



BISHOP TRIBAL EMPLOYMENT RIGHTS COMMISSION

50 TU SU LANE ■ BISHOP, CA 93514 ■ PHONE 760-873-7893 ■ FAX 760-873-3982

TERO Assistance Agreement

Name _____ Bishop Tribal Member: Yes No

Mailing Address: _____
(Street / P.O. Box) (City) (State) (Zip Code)

Phone (____) _____ Message (____) _____ Email: _____

TERO Assistance:

New or Temporary Employment Assistance: Yes No

If yes, provide the items your requesting assistance for: _____

Name of Employer: _____ Date hired: _____

Position: _____ Date items needed by: _____

Work Permit (ages 14-17): Yes No (Verification must be provided)

Training Assistance: Yes No

If yes, provide name of training: _____ Date of training: _____

Training cost: \$ _____ Training location: _____

Describe how this training will benefit you: _____

ALL REQUIRED DOCUMENTATION LOCATED IN THE TERO ASSISTANCE POLICY MUST BE SUBMITTED BEFORE ASSISTANCE CAN BE APPROVED

If approved for assistance, you will be required to provide TERO the original receipts in the total amount given within three business days. The money provided can only be used for items that were approved by TERO and you will be required to return any unused monies back to TERO.

I have read the TERO Assistance Policy and understand the terms of this agreement: _____
(Initials)

I agree that if I fail to abide by the Assistance Agreement, I do authorize the Bishop Paiute Tribe to take any necessary action to recover the amount of assistance provided by TERO.

Print Name Signature Date

Approved: Yes No _____
TERO Representative Signature Date

Check or Purchase order number: _____