

CERTIFICATION OF YOUR RECALL NOTICE AND REHIRE REQUIREMENT

The Payroll Support Program Extension (PSP2) under Division N, Title IV, Subtitle A of the Consolidated Appropriations Act, 2021 (PSP Extension Law) required you to provide information and certifications to validate your compliance with the RECALL and REHIRE provisions of the PSP2.

In your application for PSP2 funding, you indicated that your company may have involuntarily terminated or furloughed some of its employees between October 1, 2020 and the date that _____ (Recipient) signed its PSP 2 Agreement.

Before we can process your second PSP2 payment, you must return the CERTIFICATION AND SUBMISSION form included below, thereby certifying that _____ (Recipient) (including all Affiliates participating in the PSP2) has met its RECALL and REHIRE obligations as detailed in Section 404 of the PSP Extension Law and paragraph 4.1 of its PSP2 agreement. Specifically, _____ (Recipient) must certify that:

- Within 72 hours after the PSP2 agreement was executed, _____ (Recipient) issued recall notices via mail, courier, or e-mail, to all employees who were involuntarily terminated or furloughed between October 1, 2020 and the date of your PSP2 Agreement, giving each individual at least 14 days to inform you whether the employee elected to return to employment, as, and
- _____ (Recipient) rehired each employee that elected to return to work, within 30 days from the date that said employee elected to return.

If, as of the date of this certification, _____ (Recipient) is still in the process of rehiring employees who have elected to return to employment, or circumstances beyond your control inhibited or delayed your company's rehire process, your company must certify that:

- Within 72 hours after the PSP2 agreement was executed, _____ (Recipient) issued recall notices via mail, courier, or e-mail, to all employees who were involuntarily terminated or furloughed between October 1, 2020 and the date of your PSP2 Agreement, giving each individual at least 14 days to inform you whether the employee elected to return to employment, as described in Section 404 of the PSP Extension Law;
- _____ (Recipient) has rehired at least one employee who has elected to be rehired as of the date of this certification and
- _____ (Recipient) is in the process of rehiring all employees who have elected rehire status as of the date of this certification.

PSP2 Application Number:

PSP1 Application Number:

RECALL AND REHIRE CERTIFICATION AND SUBMISSION

All capitalized terms have the meaning set forth in the PSP2 Agreement.

Under Section 404 of the Extension Law and your PSP2 Agreement, any passenger carrier that (1) received financial assistance under the Payroll Support Program (PSP1) under the Coronavirus, Aid, Relief, and Economic Security Act (CARES Act) and (2) conducted an Involuntary Termination or Furlough between **October 1, 2020** and the date on which the passenger carrier or contractor entered into its PSP2 Agreement with Treasury (i.e., the date Treasury executed the agreement), must:

- (1) Recall, not later than 72 hours after the PSP2 Agreement has been executed, each Employee who was subject to an Involuntary Termination or Furlough between October 1, 2020, and the date that the passenger carrier or contractor entered into its PSP2 Agreement, and enable each Returning Employee to return to employment within 30 days after making the election to do so;
- (2) Compensate, not later than 30 days after a Returning Employee returns to employment, such Returning Employee for lost Salary, Wages, and Benefits (offset by any amounts received by the Returning Employee from the Recipient or an Affiliate as a result of such Returning Employee's Involuntary Termination or Furlough, including any Severance Pay or Other Benefits or furlough pay) between, with respect to passenger carriers, December 1, 2020 and the date that the passenger carrier entered into its PSP2 Agreement, or, with respect to contractors, between December 27, 2020, and the date that the contractor entered into its PSP2 Agreement; and
- (3) Restore the rights and protections for each Returning Employee as if such Returning Employee had not been subject to an involuntary termination or furlough.

1. *Number of Involuntarily Terminated/Furloughed.* How many Employees did you involuntarily terminate or furlough between October 1, 2020 and the date of your PSP2 Agreement?

2. *Issuance of Recall Notices.* Did you, within 72 hours after your PSP2 Agreement was executed, issue recall notices via mail, courier, or e-mail to all Employees who were involuntarily terminated or furloughed between October 1, 2020 and the date of your PSP2 Agreement, giving each individual at least 14 days to inform you whether the Employee elects to return to employment, as described in Section 404 of the PSP Extension Law, and enabling each returning employee to return to employment within 30 days after making the election to do so?

Yes

No

3. *Number of Recall Notices.* To how many Employees did you send the recall notices?

4. How many days were your Returning Employees given to elect to return to employment?

5. *Form of Recall Notice.* Please attach to this form an example of each form of recall notice that you sent.

6. *Re-Hiring Commitment.* Did you or will you enable each Returning Employee to return to employment within 30 days after the Employee elects to do so?

- Yes No

6. *Re-Hiring Status.* Please select one of the following two options to indicate where you are in the process of rehiring Returning Employees electing to return to employment in response to the recall notice:

- a. We have rehired all Returning Employees electing to return. Yes
- b. We are still in the process of rehiring Returning Employees electing to return. Yes

7. *Number of Re-Hires.* As of the date of this certification, how many Returning Employees have been rehired?

8. Please confirm that, within 30 days after a Returning Employee returns to employment, you will compensate such Returning Employee for lost Salary, Wages, and Benefits (offset by any amounts received by the Returning Employee from the Recipient or an Affiliate as a result of such Returning Employee's Involuntary Termination or Furlough, including any Severance Pay or Other Benefits or furlough pay) between December 1, 2020 and the date that you entered into your PSP2 Agreement.

- Yes No

9. Please confirm that you will restore the rights and protections for any Returning Employees as if such returning employees had not been subject to an Involuntary Termination or Furlough.

- Yes No

Please retain documentation of all recall notices and compensation for lost pay and benefits for potential future reporting, including but not limited to a unique identifier for all terminated or furloughed Employees (e.g., employee ID numbers), a list of Employees receiving the recall notice, the dates notices were transmitted and the dates Employees responded, Employees' responses or nonresponses, and payroll records.

CERTIFICATION

On behalf of the Recipient (including all Affiliates participating in the PSP2) and its undersigned authorized representatives, I certify that the responses and information above are true and correct. I make this certification after reasonable inquiry of people, systems, and other information available to the Recipient. I acknowledge that a materially false, fictitious, or fraudulent statement (or concealment or omission of material fact) in this submission may be the subject of criminal prosecution and also may subject the Recipient to civil penalties and/or administrative remedies for false claims or otherwise.

The undersigned are authorized representatives of the Recipient with authority to make the above certifications and representations on behalf of the Recipient.

First Authorized Representative of Recipient(s):

Name:

Title:

Date:

Second Authorized Representative of Recipient(s):

Name:

Title:

Date:

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil penalties. (18 U.S.C. §§ 287, 1001; 31 U.S.C. §§ 3729, 3802).

PAPERWORK REDUCTION ACT NOTICE: The information collected will be used for the U.S. Government to process requests for support. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid control number assigned by OMB. The estimated burden associated with this collection of information is 30 minutes per response. Comments

concerning the accuracy of this burden estimates and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave, N.W., Washington, DC 20220. DO NOT send the form to this address.