OMB Approval: 1205-0310 Expiration Date:

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



U.S. Department of Labor			TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE		
Please read and review the filing instructions	carefully	before completing th	e Form ETA - 9035 or 9035E.	A copy of the instructions can be for	ound at

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

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

1 1 Department of Sports Leadership & Management Miami University Oxford **Butler** Ohio 45056 76000 00 34910 00 34910 00 4 7/1/2021 - 6/30/2022 20% \$SSURYDO ([SLUDWLRQ 'DWH

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



		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 State.6 (t)-1aStCe oir14.3T -0.011 Tc 0.5.8,\_

FormETA- 9035/9035E	FOR DEPARTMENT OF LABOR USE ONLY		
Case Number:	Case Status	Period of Employment	to

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



K	I CA	Preparer
I N .	ᄔ	LIEDAIEI

<u>Important Note</u> : Complete this section if the prepoint of contact) or E (attorney or agent) of this ap		e one identified in either Section D (e	employer
Last (family) name §	2. First (given) name §	3. Middle	e initial
4. Firm/Business name §			
5. E-Mail address §			
. U.S. Government Agen cy Use (ONLY)			
By virtue of the signature below, the Departr	nent of Labor hereby acknowledges t	he following:	
This certification is valid from	to	·	
Department of Labor, Office of Foreign Labor	or Certification (	Certification Date (date signed)	
		, ,	
I-200-22091-028099		In Process	
Case number	(	Case Status	
The Department of Labor is not the guaranto	or of the accuracy, truthfulness, or ad-	equacy of a certified LCA.	
M. Signature Notification a nd Complaints			
The signatures and dates signed on this form will but MUST be complete when submitting non-elect			

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. 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. 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 (1205-0 310)

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.

FormETA- 9035/9035E	FOR DEPARTMENT OF LABOR US	E ONLY		3DJH 6 RI
Case Number: I-200-22091-028099	Case Status In Process	Period of Employment	to _	