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**FORM AMJP-1A.2.2**  
**AMJP RECIPIENT REPORT TO USDOT OF EMPLOYMENT ACTION**  
**AFFECTING 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 90 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.

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**FORM AMJP-1A.2.2**  
**AMJP RECIPIENT REPORT TO USDOT OF EMPLOYMENT ACTION**  
**AFFECTING THE ELIGIBLE EMPLOYEE GROUP**

**AMJP Recipient Business Name**

**AMJP Agreement Number**

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**Date of Employment Action**

**Nature of Employment Action**

**Anticipated Reduction in Compensation  
for Period of Performance**

**Narrative Explanation of Employment Action:**

Provide a brief description of the employment action with reference to relevant portions of the employer policy under which the action was taken. Include the individual’s Eligible Employee Group (EEG) member ID 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 #1009 has been removed from the EEG because they were suspended for reasons related to performance and conduct, consistent with corporate policy.*

**Attachments:**

Provide a list identifying all attachments. Attach relevant sections of the employer policy or policies under which the reported action was taken. Attach documentation of the anticipated reduction in compensation, including documentation of the affected wages, salaries, and benefits included in the total base compensation for the affected employee. Attach other documentation as needed to support the narrative description or justification above. 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).

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**Signature**

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**Date**

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**Name of Signing Official**

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**Title of Signing Official**