and created processes to consume the change data;
13. Production support for the ETL operations;
14. Created MDS solutions with various business rules for the users to update the data;
15. Troubleshooting and resolving data load issues using Microsoft SQL Server, T-SQL and SSIS.

During the course of his duties, Mr. Kankanala utilized tools, technologies, programming languages and software, and gained proficiency and experience in the following:

- SQL
- ETL development in Microsoft SSIS
- Data Warehouse and Dimensional Model development
- ETL development tools including SSIS and Azure Data Factory;
- Cube/Semantic Layer tools including SSAS, Power BI, Micro Strategy and Tableau.
- MS SQL Server 2016/2012, Visual Studio 2013/2015, Redgate SQL Prompt;
- C#, Microsoft Visio 2013, SharePoint, Master Data Services, Python, SSRS.

Employer contact: Vinutha Venkat, HR Manager

Telephone: (248) 912-6819

Addendum

K. 9. Job 3 - Job Details

Aries Computer Systems Inc. - Programmer Analyst

As Programmer Analyst, the beneficiary's duties included, but were not limited to, the following:

1. Data modeling for creation of new databases in SQL Server.
 2. Development of SSIS packages for data transformations into different environments.
 3. Created SSIS packages for File Transfer from one location to the other using FTP task.
 4. Worked on creating and maintaining the Legacy database modeling and tables for the Production Database.
 5. Designed the custom operational deployment code using stored procedures in SQL Server.
 6. Migration of the existing SSRS reports to Adhoc reports to PowerBI.
 7. Developed Dashboards, KPIs using Power BI.
 8. Created reporting solutions in Power BI Desktop
- The beneficiary gained experience and utilized the following skills, software and technologies: Power BI, SQL Server 2012, and SSRS.

Addendum

K. 9. Job 4 - Job Details

TEKsystems - Applications Programmer

As Application Programmer, the beneficiary's job duties included, but were not limited to, the following:

1. Understood the Business Requirement Document and turned the same into SQL code, Stored Procedures, views and Integration Services Packages to extract the Data to create the Samples for Testing;
2. Created the Procedure documentation for transmitting the Procedure/code into production environment;
3. Worked with Teradata SQL Assistant to write the Teradata SQL code, stored procedures and functions to pull the large tables with 100+ million records and analyze;
4. Staging the non-SQL data to SQL using ETL (SSIS) packages;
5. Created Lookups, Merge Joins, data convertor and other tasks for Transforming and loading the data using SSIS;
6. Created SSIS Packages to pull data from the source files XML, Excel files and flat files;
7. Scheduling the SSIS packages monthly and Quarterly and Semi Annual to extract the data from source servers;
8. Worked with script tasks using C# in creating SSIS packages for custom development;
9. Created Dash boards at sheet level, filters and parameters for the Test Results in Microstrategy & Tableau;
10. Worked on Toad for Oracle to create PLSQL procedures to extract tables from Oracle Database.

During the course of his duties, the beneficiary utilized tools, technologies, programming languages and software, and gained proficiency and experience in the following:

- SQL
- ETL development in Microsoft SSIS
- Data Warehouse
- MS SQL Server 2012/2014/2016, SSIS, Toad Data Point
- Teradata SQL Assistant, SSMS, C#
- ASP.NET, DB2, TFS, Visual Studio 2012, 2015, SharePoint 2013.

Employer contact: Satahi Roedersheimer, Division Lead
Telephone: (980) 233-6330

Addendum

K. 9. Job 5 - Job Details

Vultus, Inc. - Application Programmer

As Application Programmer, Mr. Kankanala's job duties included, but were not limited to, the following:

1. Involved in PL-SQL Programming;
2. Created action filters, Parameters and calculated sets for dashboards and worksheets using Tableau;
3. Worked on C# script tasks to transform data;
4. Used SSIS for ETL, tracked error scenarios and logging;
5. Created OLAP Cubes and Dimensions using SSAS;
6. Involved in writing MDX Queries against cubes in SSAS;
7. Pulled reports from Microstrategy using filters;
8. Designed visually rich intuitive Tableau workbooks and dashboards.

During the course of his duties, Mr. Kankanala utilized tools, technologies, programming languages and software, and gained proficiency and experience in the following:

- SQL
- ETL development in Microsoft SSIS
- Data Warehouse and Dimensional Model development
- SSIS or similar ETL development tool experience
- SSAS or similar Cube/Semantic Layer tool experience
- Tableau, Oracle Toad
- SSMS, SQL Server, SSIS, SSAS.

Master's Degree

Master's Transcripts

Bachelor's Degree

Bachelor's Transcripts

Employment Verification Letter

Employment Verification Letter

Employment Verification Letter

Additional Supporting Docs 2

Additional Supporting Docs 1

Misc. Docs 1

Misc. Docs 2

Passport

I-94 Document

Pay Stub 1

Pay Stub 2

PR Sponsorship Letter

Annual Report