U.S. DEPARTMENT OF LABOR
EMPLOYMENT TRAINING ADMINISTRATION
U.S. EMPLOYMENT SERVICE

1221

POSTING NOTICE

1. FULL LEGAL NAME OF EMPLOYER AND FEDERAL EMPLOYER ID NUMBER:	
Children's Hospital Corporation 04-2774441	
2. EMPLOYER'S TELEPHONE NUMBER:	**4. EMPLOYER'S ADDRESS:**
617-355-2146	300 LONGWOOD AVENUE BOSTON MA 02115
3. EMPLOYER'S FAX NUMBER:	
617-730-0751	

OCCUPATIONAL INFORMATION

6A. JOB TITLE	**PART TIME**
19-1042 RESEARCH FELLOW	☐

6B. NUMBER OF NON-IMMIGRANTS	**6C. RATE OF PAY**	**6D. PREVAILING WAGE RATE AND ITS SOURCE**		
		RATE	**OTHER**	**SOURCE**
1	$ 79,267.00		$ 72,654.00	OES ONLINE WAGE LIBRARY

6E. PERIOD OF EMPLOYMENT	
FROM	**TO**
9/15/26	9/14/29

6F. LOCATION(S) WHERE THE NON-IMMIGRANT WILL WORK:

CLSB 3 Blackfan St Boston MA 02115

BCH 320 Longwood Ave Boston MA 02115

KARP 1 Blackfan St Boston MA 02115

Harvard 220 Longwood Ave Boston MA 02115

1. THE LABOR CONDITION APPLICATION IS AVAILABLE FOR PUBLIC INSPECTION AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS IN BOSTON, MASSACHUSETTS.

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. THIS NOTICE WAS POSTED FOR A PERIOD OF 10 CONSECUTIVE BUSINESS DAYS IN A CONSPICUOUS AREA AT THE WORK SITE OR EMPLOYMENT LOCATION. THIS NOTICE REMAINED CLEARLY VISIBLE AND UNOBSTRUCTED DURING THE ENTIRE PERIOD OF POSTING.

PLEASE COMPLETE THE FOLLOWING ELECTRONICALLY (DO NOT HANDWRITE) AND RETURN BOTH PAGES TO WILL BLOUIN. THE VISA REQUEST WILL NOT BE PROCESSED UNTIL THE COMPLETED POSTING HAS BEEN RETURNED. FAILURE TO RETURN THE POSTING PROMPTLY MAY RESULT IN A DELAY OF THE VISA START DATE.

I ATTEST THAT ALL OF THIS INFORMATION IS TRUE AND ACCURATE AND THAT I HAVE EXECUTED THIS LCA POSTING IN COMPLIANCE WITH THE INSTRUCTIONS PROVIDED TO ME BY THE OIS.

NAME OF PERSON RESPONSIBLE FOR POSTING THIS NOTICE (TYPE ; DO NOT HANDWRITE)

TITLE OF PERSON RESPONSIBLE FOR POSTING THIS NOTICE (TYPE ; DO NOT HANDWRITE)

FROM: TO:

DATES THIS NOTICE WAS POSTED (TYPE ; DO NOT HANDWRITE)

WORKSITE LISTED IN SECTION 6F ON PAGE ONE FOR THIS NOTICE (TYPE ; DO NOT HANDWRITE)

SPECIFIC ADDRESS WHERE THIS NOTICE WAS POSTED (TYPE ; DO NOT HANDWRITE)

SPECIFIC LOCATION AT THE ADDRESS LISTED ABOVE WHERE THIS NOTICE WAS POSTED (TYPE ; DO NOT HANDWRITE)

ELECTRONIC SIGNATURE OF PERSON RESPONSIBLE FOR POSTING THIS NOTICE