

**Notice of the Filing of a
Labor Condition Application with the
Employment and Training Administration
I-200-21197-465970**

1. An H-1B nonimmigrant worker is being sought by CGI Technologies and Solutions, Inc. through the filing of a Labor Condition Application with the Employment and Training Administration of the U.S. Department of Labor.
2. One (1) such worker is being sought.
3. This worker is being sought in the occupational classification of 15-1132 Software Developers, Applications.
4. A wage of \$115,000.00 /yr is being offered to this worker.
5. The period of employment for which this worker is sought is 08/08/2021 to 08/07/2024.
6. The employment will occur at 620 Liberty Avenue, Pittsburgh, PA 15222, and 952 Chatham Park Drive, Pittsburgh, PA 15220.
7. The Labor Condition Application is available for public inspection at the offices of CGI Technologies and Solutions, Inc., 11325 Random Hills Road, Fairfax, VA 22030.

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 the Wage and Hour Division of the United States Department of Labor.



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

Please read and review the filing instructions carefully before completing the Form ETA- 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 (DOL). For all submissions, both electronic (Form ETA- 9035E) or paper (Form ETA- Form 9035 where the employer has notified DOL that it will submit this form non-electronically due to a disability or received permission from DOL to file non-electronically due to lack of Internet access), 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
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B. Temporary Need Information

1. Job Title * Software Developer	
2. SOC (ONET/OES) code * 15-1132.00	3. SOC (ONET/OES) occupation title * Software Developers, Applications
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment
	5. Begin Date * 8/8/2021 (mm/dd/yyyy)
	6. End Date * 8/7/2024 (mm/dd/yyyy)
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 total workers in each applicable category)	
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 * CGI Technologies and Solutions Inc.		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1 * 11325 Random Hills Road		
4. Address 2		
5. City * Fairfax	6. State * Virginia	7. Postal code * 22030
8. Country * United States Of America		9. Province
10. Telephone number * +1 (703) 267-8000		11. Extension
12. Federal Employer Identification Number (FEIN from IRS) * 54-0856778		13. NAICS code (must be at least 4-digits) * 541512

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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 * Fix	2. First (given) name * Josephine	3. Middle name(s)
4. Contact's job title * Manager, U.S. Immigration Member Services		
5. Address 1 * 11325 Random Hills Road		
6. Address 2		
7. City * Fairfax	8. State * Virginia	9. Postal code * 22030
10. Country * United States Of America		11. Province
12. Telephone number * +1 (732) 428-2390	13. Extension	14. E-Mail address cgiusemlca@cgi.com

E. Attorney or Agent Information (If applicable)

Important Note: The employer authorizes the attorney or agent identified in this section to act on its behalf in connection with the filing of this application.

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.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Attorney or Agent's last (family) name § SMITH	3. First (given) name § MICHAEL	4. Middle name(s) FRANCIS
5. Address 1 § 1101 15TH STREET, NORTHWEST		
6. Address 2 SUITE 700		
7. City § WASHINGTON	8. State § District Of Columbia	9. Postal code § 20005
10. Country § United States Of America		11. Province
12. Telephone number § +1 (202) 223-5515	13. Extension	14. E-Mail address LCATeamPham@Fragomen.com
15. Law firm/Business name § Fragomen, Del Rey, Bernsen & Loewy, LLP		16. Law firm/Business FEIN § 13-2726464
17. State Bar number (only if attorney) § DC 484842	18. State of highest court where attorney is in good standing (only if attorney) § District Of Columbia	
19. Name of the highest State court where attorney is in good standing (only if attorney) § DISTRICT OF COLUMBIA COURT OF APPEALS		

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F. Employment and Wage Information

Important Note: The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box. The employer must identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting 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. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

a. Place of Employment Information 1

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*		1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment. *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. § The PNC Financial Services Group, Inc.		
4. Address 1 * 620 Liberty Avenue		
5. Address 2		
6. City * Pittsburgh		7. County * Allegheny
8. State/District/Territory * Pennsylvania		9. Postal code * 15222
10. Wage Rate Paid to Nonimmigrant Workers * From* \$ 115000 . 00 To: \$.		10a. 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
11. Prevailing Wage Rate * \$ 81640 . 00		11a. 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
Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one): *		
12. <input type="checkbox"/>	A Prevailing Wage Determination (PWD) issued by the Department of Labor	a. PWD tracking number §
13. <input checked="" type="checkbox"/>	A PW obtained independently from the Occupational Employment Statistics (OES) Program	
	a. Wage Level (check one): § <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	b. Source Year § 7/1/2021 - 6/30/2022
14. <input type="checkbox"/>	A PW obtained using another legitimate source (other than OES) or an independent authoritative source	
	a. Source Type (check one): § <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey	b. Source Year §
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §	
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §	

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G. Employer Labor Condition 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 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; and
- (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. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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H. 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 H – Subsection 1 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and answer the questions below.

a. Subsection 1

1. At the time of filing this LCA, is the employer H-1B dependent? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. At the time of filing this LCA, is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" is marked in questions H.1 and/or H.2, you must answer "Yes" or "No" regarding whether the employer will use this application <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers? §	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If "Yes" is marked in question H.3, identify the statutory basis for the exemption of the H-1B nonimmigrant workers associated with this LCA. §	<input type="checkbox"/> \$60,000 or higher annual wage <input type="checkbox"/> Master's Degree or higher in related specialty <input type="checkbox"/> Both
H-1B Dependent or Willful Violator Employers -Master's Degree or Higher Exemptions ONLY	
5. Indicate whether a completed Appendix A is attached to this LCA covering any H-1B nonimmigrant worker for whom the statutory exemption will be based <u>ONLY</u> on attainment of a Master's Degree or higher in related specialty. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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If you marked "Yes" to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and "No" to question H.a.3 (exempt H-1B nonimmigrant workers), you **MUST** read Section H – Subsection 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E 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:** An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filing of the visa petition. 20 CFR 655.738(c);
- B. **Secondary Displacement:** An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in 20 CFR 655.738(d)(5) concerning that other/secondary employer's displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. 20 CFR 655.738(d). Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition if the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period; and
- C. **Recruitment and Hiring:** Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as great as the required wage to be paid to the nonimmigrant worker(s) pursuant to 20 CFR 655.731(a). The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. 20 CFR 655.739.

6. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section H – Subsections 1 and 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. §	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I. Public Disclosure Information

! Important Note: You must select one or both of the options listed in this Section.

1. Public disclosure information in the United States will be kept at: *	<input checked="" type="checkbox"/> Employer's principal place of business <input type="checkbox"/> Place of employment
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J. 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 655.730(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); and
 - 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 statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(4)(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 supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

1. Last (family) name of hiring or designated official *	2. First (given) name of hiring or designated official *	3. Middle initial \$
VODYCHKO	OKSANA	
4. Hiring or designated official title *		
Immigration Coordinator		
5. Signature *		6. Date signed *
		07/23/2021

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K. LCA Preparer

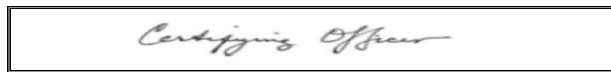
Important Note: Complete this section if the preparer of this LCA is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name § Menon	2. First (given) name § Sruthy	3. Middle initial
4. Firm/Business name § Fragomen, Del Rey, Bernsen & Loewy, LLP		
5. E-Mail address § LCATeamPham@fragomen.com		

L. 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 8/8/2021 to 8/7/2024.



Department of Labor, Office of Foreign Labor Certification

7/23/2021

Certification Date (date signed)

I-200-21197-465970

Case number

Certified

Case Status

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

M. 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 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 (1205-0310)

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. 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.**

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F. Employment and Wage Information

Important Note: The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box. The employer must identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting 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. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

a. Place of Employment Information 2

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*		1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment. *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. §		
4. Address 1 *		
700 Carriage Road		
5. Address 2		
Apartment 1D		
6. City *		7. County *
Pittsburgh		Allegheny
8. State/District/Territory *		9. Postal code *
Pennsylvania		15220
10. Wage Rate Paid to Nonimmigrant Workers *		10a. Per: (Choose only one)*
From* \$ 115000 . 00 To: \$.		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing Wage Rate *		11a. Per: (Choose only one)*
\$ 81640 . 00		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one): *		
12.	<input type="checkbox"/> A Prevailing Wage Determination (PWD) issued by the Department of Labor	a. PWD tracking number §
13.	<input checked="" type="checkbox"/> A PW obtained independently from the Occupational Employment Statistics (OES) Program	
	a. Wage Level (check one): § <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	b. Source Year § 7/1/2021 - 6/30/2022
14.	<input type="checkbox"/> A PW obtained using another legitimate source (other than OES) or an independent authoritative source	
	a. Source Type (check one): § <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey	b. Source Year §
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §	
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §	

CGI - INITIATION FORM (GENERIC)

PRAVINKUMAR PALANISAMY
Principal Assignee

PAVITHRA SUNDARA MOORTHY
Dependent

Instructions

Please note: Failure to complete all sections may result in substantial delay in the processing of this case. If a question does not apply, please put "none" or "not applicable" (N/A).

Assignment Details

Please specify assignment details.

Destination Country

UNITED STATES OF AMERICA

Sending Country

UNITED STATES OF AMERICA

Type of Transfer:

Local Hire

Type of service being requested

Work Permit / Residence Permit

Connect Master Case Number:

tbd

Connect Person ID Number:

3568713

Please specify the Non-immigration Service you need

LCA Reposting

Please specify the Permanent Residency Service you need

If available, do you want to use an expedited service?

No

Assignment Start Date (dd-MMM-yyyy)

08-AUG-2021

Details of Change:

Effective Date of Change:

Assignment Duration

3

Host Authorizing Manager first name

Vidyasagar

Host Authorizing Manager last name

Varanasi

Host Authorizing Manager email address

vidyasagar.varanasi@cgi.com

Comments

New address effective September 12th: 952 Chatham Park Drive, Pittsburgh PA 15220

Member ID number

425589

Cost Center

26500

Business Unit

USGLK

Department ID

B140010046

Billing Entity: Indian Office Location

CGI Client Name

Initiator

Oksana Vodychko

Initiator E-mail

oksana.vodychko@cgi.com

Single point of contact for document collection

Name:

E-mail Address:

Recruiting Manager:

Charges Approver

Operating Unit

PO/Contract number

Is this case Confidential?

Assignment Details

Specialized Knowledge - Please read the following:

Has the member held work authorized visa status in the US previously? If yes, please upload copy of visa or other evidence of visa status and indicate below the type of visa and time spent in the US in the status

Has the employee worked for at least one year in the past three years outside the host country for a company related to the host sponsoring company (such as a parent, subsidiary, affiliate, or joint venture)?

Alternatively, if the employee is currently in the U.S. in L-1 status, did the employee work outside the U.S. for at least one year in the three years prior to the employee's initial L-1 entry for the company related to the U.S. sponsoring company?

If answered Yes to either of the above, please complete the Specialized knowledge form and upload to this initiation form.

Assignment Details

EAR and ITAR - Please read

With respect to the technology or technical data the petitioner will release or otherwise provide access to the foreign national beneficiary, USCIS requires an H-1B, H-1B1, L-1 or O-1A petitioner to certify that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR). Please review these documents (available at http://www.access.gpo.gov/bis/ear/ear_data.html and http://www.pmddtc.state.gov/regulations_laws/itar.html), then select which of these two statements applies to the foreign national you are sponsoring in this petition: STATEMENT 1) A license is not required from either the U.S. Department for Commerce or the U.S. Department of State to release such technology or technical data to the foreign national. - OR - STATEMENT 2) A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the foreign national and the petitioner will prevent access to the controlled technology or technical data by the foreign national until and unless the petitioner has received the required license or other authorization to release it to the foreign national.

PLEASE NOTE: If you are unsure how to answer this question, please make an internal query with the department that handles export compliance, sometimes called "Trade Compliance" or "Export/Import Compliance", within your company, generally Legal, Finance or Operations.

Premium Processing

Premium Processing: United States Citizenship and Immigration Services (USCIS) will process certain petitions within 15 days of receipt. This means that the immigration will approve, deny or request more information on the case within 15 calendar days. Would you like to pursue this option if it is available for this specific petition?

[Select One]

Biographical

Please provide biographical information for this applicant.

First Name (as in passport)

PRAVINKUMAR

Last Name (as in passport)

PALANISAMY

Nationality

INDIA

Are they currently lawfully authorized to work in the U.S., as a (i) U.S. citizen or national; (ii) permanent resident ("green card" holder); (iii) lawful temporary resident; (iv) foreign national admitted as a refugee; or (v) foreign national for whom asylum has been granted?

Those in the U.S. on a work permit (EAD) or non-immigrant visa status (e.g., F-1, H-1B, TN, E-2, etc.) should check NO.

How long have they been in the U.S. ?

What is their current status?

What other status they have been under in the past?

How long have they been in the U.S. under H-1B and/or L-1B time (total)?

What field of study is their Master's degree in?

What university did they obtain it from?

Graduation Date (dd-MMM-yyyy)

check box below if not applicable

Not applicable

What field of study is their Bachelor's degree in?

What university did they obtain it from?

Graduation Date (dd-MMM-yyyy): (check box below if not applicable)

Not Applicable

If a student in the U.S., are they eligible for CPT or OPT?

For additional education information, please attach a file.

Have they used any of their OPT?

(Please provide a copy of your EAD and/or I-20 in the Documents section at the end of the form)

Start Date of OPT (dd-MMM-yyyy)

Have you posted the Resident Laborer Market Test (RLMT)?

Has the RLMT been completed?

Do you have any accompanying family members?

YES

Will family member(s) require dependent visa support from Fragomen?

[Select One]

Will CGI be paying legal fees and costs for dependent visa support?

[Select One]

Accompanying Family Members

Will the spouse be working in Canada?

If yes, what field?

Is the applicant an employee of CGI?

If yes, provide the following:

Country

Active Work Permit

Yes

Work Permit Type

H-1B

Work Permit Expiry Date (dd-MMM-yyyy)

20-JUN-2022

Not Applicable

false

If no current work permit, has the applicant held one for this country previously?

Citizenship #1

Country of Citizenship

INDIA

Naturalization

Unknown

Citizenship Granted (Please specify the date on which each citizenship was acquired. For "Natural Born" please input provide the birthdate.) (dd-MMM-yyyy)

Length of Degree Programme

Contact Information

Please specify their contact information.

Email #1

Email Address Type

Personal

Email Address

pravinupdates@gmail.com

Email #2

Email Address Type

Work

Email Address

pravinkumar.palanisamy@cgi.com

Employment Details

Please provide details about your current and future employment.

If they currently hold H-1B or L-1 status, are they currently working for and being paid by their H-1B or L-1 petitioner?

Has a Labor Certification or PERM application been filed on their behalf?

Date of LC-PERM filing (dd-MMM-yyyy)

Category of the Filing (EB2/EB3)

Job Title on the LC-PERM

Was it certified/approved, denied or under audit?

Date Certified/Approved (dd-MMM-yyyy)

Has the employer responded to the audit?

Date of Audit (dd-MMM-yyyy)

Date of Audit Response (dd-MMM-yyyy)

Date of Denial (dd-MMM-yyyy)

Has a Form I-140, Immigrant Petition for an alien worker been filed on their behalf?

Date of Filing (dd-MMM-yyyy)

Was it approved, denied or pending decision?

Date of Approval (dd-MMM-yyyy)

If pending with USCIS, has USCIS issued an RFE?

Date of RFE (dd-MMM-yyyy)

Has the employer responded to the RFE?

Date of Response (dd-MMM-yyyy)

Date of Denial (dd-MMM-yyyy)

Has the employer withdrawn the I-140?

Candidate ID

425589

Current Employment #1

Employer Name

CGI Inc

Employment start date. Please indicate the start date of the most recent period of continuous employment with CGI)

01-JAN-1900

Job Title

Software Developer

Job description

Research, design, develop, and/or modify enterprise-wide systems and/or applications software. Evaluate interface between hardware and software, operational requirements, and characteristics of overall system. Document testing and maintenance of system corrections. Involved in planning of system and development deployment as well as responsible for meeting software compliance standards.

Country

UNITED STATES OF AMERICA

Gross Salary

Benefits

Salary currency

Upcoming assignment details #1

Employer Name, if perm contract or Host Entity, if assignment:

CGI

Employment start date (dd-MMM-yyyy):

12-SEP-2021

Job Title

See H-1B

Job description

See H-1B

Hours Worked Per Week

40

Address 1

See H-1B

Address 2

See H-1B

City:

See H-1B

State

[Select One]

Country

UNITED STATES OF AMERICA

Postal Code

See H-1B

Work location, if different than above (If working at a third party site please include ALL information include third party name and address).

See H-1B

Gross Salary

0.00

Allowances (Please provide here details of all allowances that will be paid whilst working in host destination, shown as gross, as applicable. These must be guaranteed and on-going payments).

Salary currency

USD

Band level (coefficient conventionnel) applicable to the member given his/her position and experience, as per SYNTEC collective bargaining agreement.

Base salary amount or range paid to a local employee within CGI France having a similar position and experience.

Years of experience required for the job

Name of Business Entity or Client Name in destination country

Documents

Please provide the following documents.
