NOTICE OF FILING
OF LABOR CONDITION APPLICATION

Stanford Health Care is filing a Labor Condition Application in connection with the hiring of a foreign worker. Information pertinent to the position is shown below.

POSITION TITLE:	Clinical Systems Analyst
JOB LOCATION:	37438 Parish Circle Fremont, CA 94536 1820 Embarcadero Rd, Palo Alto, CA 94303 1830 Embarcadero Rd, Palo Alto, CA 94303 1840 Embarcadero Rd, Palo Alto, CA 94303
SALARY OFFERED:	$100,193.60 - $165,318.40 per year
PREVAILING WAGE:	$93,184 per year*

**A copy of the prevailing wage determination used in the above-referenced matter is available for public inspection at the employer's place of business.*

By this notice, the employer attests that the following conditions will be met:

1) The nonimmigrant will receive at least the local prevailing wage or the employer's actual wage, whichever is higher, and will be paid for non-productive time as per Department of Labor regulations. The nonimmigrant is offered benefits on the same basis as made available to US workers.
2) The working conditions under which the nonimmigrant will be employed will not adversely affect the working conditions of US workers similarly employed.
3) There is no strike, lockout or work stoppage in the occupational classification at the place of employment.
4) Notice is herewith provided to workers at the place of employment.

Complaints alleging misrepresentation of materials 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.

Signature:_____ Date:_____
MARK HYDE

EMPLOYER: CHECK ONE BOX BELOW:

( ) I certify that notice of filing was given to employees by posting a copy of this notice at the place of employment, in two conspicuous locations (location & dates of posting shown) for at least 10 working days.
LOCATION #1_____ DATES: _____ TO _____
LOCATION #2 _____ DATES: _____ TO _____
EMPLOYER'S INITIALS:_____

( ) Notice was provided to the bargaining representative for this occupation. Date of notice and initials of bargaining representative shown below.
DATE OF NOTICE:_____ SIGNATURE/BARGAINING REPRESENTATIVE:_____

( ) Notice was provided electronically to other employees in the occupational classification, at the place where the H-1B nonimmigrant will be employed. A copy of the electronic notice is attached.
DATE OF NOTICE:_____ EMPLOYER'S INITIALS:_____

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MARK HYDE