

## OFFICE OF INTERNATIONAL STUDENT AND SCHOLAR SERVICES

Please post 2 copies of the draft LCA (Labor Conditions Application) in 2 separate conspicuous locations for 10 business days for each site of activity. This form is used to detail where and when the draft LCA was posted.

### BENEFICIARY INFORMATION

Surname(Last):

First Name(s):

### POSTING DETAILS

**2 copies** of this Labor Condition Application (LCA) were posted:

From: (mm/dd/yyyy)

Until: (mm/dd/yyyy)

At the following **address(es)**:

1.

2.

In the following **2 places**:

1.

2.

### DEPARTMENT VERIFICATION

Department Contact:

Date

(sign here)

### LABOR CONDITION APPLICATION (LCA) POSTING INFORMATION

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.

**U.S. Department of Labor Fact Sheet #62M: What are an H-1B employer's notification requirements?**

<https://www.dol.gov/agencies/whd/fact-sheets/62m-h1b-notice>