

**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) and Section 16 of your PSP2 Agreement requires \_\_\_\_\_ (Recipient or you) to provide Treasury with information and certifications to validate your compliance with the terms and conditions of the PSP2 Agreement, including the RECALL and REHIRE provisions. All capitalized terms have the meaning set forth in the PSP2 Agreement.

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 submitted its PSP2 application.

Before Treasury will 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. Section 2 of your PSP2 Agreement provides that the timing of your PSP2 payments will be determined by Treasury in its sole discretion.

**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 PSP Extension Law and Section 4.1 of 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 Employees.* 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. *Election to Return to Employment.* 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 Status.* Please select one of the following three 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, and all anticipated responses to the recall notices have been received.  Yes
- b. We have rehired or plan to rehire all Returning Employees electing to return; however, we are still awaiting responses to recall notices from some Returning Employees or are working to complete the rehire actions within 30 days of the employees' elections.  Yes
- c. We have or will decline re-employment to some Returning Employees within 30 days of their electing to return due to a company decision not to rehire or due to circumstances beyond our control.  Yes

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

8. *Compensation for Lost Pay.* 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. *Restoration of Rights.* 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.

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Recipient  
 Signature of First Authorized Representative      Date

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Print Name of First Authorized Representative      Title

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Recipient  
 Signature of Second Authorized Representative      Date

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Print Name of Second Authorized Representative      Title

**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.