



EASTERN BAND OF CHEROKEE INDIANS TRIBAL EMPLOYMENT RIGHTS OFFICE

CERTIFIED TERO VENDOR MONTHLY REPORT

This form is due to the TERO office monthly by the tenth (10th) day of the following month. Please indicate your use of an attachment in the appropriate section of this form.

Name of Business

Reporting Month / Year

I. List **ALL** Tribal contract work that your business is working on this month:

Project Name	Procuring Tribal Entity/Dept.
_____	_____
_____	_____
_____	_____
_____	_____

II. List **ALL** (TERO-certified and NON TERO-certified) subcontracting activity for projects listed above:

Subcontracting Project / Activity	TERO Certified	Non-TERO
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

III. List **ALL** current employees and TERO affiliation, if any:

Current Employees	Job Bank	Enrolled	Spouse of Enrolled
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If any action was taken for any job bank participant (promotion, warning, layoff, termination), you must submit an **EMPLOYMENT ACTION** form.

I hereby certify that the above information is true to the best of my knowledge. I agree to provide other proof upon request.

Signature of TERO Vendor Employee /Title

Printed Name

Date



**EASTERN BAND OF CHEROKEE INDIANS
TRIBAL EMPLOYMENT RIGHTS OFFICE**

Certified TERO Vendor Monthly Report

Employee List :: Attachment 3

TERO Vendor Name: _____

Reporting Month: _____ **Reporting Year:** _____

Please list the names of employees working, include their job title, whether they are an enrolled tribal member, not enrolled, or spouse of enrolled member, and indicate if TERO made the referral. Please list any vacant positions you have for this project in the Job Title column.

Employee Names	Job Title	Enrolled Tribal Member			TERO Referral
		Yes	No	Spouse	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	_____	_____	_____	_____	_____

You may duplicate this page as needed to complete your report. Page _____ of _____.