

Systems Administration (08)
Waukegan, IL.

WAGE RATE STATEMENT

01/17/2024

As of **01/17/2024**, the employee is paid **\$129,120.00** per year for his services in the position of **Systems Administration**.

Nitin Vohra
Vice President - HR Services

ACTUAL WAGE MEMORANDUM

The regulation provides that the employer shall retain documentation specifying the basis it used to establish the actual wage, i.e., how the wage for the H-1B worker relates to the wages paid to other individuals with similar experience and qualifications for the specific employment at the place of employment. The following is a draft memorandum with guidelines for drafting.

On **01/17/2024**, there were **0 Systems Administration** employed by Kyndryl Inc. in **Waukegan, IL**.

The actual wage range of **\$129,120.00** to **\$169,200.00** for 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 the duties involved, and
- Other applicable criteria (Please include criteria that are specifically relevant to the position in question, e.g., knowledge of and/or experience in specific software programs for computer systems analysts, knowledge of and/or experience in specific financial modeling tools for financial analysts, etc.)
- Please list any additional factors which affect the computation of salary, e.g., the size of the group, the specialized nature, the financial significance of the area worked in or managed, etc.

Salaries of employees are adjusted on a(n) _____ (annual, periodic, etc.) basis, based upon _____ (performance reviews, cost of living adjustments, etc.).

Please note that the employer applies the same methodology to all U.S. and H-1B employees in this classification when determining the actual wage, based upon the above referenced criteria.

WORK LOCATION MEMORANDUM (Only if Home Site)

Please note that 1070 Lakehurst Drive, Apt. 211, Waukegan, IL 60085 is a home office. The compensation information provided in the Actual Wage Memorandum was obtained by using the compensation data from the nearest Kyndryl office location to the home office.

Nitin Vohra
Vice President - HR Services

Date

POSTING MEMORANDUM FOR LABOR CONDITION APPLICATION

Confirmation of Electronic Notice

Notice of filing of a Labor Condition Application by Kyndryl for the position of **Systems Administration** was given electronically to employees in the occupational classification for which H-1B nonimmigrants were sought at each place of employment where the H-1B nonimmigrants will be employed.

The Locations of employment are:

1. 1070 Lakehurst Drive, Apt. 211, Waukegan, IL 60085.

The notice was posted for ten (10) days from **01/17/2024** to **01/31/2024** and appeared on Kyndryl's website under the Careers section.

(<https://www.kyndryl.com/us/en/careers/labor-condition-application>)

Nitin Vohra
Vice President - HR Services

Date

PREVAILING WAGE SOURCE

Pursuant to Section 20 CFR § 655.731(b)(3), Kyndryl Inc. has determined the prevailing wage for the position of **Systems Administration** to be **\$118,186.00** per annum.

The source for this prevailing wage determination is:

Foreign Labor Certification Data Center Online Wage Library
(7/2023 - 6/2024)

SAMPLE BENEFITS SUMMARY

Attached herein is a summary of all benefits offered to employees of Kyndryl Inc. All employees must meet eligibility requirements as stated in plan(s). There is no differentiation between the benefits offered to H-1B professionals and other full-time employees. Eligibility for certain benefits may be determined based upon years of service, professional level, etc. as described in the benefits plan summary.

Nitin Vohra
Vice President - HR Services

Date

SAMPLE STATEMENT OF HOME COUNTRY BENEFITS

01/17/2024

Kyndryl Inc. is a multinational employer. In accordance with our policies governing the transfer of employees abroad, some/all H-1B employees may remain on their home country benefits plan as specified in Section 20 CFR § 655.73(c)(3).

Nitin Vohra
Vice President - HR Services

Date

Systems Administration (08)
Waukegan, IL.

WAGE RATE STATEMENT

01/17/2024

As of **01/17/2024**, the employee is paid **\$129,120.00** per year for his services in the position of **Systems Administration**.

Nitin Vohra
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The regulation provides that the employer shall retain documentation specifying the basis it used to establish the actual wage, i.e., how the wage for the H-1B worker relates to the wages paid to other individuals with similar experience and qualifications for the specific employment at the place of employment. The following is a draft memorandum with guidelines for drafting.

On **01/17/2024**, there were **0 Systems Administration** employed by Kyndryl Inc. in **Waukegan, IL**.

The actual wage range of **\$129,120.00** to **\$169,200.00** for 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 the duties involved, and
- Other applicable criteria (Please include criteria that are specifically relevant to the position in question, e.g., knowledge of and/or experience in specific software programs for computer systems analysts, knowledge of and/or experience in specific financial modeling tools for financial analysts, etc.)
- Please list any additional factors which affect the computation of salary, e.g., the size of the group, the specialized nature, the financial significance of the area worked in or managed, etc.

Salaries of employees are adjusted on a(n) _____ (annual, periodic, etc.) basis, based upon _____ (performance reviews, cost of living adjustments, etc.).

Please note that the employer applies the same methodology to all U.S. and H-1B employees in this classification when determining the actual wage, based upon the above referenced criteria.

POSTING MEMORANDUM FOR LABOR CONDITION APPLICATION

Confirmation of Electronic Notice

Notice of filing of a Labor Condition Application by Kyndryl for the position of **Systems Administration** was given electronically to employees in the occupational classification for which H-1B nonimmigrants were sought at each place of employment where the H-1B nonimmigrants will be employed.

The Locations of employment are:

1. 3625 Amhurst Parkway, Waukegan, IL 60085.

The notice was posted for ten (10) days from **01/17/2024** to **01/31/2024** and appeared on Kyndryl's website under the Careers section.

(<https://www.kyndryl.com/us/en/careers/labor-condition-application>)

Nitin Vohra
Vice President - HR Services

Date

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Pursuant to Section 20 CFR § 655.731(b)(3), Kyndryl Inc. has determined the prevailing wage for the position of **Systems Administration** to be **\$118.186.00** per annum.

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Nitin Vohra
Vice President - HR Services

Date

SAMPLE STATEMENT OF HOME COUNTRY BENEFITS

01/17/2024

Kyndryl Inc. is a multinational employer. In accordance with our policies governing the transfer of employees abroad, some/all H-1B employees may remain on their home country benefits plan as specified in Section 20 CFR § 655.73(c)(3).

Nitin Vohra
Vice President - HR Services

Date

Systems Administration (08)
Chicago, IL.

WAGE RATE STATEMENT

01/17/2024

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Nitin Vohra
Vice President - HR Services

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On **01/17/2024**, there were **0 Systems Administration** employed by Kyndryl Inc. in **Chicago, IL**.

The actual wage range of **\$129,120.00** to **\$169,200.00** for 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
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- Nature of the duties involved, and
- Other applicable criteria (Please include criteria that are specifically relevant to the position in question, e.g., knowledge of and/or experience in specific software programs for computer systems analysts, knowledge of and/or experience in specific financial modeling tools for financial analysts, etc.)
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POSTING MEMORANDUM FOR LABOR CONDITION APPLICATION

Confirmation of Electronic Notice

Notice of filing of a Labor Condition Application by Kyndryl for the position of **Systems Administration** was given electronically to employees in the occupational classification for which H-1B nonimmigrants were sought at each place of employment where the H-1B nonimmigrants will be employed.

The Locations of employment are:

1. 300 East Randolph Street, Chicago, IL 60601.

The notice was posted for ten (10) days from **01/17/2024** to **01/31/2024** and appeared on Kyndryl's website under the Careers section.

(<https://www.kyndryl.com/us/en/careers/labor-condition-application>)

Nitin Vohra
Vice President - HR Services

Date

PREVAILING WAGE SOURCE

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Nitin Vohra
Vice President - HR Services

Date

SAMPLE STATEMENT OF HOME COUNTRY BENEFITS

01/17/2024

Kyndryl Inc. is a multinational employer. In accordance with our policies governing the transfer of employees abroad, some/all H-1B employees may remain on their home country benefits plan as specified in Section 20 CFR § 655.73(c)(3).

Nitin Vohra
Vice President - HR Services

Date

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 <https://www.dol.gov/agencies/eta/foreign-labor/>. 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 * Systems Administration		
2. SOC (ONET/OES) code * 15-1299.08	3. SOC (ONET/OES) occupation title * Computer Systems Engineers/Architects	
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment	
	5. Begin Date * (mm/dd/yyyy) 2/1/2024	6. End Date * (mm/dd/yyyy) 1/31/2027
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)		
0 a. New employment *	0 d. New concurrent employment *	
0 b. Continuation of previously approved employment without change with the same employer*	1 e. Change in employer *	
0 c. Change in previously approved employment *	0 f. Amended petition *	

C. Employer Information

1. Legal business name * Kyndryl		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1 * 1 Vanderbilt Ave		
4. Address 2		
5. City * New York	6. State * New York	7. Postal code * 10017
8. Country * United States Of America		9. Province
10. Telephone number * +1 (914) 409-7002		11. Extension
12. Federal Employer Identification Number (FEIN from IRS) * 86-1182761		13. NAICS code (must be at least 4-digits) * 54151

Labor Condition Application for Nonimmigrant Workers
 Form ETA-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 * Vohra	2. First (given) name * Nitin	3. Middle name(s)
4. Contact's job title * Vice President - HR Services		
5. Address 1 * 1 Vanderbilt Ave		
6. Address 2		
7. City * New York	8. State * New York	9. Postal code * 10017
10. Country * United States Of America		11. Province
12. Telephone number * +1 (914) 409-7002	13. Extension	14. E-Mail address nitin.vohra@kyndryl.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 § Peloquin	3. First (given) name § Tina	4. Middle name(s) R.
5. Address 1 § 1400 Broadway		
6. Address 2		
7. City § New York	8. State § New York	9. Postal code § 10018
10. Country § United States Of America		11. Province
12. Telephone number § +1 (212) 688-8555	13. Extension	14. E-Mail address tpeloquin@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) § 468350	18. State of highest court where attorney is in good standing (only if attorney) § New York	
19. Name of the highest State court where attorney is in good standing (only if attorney) § Court of Appeals		

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



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 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 * 1070 Lakehurst Dr	
5. Address 2 Apt. 211	
6. City * Waukegan	7. County * Lake
8. State/District/Territory * Illinois	9. Postal code * 60085
10. Wage Rate Paid to Nonimmigrant Workers * From* \$ <u>129120</u> . 00 To: \$ <u>169200</u> . 00	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 * \$ <u>118186</u> . 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 type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV <input type="checkbox"/> N/A	b. Source Year § 7/1/2023 - 6/30/2024
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 §	



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

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



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

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
--	--

J. Notice of Obligations

- A. Upon receipt of the certified LCA, the employer must take the following actions:
 - o Print and sign a hard copy of the LCA if filing electronically (20 CFR 655.730(c)(3));
 - o 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
 - o 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 * Vohra	2. First (given) name of hiring or designated official * Nitin	3. Middle initial §
4. Hiring or designated official title * Vice President - HR Services		
5. Signature *	6. Date signed *	

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



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 § Peloquin	2. First (given) name § Tina	3. Middle initial R.
4. Firm/Business name § Fragomen, Del Rey, Bernsen & Loewy, LLP		
5. E-Mail address § lbueno@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 _____ to _____.

Department of Labor, Office of Foreign Labor Certification

Certification Date (date signed)

I-200-24017-647428

In Process

Case number

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).

For public burden statement information, please see Form ETA-9035CP General Instructions.

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



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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. § Health Care Services Corporation	
4. Address 1 * 3625 Amhurst Pkwy	
5. Address 2	
6. City * Waukegan	7. County * Lake
8. State/District/Territory * Illinois	9. Postal code * 60085
10. Wage Rate Paid to Nonimmigrant Workers * From* \$ <u>129120 . 00</u> To: \$ <u>169200 . 00</u>	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 * \$ <u>118186 . 00</u>	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 type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV <input type="checkbox"/> N/A	b. Source Year § 7/1/2023 - 6/30/2024
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 §	

Labor Condition Application for Nonimmigrant Workers
 Form ETA-9035 & 9035E
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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 3

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. § Health Care Services Corporation	
4. Address 1 * 300 E. Randolph Street	
5. Address 2	
6. City * Chicago	7. County * Cook
8. State/District/Territory * Illinois	9. Postal code * 60601
10. Wage Rate Paid to Nonimmigrant Workers * From* \$ <u>129120 . 00</u> To: \$ <u>169200 . 00</u>	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 * \$ <u>118186 . 00</u>	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 type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV <input type="checkbox"/> N/A	b. Source Year § 7/1/2023 - 6/30/2024
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 §	

US Labor Condition Applications (LCA) for Kyndryl

The information contained on this page are notices of filing that are required by the US Department of Labor and are not Kyndryl job openings.

Pursuant to 20 CFR 655.734, Kyndryl is providing notice to potentially affected workers that H-1B workers are being sought at the worksites listed below. Each Labor Condition Application is available for public inspection upon request. 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. For more information, visit <https://www.dol.gov/agencies/eta/foreign-labor/programs/h-1b>

Date	Position	City	State	Attachmen
17-Jan-24	Systems Administration	Chicago	IL	Download
17-Jan-24	Systems Administration	Waukegan	IL	Download
17-Jan-24	Systems Administration	Waukegan	IL	Download
08-Jan-24	Senior Lead, Application / Software Architecture	McLean	VA	Download
08-Jan-24	Senior Lead, Application / Software Architecture	East Peoria	IL	Download

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Services

Applications

Cloud

Core Enterprise and zCloud

Data and AI

Digital Workplace

Network and Edge

Security and Resiliency

Consulting

Kyndryl Bridge

Kyndryl Vital

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FLC Wage Results

[New Quick Search](#) [New Search Wizard](#)

You selected the All Industries database for 7/2023 - 6/2024.

Your search returned the following: [Print Format](#)

Area Code:	16980
Area Title:	Chicago-Naperville-Elgin, IL-IN-WI
OEWS/SOC	15-1299
Code:	OEWS/SOC Computer Occupations, All
	Title: Other
GeoLevel:	1
Level 1	\$28.09 hour - \$58,427 year
Wage:	\$37.67 hour - \$78,354 year

Level 2	Level 3	\$47.24 hour - \$98,259 year
Wage:	Wage:	Level 4 \$56.82 hour -
		Wage: \$118,186 year
Mean Wage (H-2B):	\$47.34 hour - \$98,467 year	

This wage applies to the following O*NET occupations:

15-1299.00 Computer Occupations, All Other

All computer occupations not listed separately.

OFLC JobZone: 4

Education & Training Code: 4-Bachelor's degree

15-1299.01 Web Administrators

Manage web environment design, deployment, development and maintenance activities. Perform testing and quality assurance of web sites and web applications.

OFLC JobZone: 4

Education & Training Code: 4-Bachelor's degree

15-1299.02 Geographic Information Systems Technologists and Technicians

Assist scientists or related professionals in building, maintaining, modifying, or using geographic information systems (GIS) databases. May also perform some custom application development or provide user support.

OFLC JobZone: 4

Education & Training Code: 4-Bachelor's degree

15-1299.03 Document Management Specialists

Implement and administer enterprise-wide document management systems and related procedures that allow

organizations to capture, store, retrieve, share, and destroy electronic records and documents.

OFLC JobZone: 4

Education & Training Code: 4-Bachelor's degree

15-1299.04 Penetration Testers

Evaluate network system security by conducting simulated internal and external cyberattacks using adversary tools and techniques. Attempt to breach and exploit critical systems and gain access to sensitive information to assess system security.

OFLC JobZone: 4

Education & Training Code: 4-Bachelor's degree

15-1299.05 Information Security Engineers

Develop and oversee the implementation of information security procedures and policies. Build, maintain and upgrade security technology, such as firewalls, for the safe use of computer networks and the transmission and retrieval of information. Design and implement appropriate security controls to identify vulnerabilities and protect digital files and electronic infrastructures. Monitor and respond to computer security breaches, viruses, and intrusions, and perform forensic investigation. May oversee the assessment of information security systems.

OFLC JobZone: 4

Education & Training Code: 4-Bachelor's degree

15-1299.06 Digital Forensics Analysts

Conduct investigations on computer-based crimes establishing documentary or physical evidence, such as digital media and logs associated with cyber intrusion incidents. Analyze digital evidence and investigate computer security incidents to derive information in support of system and network vulnerability mitigation. Preserve and present computer-related evidence in

support of criminal, fraud, counterintelligence, or law enforcement investigations.

OFLC JobZone: 4

Education & Training Code: 4-Bachelor's degree

15-1299.07 Blockchain Engineers

Maintain and support distributed and decentralized blockchain-based networks or block-chain applications such as cryptocurrency exchange, payment processing, document sharing, and digital voting. Design and deploy secure block-chain design patterns and solutions over geographically distributed networks using advanced technologies. May assist with infrastructure setup and testing for application transparency and security.

OFLC JobZone: 4

Education & Training Code: 4-Bachelor's degree

15-1299.08 Computer Systems Engineers/Architects

Design and develop solutions to complex applications problems, system administration issues, or network concerns. Perform systems management and integration functions.

OFLC JobZone: 4

Education & Training Code: 4-Bachelor's degree

15-1299.09 Information Technology Project Managers

Plan, initiate, and manage information technology (IT) projects. Lead and guide the work of technical staff. Serve as liaison between business and technical aspects of projects. Plan project stages and assess business implications for each stage. Monitor progress to assure deadlines, standards, and cost targets are met.

OFLC JobZone: 4

Education & Training Code: 4-Bachelor's degree

For information on determining the proper occupation and wage level see the new Prevailing Wage Guidance on the [Skill Level page](#).

The offered 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](#). Additional information can be found at:
Office of Foreign Labor Certification.
Applications can be filed through the [Foreign Labor Application Gateway](#).

REPOSTING MEMORANDUM FOR LABOR CONDITION APPLICATION

Confirmation of Electronic Notice

Notice of Reposting of a Labor Condition Application by Kyndryl for the position of **Systems Administration** was given electronically to employees in the occupational classification for which H-1B nonimmigrants were sought at each place of employment where the H-1B nonimmigrants will be employed. The Location of employment is within the original MSA as outlined at 20 CFR 655.715:

1. 1929 McRae Lane, Mundelein, IL 60060

The notice was reposted for ten (10) days from **09/06/2024** to **09/20/2024** and appeared on Kyndryl's website in the US Jobs at Kyndryl section in the Diversity module.

(<https://www.kyndryl.com/us/en/careers/labor-condition-application>).

KYNDRYL IMMIGRATION REP NAME

Immigration Services
Global Mobility

Date

KYNDRYL
Notice of Filing a
Labor Condition Application

An H-1B Nonimmigrant worker is being sought by Kyndryl through the filing a Labor Condition Application (LCA) with the U.S. Department of Labor's Employment and Training Administration.

1. Total Number of H-1B Non-immigrant Seeking to Employee:	One (1) such worker is being sought.
2. Job Title:	Systems Administration
3. Client Name:	
4. SOC (ONET/OES) Code:	15-1299.08
5. SOC (ONET/OES) Occupational Title:	Computer Systems Engineers/Architects
6. Location of Employment (Street Address):	1929 McRae Lane
7. Location of Employment (City, State):	Mundelein, IL
8. Wage Rate Paid to Non-immigrant Worker (\$):	\$129,120.00 to \$169,200.00 (per year)
9. Period of Employment (mm/dd/year to mm/dd/year):	09/06/2024 to 01/31/2027

Note:

1. A copy of the ETA9035 Labor Condition Application is available for public inspection upon request at Kyndryl's principal place of business at One Vanderbilt Avenue, 15th Floor, New York, NY 10017 or at the worksite.
2. 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.
3. 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 Department of Justice, 10th Street & Constitution Avenue, NW., Washington, DC 20530.

Internal Use:

This is to certify that the above notice was posted under one of the following manners permitted under Chapter 20, Section 655.734 of the Code of Federal Regulations from 09/06/2024 to 09/20/2024 (for at least 10 consecutive business days).

Nitin Vohra
Vice President – Talent Operations