



Please post 2 copies of the draft LCA 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's were 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.

(NAFSA Association of International Educators, and Marjory Gooding. Professional Practice Workshop: Filing Academic H-1B Petitions., 2004)