
FORM AMJP-1A.2.3
AMJP RECIPIENT REPORT TO USDOT OF REPLACEMENT IN THE ELIGIBLE
EMPLOYEE GROUP

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2106-0048. Public reporting for this collection of information is estimated to be approximately 120 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain or retain a benefit (pursuant to the American Rescue Plan Act of 2021 (ARPA), Public Law (P.L.) 117-2, § 7201-7202). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Department of Transportation, OST-S-83, 1200 New Jersey Avenue S.E., Washington, DC 20590.

**FORM AMJP-1A.2.3
 AMJP RECIPIENT REPORT TO USDOT OF REPLACEMENT IN THE ELIGIBLE
 EMPLOYEE GROUP**

AMJP Recipient Business Name

AMJP Agreement Number

6 9 A 3 4 5

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**Effective Date of Employee
 Departure**

**Effective Date of Employee
 Addition to EEG**

Difference in Compensation

per

Amount

Payroll Period Length

Narrative Explanation of Replacement:

Provide a brief description of the replacement action, including the reason for making the change to the Eligible Employee Group (EEG). Include the separated individual's and replacing employee's EEG member IDs consistent with the current AMJP Recipient Notification to USDOT of EEG Composition (Form AMJP-1A.6.5). Do not include any personally identifiable information about employees; redact that information as necessary.

***Example:** Employee ID #1003 retired on September 30, 2021. Employee ID #1024 is moved into the EEG effective October 1, 2021. Employee ID #1024's compensation is \$50 more per month than Employee ID #1003, so we do not foresee a need to reduce the EEG's Total Compensation Level for the remaining period of performance.*

Attachments:

Provide a list identifying all attachments. Attach documentation of the difference in compensation, including documentation of the affected wages, salaries, and benefits included in the total base compensation for the affected employees. Do not include any personally identifiable information about employees.

Certification:

I certify under penalty of perjury that the information above and attached is true and correct, and I have authority to submit this information to the USDOT on behalf of the Recipient.

I acknowledge that false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal penalties, civil penalties, or both. (See 18 U.S.C. 287; 18 U.S.C. 1001; 31 U.S.C. 3729; 31 U.S.C. 3802).

Signature

Date

Name of Signing Official

Title of Signing Official