Select what form/section you would lik	re to view:	
- Select -	\$	
1205-0466	Print Summa	<u>ry</u> 🖶
Expiration Date: 12/31/2024	1P1 and E 2 Nonimmigrant Workers	
Labor Condition Application for H-1B, H-Form ETA-9035CP	- 161 and E-3 Norminingrant Workers	
U.S.Department of Labor IMPORTANT: Please read these instructions carefully be		1
Condition Application (LCA) for Nonimmigrant Workers questions and attestations that make up the LCA, Form employer's obligations provided in 20 CFR 655 Subpar is allowed only for certain reasons set out below, ALL recompleted as well as any fields and items where a respection/field or item as indicated by the section (§) sym has been received from an employer, a determination vertify the LCA or return it to the employer not certified. complete and do not contain obvious inaccuracies, the days of the date the LCA is received and date-stamped 20 CFR 655.740(a)(2)(i) or (ii), the ETA Certifying Office authorized agent or representative, explaining the reason case of a disqualification issued by the Wage Hour Adn the Department for review, which shall be treated as a basis. Anyone who knowingly and willingly furnishes fall or 9035E and any supplement thereto, or aids, abets, of offense under 18 U.S.C. 1001 or other provisions of law	TETA-9035 and 9035E, with further information about the H. If the employer plans to file non-electronically, where equired fields and items containing an asterisk (*) must conse is conditioned on the response to another requibed. In accordance with 20 CFR 655.740, once an LC will be made by the ETA Certifying Officer whether to Where all items on the Form ETA- 9035 or 9035E are ETA Certifying Officer will certify the LCA within 7 word by the Department. If the LCA is not certified pursual er will return it to the employer, or the employer's con(s) for such return without certification. Except in the ninistrator, the employer may submit a corrected LCA new LCA and processed on a "first come, first served" (see information in the preparation of the Form ETA- 90 or counsels another to do so is committing a Federal	nich st be ired A e rking nt to e to
A: Employment-Based Nonimmigrant Visa	Information	~
1 Indicate the type of visa classification supported by this application	Н-1В	
B: Temporary Need Information		~
1 Job Title	Associate Professor of Computer Science	

2/B.3 SOC (ONET/OES) Code and Occupation Title	25-1021.00
2/B.3 SOC (ONET/OES) Code and Occupation Title	Computer Science Teachers, Postsecondary
4 Is this a full-time position?	YES
5 Begin Date	8/1/2024
6 End Date	7/31/2027
7 Total Worker Positions Being Requested for Certification	1
a. New Employment	1
b. Continuation of previously approved employment without change with the same employer	0
c. Change in previously approved employment	0
d. New concurrent employment	0

e. Change in employer	0	
f. Amended petition	0	
Employer Information		•
1 Legal Business Name	New York University, Courant Institute of Mathematical Sciences	
2 Trade Name / Doing Business As (DBA), if applicable	NYU, Courant Inst. of Mathematical Sciences	
3 Address 1	251 Mercer Street	
5 City	New York	
6 State	NEW YORK	

10 Telephone Number	+12129983114
12 Federal Employer Identification Number <i>(FEIN from IRS)</i>	13-5562308
13 NAICS Code	611310
13 NAICS Description	Universities
D: Employer Point of Contact Information	~
1 Contact's Last (family) Name	Carey
2 First (given) Name	Helena
3 Middle name(s)	J.
4 Contact's Job Title	Asst. Director, Faculty Affairs
5 Address 1	251 Mercer Street

7 City	New York
8 State	NEW YORK
9 Postal Code	10012-1185
10 Country	UNITED STATES OF AMERICA
12 Telephone Number	+12129983114
14 Business e-mail address	hjc416@nyu.edu
E: Attorney or Agent Information (if applic	able) ~
1 Is the employer represented by an attorney or agent in the filing of this application?	Attorney
2 Attorney or Agent's Last (family) Nam	^{ne} Holroyd
3 First (given) Name	Laura
4 Middle News (a)	

5 Address 1	230 Park Avenue
7 City	New York
8 State	NEW YORK
9 Postal Code	10169
10 Country	UNITED STATES OF AMERICA
12 Telephone Number	+12126847676
14 Email Address	esqs@atsuss.com
15 Law Firm/Business Name	Atkins & Holroyd LLP
16 Law Firm/Business FEIN	86-1323172
17 State Bar Number	2031508

18 State of highest state court where attorney is in good standing

NEW YORK

19 Name of highest state court where attorney is in good standing

secondary entity at this place of

employment

Court of Appeals

F: Employment and Wage Information	•
F. Use the fields above to enter the details of each additional place of employment, when applicable	
Wage Rate Paid to Nonimmigrant Workers From	2000000.00
Wage Rate Paid to Nonimmigrant Workers Per	Year
Prevailing Wage Rate	116147.00
Prevailing Wage Rate Per	Year
Identify the source user for the prevailing wage (PW)	f13_is_oes_prevailing_wage
Wage Level	III
Source Year	7/1/2023 - 6/30/2024
Enter the estimated number of workers that will perform work at this place of employment under the LCA	1
Indicate whether the worker(s) subject to this LCA will be placed with a	NO

Address 1 Courant Inst. of Mathematical

Sciences, 251 Mercer Street

City New York

County NEW YORK

State/District/Territory **NEW YORK**

Postal Code 10012

Wage Rate Paid to Nonimmigrant **200000.00**

Wage Rate Paid to Nonimmigrant **Year** Workers Per

Workers From

Prevailing Wage Rate 116147.00

Prevailing Wage Rate Per Year

Identify the source user for the prevailing wage (PW)

f13_is_oes_prevailing_wage

Wage Level

Source Year 7/1/2023 - 6/30/2024

Enter the estimated number of workers that will perform work at this place of employment under the LCA

Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment

Address 1 Courant Inst. of Mathematical

Sciences, 60 Fifth Avenue

City New York

County NEW YORK

State/District/Territory NEW YORK

Postal Code 10011

G: Employer Labor Condition Statements

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In order for your application to be processed, you MUST read Section G of the Form ETA-9035CP - General Instructions for the 9035 & 9035E under the heading "Employer Labor Condition Statements" and agree to all four (4) labor condition statements summarized below:

- 1. Wages: The employer shall pay nonimmigrant workers at least the prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. The employer shall offer nonimmigrant workers benefits and eligibility for benefits provided as compensation for services on the same basis as the employer offers to U.S. workers. The employer shall not make deductions to recoup a business expense(s) of the employer including attorney fees and other costs connected to the performance of H-1B, H-1B1, or E-3 program functions which are required to be performed by the employer. This includes expenses related to the preparation and filing of this LCA and related visa petition information. 20 CFR 655.731;
- 2. Working Conditions: The employer shall provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed. The employer's obligation regarding working conditions shall extend for the duration of the validity period of the certified LCA or the period during which the worker(s) working pursuant to this LCA is employed by the employer, whichever is longer. 20 CFR 655.732;
- 3. Strike, Lockout, or Work Stoppage: At the time of filing this LCA, the employer is not involved in a strike, lockout, or work stoppage in the course of a labor dispute in the occupational classification in the area(s) of intended employment. The employer will notify the Department of Labor within 3 days of the occurrence of a strike or lockout in the occupation, and in that event the LCA will not be used to support a petition filing with the U.S. Citizenship and Immigration Services (USCIS) until the DOL Employment and Training Administration (ETA) determines that the strike or lockout has ended. 20 CFR 655.733;
- 4. Notice: Notice of the LCA filing was provided no more than 30 days before the filing of this LCA or will be provided on the day this LCA is filed to the bargaining representative in the occupation and area of intended employment, or if there is no bargaining representative, to workers in the occupation at the place(s) of employment either by electronic or physical posting. This notice was or will be posted for a total period of 10 days, except that if employees are provided individual direct notice by e-mail, notification need only be given once. A copy of the notice documentation will be maintained in the employer's public access file. A copy of this LCA will be provided to each nonimmigrant worker employed pursuant to the LCA. The employer shall, no later than the date the worker(s) report to

work at the place(s) of employment, provide a signed copy of the certified LCA to the worker(s) working pursuant to this LCA. 20 CFR 655.734.

1 I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section G of the Form ETA-9035CP - General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H.

YES

H: H-1B Additional Employer Labor Condition Statements

1 At the time of filing this LCA, is the employer H-1B dependent?

NO

2 At the time of filing this LCA, is the employer a willful violator

NO

I/J: Employer Obligations

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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 655.705(c) (3)); Maintain the original signed and certified LCA in the employer's files (20 CFR 655.705(c)(2)); 20 CFR 655.730(c)(3); and 20 CFR 655.760) Make a copy of the LCA, as well as necessary supporting documentation required by the Department of Labor regulations, available for public examination in a public access file at the employer's principal place of business in the U.s> or at the place of employment within one working day after the date on which the LCA is filed with the Department of Labor (20 CFR 655.705(c)(2) and 20 CFR 655.760).

- B. The employer must develop sufficient documentation to meet its burden of proof with respect to the validity of the statements made in its LCA and the accuracy of information provided, in the event that such statements or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(iv)).
- C. The employer must make this LCA, supporting documentation, and other records available to officials of the Department of Labor upon request during any

investigation under the immigration and Nationality Act (20 CFR 655.760 and 20 CFR Subpart I).

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge, the information contained therein is true and accurate. I understand that to knowingly furnish materially false information in the preparation of this form and any supplemental thereto or to aid, abet, or counsel another to do so is a federal offense punishable fines, imprisonment, or both (18 U.S.C 2, 1001,1546,1621).

1 Public disclosure information in the United States will be kept at: (You <u>must</u> select one or both of the options listed in this Section.)

Employer's principal place of business

	1 Last (family) name of hiring or designated official	Carey	_
	2 First (given) name of hiring or designated official	Helena	
	3 Middle Initial	J.	
	4 Hiring or designated official title	Asst. Director, Faculty Affairs	
K:	LCA Preparer		~
Al	PP A: Appendix A - Educational Attainme	nt Documentation	~
	Appendix A. Record(s)		

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.