DECLARATION AS TO THE COMPLIANCE WITH THE REQUIREMENTS RELATING TO LABOR CONDITION APPLICATION FOR H-1B NONIMMIGRANTS
(20 CFR 655, SUBPARTS H & I)

1. Copies of "Notice of the filing of a LCA with the ETA", was posted in at least two conspicuous locations as required at the work-site and will remain posted for at least ten business days.

2. The actual wage for the occupation for which the H-1B nonimmigrant is sought was determined through a survey of the salaries of presently or previously employed individuals with experience and qualifications similar to the H-1B nonimmigrant for the specific employment in question.

3. The prevailing wage for the occupation for which H-1B was sought was established by obtaining a prevailing wage from the 2016-2017 OES Wages.

4. Once the actual wage and prevailing wage were determined, the higher of the two was offered, and will be paid, to the H-1B nonimmigrant.

5. Provide working conditions for nonimmigrant, which will not adversely affect the working conditions of workers similarly, employed. No strike or lockout in the occupational classification at the place of employment.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this 15 day of February, 2017.

Pamela Maruyappa SR. manager Human Resources
Signature & Title

Position: Technical Consultant (Nikita Goraksha)

LABOR CONDITION APPLICATION POSTING INFORMATION

Company: WebXL Systems Inc.

Position: Technical Consultant ($51,500.00 per year)

Address of Work Site: Morristown, NJ & San Ramon, CA

Dates the LCA was posted: From 2-15-2017 to 3-1-2017

Locations of Posting:

1. main office notice board

2. break room notice board

Signature: Pamela Manjappa Date: 2-15-2017

Title: SR. Manager Human Resources.

(Please complete the posting information after you have posted the LCA and keep it in the public inspection file)

Re: Nikita Goraksha

Wage Library
Quick Search
Search Wizard

Case Disclosure Data Archive
H1B Data
H2A Data
H2B Data
Perm Data

Also available:
File Archive

Skill Level Explanation

SVP Explanation

FLC Wage Data updated July 1, 2016

Job Zones updated August 26, 2016
See change history

Technical Support & Help FAQ page.

FLC Wage Results New Quick Search New Search Wizard

You selected the All Industries database for 7/2016 - 6/2017.

Your search returned the following: Print Format
Area Code:36084
Area Title: Oakland-Hayward-Berkeley, CA Metropolitan Division
OES/SOC Code:13-1071
OES/SOC Title: Human Resources Specialists
GeoLevel:1
Level 1 Wage:$23.12 hour - $48,090 year
Level 2 Wage:$30.47 hour - $63,378 year
Level 3 Wage:$37.83 hour - $78,686 year
Level 4 Wage:$45.18 hour - $93,974 year
Mean Wage (H-2B):$37.83 hour - $78,686 year

This wage applies to the following O*Net occupations:

13-1071.00 Human Resources Specialists

Perform activities in the human resource area. Includes employment specialists who screen, recruit, interview, and place workers.
O*Net™ JobZone: 4
Education & Training Code: No Level Set

For information on determining the proper occupation and wage level see the new Prevailing Wage Guidance on the Skill Level page.

The prevailing wage must be at, or above the federal or state or local minimum wage, whichever is higher. The federal minimum wage is $7.25/hr effective July 24, 2009.

The Foreign Labor Certification Data Center is developed and maintained by the State of Utah under contract with the US Department of Labor, Office of Foreign Labor Certification.

Wage Library
Quick Search
Search Wizard

Case Disclosure Data Archive
H1B Data
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Also available:
File Archive

Skill Level Explanation

SVP Explanation

FLC Wage Data updated July 1, 2016

Job Zones updated August 26, 2016
See change history

Technical Support & Help FAQ page.

FLC Wage Results New Quick Search New Search Wizard

You selected the All Industries database for 7/2016 - 6/2017.

Your search returned the following: Print Format
Area Code:35084
Area Title: Newark, NJ-PA Metropolitan Division
OES/SOC Code:13-1071
OES/SOC Title: Human Resources Specialists
GeoLevel:1
Level 1 Wage:$24.70 hour - $51,376 year
Level 2 Wage:$30.46 hour - $63,357 year
Level 3 Wage:$36.21 hour - $75,317 year
Level 4 Wage:$41.97 hour - $87,298 year
Mean Wage (H-2B):$36.21 hour - $75,317 year

This wage applies to the following O*Net occupations:

13-1071.00 Human Resources Specialists

Perform activities in the human resource area. Includes employment specialists who screen, recruit, interview, and place workers.
O*Net™ JobZone: 4
Education & Training Code: No Level Set

For information on determining the proper occupation and wage level see the new Prevailing Wage Guidance on the Skill Level page.

The prevailing wage must be at, or above the federal or state or local minimum wage, whichever is higher. The federal minimum wage is $7.25/hr effective July 24, 2009.

The Foreign Labor Certification Data Center is developed and maintained by the State of Utah under contract with the US Department of Labor, Office of Foreign Labor Certification.

Notice of the filing of a Labor Condition Application
With the Employment and Training Administration

1. H-1B Non-Immigrant Worker is being sought by WebXL Systems Inc. through the filing of a labor condition application with the Employment and Training of the U.S. Department of Labor.

2. One such worker is being sought.

3. The worker is being sought as a Technical Consultant.

4. Wages of $51,500.00 per year is being offered to the worker.

5. The period of employment of the worker August 10, 2017 to August 10, 2020.

6. The employment will occur at 25 Airport Road, Morristown, NJ 07960 & 12667 Alcosta Blvd, Suite 355, San Ramon, CA 94583.

7. The labor condition application is available for public inspection at the office WebXL Systems Inc., 25 Airport Road Morristown NJ 07960.

"Complaints alleging misrepresentation of material facts in the labor condition application and/or failure to comply with the terms of the labor condition application may be filed with any office of Wage and Hour Division of the United States Department of Labor.

"Complaints alleging failure to offer employment to an equally better qualified U.S. worker or an employer's misrepresentation regarding such offer of employment, may be filed with U.S. Dept. of Justice 10th Street and Constitution Avenue NW Washington DC 20530.

OMB Approval: 1205-0310
Expiration Date: 05/31/2018

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

Electronic Filing of Labor Condition Applications For The H-1B Nonimmigrant Visa Program

This Department of Labor, Employment and Training Administration (ETA), electronic filing system enables an employer to file a Labor Condition Application (LCA) and obtain certification of the LCA. This Form must be submitted by the employer or by someone authorized to act on behalf of the employer.

A) I understand and agree that, upon my receipt of ETA's certification of the LCA by electronic response to my submission, I must take the following actions at the specified times and circumstances:

- print and sign a hardcopy of the electronically filed and certified LCA;
- maintain a signed hardcopy of this LCA in my public access files;
- submit a signed hardcopy of the LCA to the United States Citizenship and Immigration Services (USCIS) in support of the I-129, on the date of submission of the I-129;
- provide a signed hardcopy of this LCA to each H-1B nonimmigrant who is employed pursuant to the LCA.

☑ Yes ☐ No

B) I understand and agree that, by filing the LCA electronically, I attest that all of the statements in the LCA are true and accurate and that I am undertaking all the obligations that are set out in the LCA (Form ETA 9035E) and the accompanying instructions (Form ETA 9035CP).

☑ Yes ☐ No

C) I hereby choose one of the following options, with regard to the accompanying instructions:

☐ I choose to have the Form ETA 9035CP electronically attached to the certified LCA, and to be bound by the LCA obligations as explained in this form

☑ I choose not to have the Form ETA 9035CP electronically attached to the certified LCA, but I have read the instructions and I understand that I am bound by the LCA obligations as explained in this form

Case Number: I-200-17046-400746 Case Status: IN PROCESS Period of Employment: 08/10/2017 to 08/10/2020

OMB Approval: 1205-0310
Expiration Date: 05/31/2018

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

Please read and review the filing instructions carefully before completing the ETA Form 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. If the employer has received permission from the Administrator of the Office of Foreign Labor Certification to submit this form non-electronically, 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 * TECHNICAL CONSULTANT		
2. SOC (ONET/OES) code * 13-1071	3. SOC (ONET/OES) occupation title * HUMAN RESOURCES SPECIALISTS	
4. Is this a full-time position? * ☑ Yes ☐ No	**Period of Intended Employment**	
	5. Begin Date * *(mm/dd/yyyy)* 08/10/2017	6. End Date * *(mm/dd/yyyy)* 08/10/2020

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 the total workers in each applicable category based on the total workers identified above*)

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 * WEBXL SYSTEMS, INC.		
2. Trade name/Doing Business As (DBA), if applicable N/A		
3. Address 1 * 25 AIRPORT ROAD		
4. Address 2 N/A		
5. City * MORRISTOWN	6. State * NJ	7. Postal code * 07960
8. Country * UNITED STATES OF AMERICA	9. Province N/A	
10. Telephone number * 9738895284	11. Extension N/A	
12. Federal Employer Identification Number (FEIN from IRS) * 223189601	13. NAICS code (must be at least 4-digits) * 541511	

Case Number: I-200-17046-400746 Case Status: IN PROCESS Period of Employment: 08/10/2017 to 08/10/2020

Labor Condition Application for Nonimmigrant Workers
ETA Form 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 * MARRIYAPPA	2. First (given) name * PAMELA	3. Middle name(s) * N/A
4. Contact's job title * SR. MANAGER HUMAN RESOURCES		
5. Address 1 * 25 AIRPORT ROAD		
6. Address 2 N/A		
7. City * MORRISTOWN	8. State * NJ	9. Postal code * 07960
10. Country * UNITED STATES OF AMERICA	11. Province N/A	
12. Telephone number * 9738895284	13. Extension N/A	14. E-Mail address WEBXL@COLLABERA.COM

E. Attorney or Agent Information (If applicable)

1. Is the employer represented by an attorney or agent in the filing of this application? * If "Yes", complete the remainder of Section E below.		☑ Yes ☐ No
2. Attorney or Agent's last (family) name § DAVE	3. First (given) name § APARNA	4. Middle name(s) § RAJU
5. Address 1 § 107 ALDERWOOD DRIVE		
6. Address 2 N/A		
7. City § GAITHERSBURG	8. State § MD	9. Postal code § 20878
10. Country § UNITED STATES OF AMERICA	11. Province N/A	
12. Telephone number § 3013155842	13. Extension N/A	14. E-Mail address APARNADAVE@IMMIGRATION2US.COM
15. Law firm/Business name § LAW OFFICES OF APARNA DAVE		16. Law firm/Business FEIN § 522042175
17. State Bar number (only if attorney) § 561237		18. State of highest court where attorney is in good standing (only if attorney) § MA
19. Name of the highest court where attorney is in good standing (only if attorney) § SUPREME JUDICIAL COURT		

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

F. Rate of Pay

1. Wage Rate (Required)	2. Per: (Choose only one) *
From: $ 51500.00 * To: $ N/A	☐ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☑ Year

G. Employment and Prevailing Wage Information

Important Note: It is important for the employer to define the place of intended employment with as much geographic specificity as possible The place of employment address listed below must be a physical location and cannot be a P.O. Box. The employer may use this section to identify up to three (3) physical locations and corresponding prevailing wages covering each location where work will be performed and the electronic system will accept up to 3 physical locations and prevailing wage information. If the employer has received approval from the Department of Labor to submit 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.

a. Place of Employment 1 (Also see ADDENDUM 1 - Additional Worksites)

1. Address 1 * 12667 ALCOSTA BLVD	
2. Address 2 SUITE 355	
3. City * SAN RAMON	4. County * CONTRA COSTA
5. State/District/Territory * CA	6. Postal code * 94583

Prevailing Wage Information *(corresponding to the place of employment location listed above)*

7. Agency which issued prevailing wage § N/A	7a. Prevailing wage tracking number (if applicable) § N/A
8. Wage level * ☑ I ☐ II ☐ III ☐ IV ☐ N/A	
9. Prevailing wage * $ 48090.00	10. Per: (Choose only one) * ☐ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☑ Year
11. Prevailing wage source (Choose only one) * ☑ OES ☐ CBA ☐ DBA ☐ SCA ☐ Other	
11a. Year source published * 2017	11b. If "OES", and SWA/NPC did not issue prevailing wage **OR** "Other" in question 11, specify source § OFLC ONLINE DATA CENTER

H. Employer Labor Condition Statements

! ***Important Note:*** In order for your application to be processed, you MUST read Section H of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading "Employer Labor Condition Statements" and agree to all four (4) labor condition statements summarized below:

(1) **Wages:** Pay nonimmigrants at least the local prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. Offer nonimmigrants benefits on the same basis as offered to U.S. workers.
(2) **Working Conditions:** Provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed.
(3) **Strike, Lockout, or Work Stoppage:** There is no strike, lockout, or work stoppage in the named occupation at the place of employment.
(4) **Notice:** Notice to union or to workers has been or will be provided in the named occupation at the place of employment. A copy of this form will be provided to each nonimmigrant worker employed pursuant to the application.

1. **I have read and agree to** Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section H of the Labor Condition Application – General Instructions – Form ETA 9035CP. *	☑ Yes ☐ No

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

I. 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 I – Subsection 1 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading "Additional Employer Labor Condition Statements" and answer the questions below.

a. Subsection 1 (Also see ADDENDUM 1 - Additional Worksites)

1. Is the employer H-1B dependent? §	☐ Yes ☑ No
2. Is the employer a willful violator? §	☐ Yes ☑ No
3. If "Yes" is marked in questions I.1 and/or I.2, you must answer "Yes" or "No" regarding whether the employer will use this application ONLY to support H-1B petitions or extensions of status for exempt H-1B nonimmigrants? §	☐ Yes ☐ No ☑ N/A

If you marked "Yes" to questions I.1 and/or I.2 and "No" to question I.3, you MUST read Section I – Subsection 2 of the Labor Condition Application – General Instructions Form ETA 9035CP 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:** Non-displacement of the U.S. workers in the employer's workforce
B. **Secondary Displacement:** Non-displacement of U.S. workers in another employer's workforce; and
C. **Recruitment and Hiring:** Recruitment of U.S. workers and hiring of U.S. workers applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).

4. **I have read and agree** to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section I – Subsections 1 and 2 of the Labor Condition Application – General Instructions Form ETA 9035CP. §	☑ Yes ☐ No

J. Public Disclosure Information

! **Important Note**: You must select from the options listed in this Section.

1. Public disclosure information will be kept at: *	☑ Employer's principal place of business ☐ Place of employment

K. Declaration of Employer

By signing this form, I, on behalf of the employer, attest that the information and labor condition statements provided are true and accurate; that I have read sections H and I of the Labor Condition Application – General Instructions Form ETA 9035CP, and that I agree to comply with the Labor Condition Statements as set forth in the Labor Condition Application – General Instructions Form ETA 9035CP and with the Department of Labor regulations (20 CFR part 655, Subparts H and I). I agree to make this application, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act. Making fraudulent representations on this Form can lead to civil or criminal action under 18 U.S.C. 1001, 18 U.S.C. 1546, or other provisions of law.

1. Last (family) name of hiring or designated official *	2. First (given) name of hiring or designated official *	3. Middle initial *
MARRIYAPPA	PAMELA	N/A
4. Hiring or designated official title * SR. MANAGER HUMAN RESOURCES		
5. Signature *	6. Date signed *	

Labor Condition Application for Nonimmigrant Workers
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L. 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 §
N/A	N/A	N/A
4. Firm/Business name § N/A		
5. E-Mail address § N/A		

M. 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 _____ to _____.

Department of Labor, Office of Foreign Labor Certification

Determination Date (date signed)

I-200-17046-400746

Case number

IN PROCESS

Case Status

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

N. 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 the Department of Labor before it can be submitted to USCIS for further 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, Employment Standards Administration, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at http://www.dol.gov/esa. 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, Office of the Special Counsel for Immigration-Related Unfair Employment Practices, 950 Pennsylvania Avenue, NW, Washington, DC, 20530. Please note that complaints should be filed with the Office of Special Counsel 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).

O. 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. Obligations to reply are mandatory (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 1 hour 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, Room C-4312, 200 Constitution Ave. NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0310.) **Do NOT send the completed application to this address.**

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

Addendum #1

G. Employment and Prevailing Wage Information

b. Place of Employment 2

1. Address 1 * 25 AIRPORT ROAD	
2. Address 2 N/A	
3. City * MORRISTOWN	4. County * MORRIS
5. State/District/Territory * NJ	6. Postal code * 07960

Prevailing Wage Information *(corresponding to the place of employment location listed above)*

7. State Workforce Agency which issued prevailing wage § N/A	7a. Prevailing wage tracking number (if provided by SWA) § N/A
8. Wage level * ☑ I ☐ II ☐ III ☐ IV ☐ N/A	
9. Prevailing wage * $ 51376.00	10. Per: (Choose only one) * ☐ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☑ Year
11. Prevailing wage source (Choose only one) * ☑ OES ☐ CBA ☐ DBA ☐ SCA ☐ Other	
11a. Year source published * 2017	11b. If "OES" and SWA did not issue prevailing wage **OR** "Other" in question 11, specify source § OFLC ONLINE DATA CENTER

Nikita

Actual Wage Memo

February 15, 2017

On February 15, 2017 there was one Technical Consultant employed at our client location in San Ramon, CA. He/ She will also be visiting our headquarters in Morristown, NJ.

The salary for the position is $51500per Annum. The salary of the individual holding this position was determined on the basis of a number of factors, including:

- Level of Education
- Years of experience in the field
- Specific job responsibilities
- Specialized knowledge
- Degree of independent responsibility
- Nature of duties involved
- Client contact
- Negotiation
- Skill set
- Competitiveness of client account
- Duration of the placement/contact
- Communication skills
- Interpersonal skills
- Organizational skills
- Willingness to relocate/travel

Salaries of employees are adjusted on annual basis, based upon performance reviews, cost of living, etc.

Please note that the employer applies the same methodology to all U.S. and H1B employees in this classification when determining the actual wage, based upon the above referenced criteria

Pamela Mariyappa

Pamela Mariyappa
SR Manager Human Resources

2-15-2017
Date