



# Tribal Employment Rights Office

551 Harrison St. Pawnee, OK 74058

## Staffing Field Contacts:

Samuel Van Noy – Director: 918-500-5010

Grant Hawkins – Coordinator: 918-500-5015

Patrick LeadingFox - Compliance & Safety: 918-500-5016

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# COMPLIANCE PLAN

- **Note:** All Contractors/Subcontractors must meet with TERO.
- Any covered employers not submitting a completed compliance plan will be denied the right to commence business within the territorial Jurisdiction of the Pawnee Nation of Oklahoma.
- Employer agrees to hire and/or train American Indian Individuals to work with the core crew on a full-time basis during the project period.
- A compliance plan should be submitted at least two (2) weeks prior to starting any project.
- Failure to comply with the TERO Ordinance may result in civil penalties. *Section 38.*

PROJECT INFORMATION	
PROJECT NAME:	DATE:
Prime Contractors:	Contact Number & Email:
Starting Date:	Ending Date:
Contract Amount:	TERO Fee Amount:
SCOPE OF WORK TO BE PERFORMED:	

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PN TERO Compliance Requirements. Ver. 1.0

Approved 9.8.2023



### Contractor Information

Check all that apply: ☐ Prime ☐ Contractor ☐ Sub Contractor ☐ Union ☐ Non-Union

Company \_\_\_\_\_

Complete Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Construction Schedule: \_\_\_\_\_

Company certified as American Indian Owned: Yes No

Company Owner CDIB card name, number: \_\_\_\_\_

Union List/Agreement: \_\_\_\_\_

*(An employer, contractor or subcontractor having a collective bargaining agreement with one or more labor unions must obtain written agreement from said unions indicating that they will comply with this Act, and the rules, regulations, and orders of the PNTERO. Until such an agreement is filed with the PNTERO, the employer may not commence work within the territorial jurisdiction of the Pawnee Nation of Oklahoma. Please refer to Section 21, for further information).*

### Identification Core Crew and All Other Employees

**Core Crew Employee** A Core Crew employee is one who; (a) is and has been on the employers or subcontractors annual payroll for no less than one year, (the fact that an employee has worked for the employer on a previous project shall not qualify that employee as a Core Crew employee), (b) is an owner of the firm, (c) is necessary if there are unique or specialized qualifications that are essential for the operation of the business. All core crew positions must be approved in advance by TERO. A **certified payroll** shall be submitted to the TERO office to verify compliance during the project's scope.

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**Core Crew:**

Name	Title/Classification	Tribal Yes/No	Hourly Rate	Licensed Yes/no	Years of Employment
1.					
2.					
3.					
4.					
5.					
6.					
7.					

**All Other Employees**

Employers who wish to utilize workers that do not meet the definition of “Core Crew”, must obtain approval. Employees added to this section should fit into one of the categories below:

- Is a specialized skills which requires licensing or certification for which employer has invested time and finances into training, certification, or licensing of the individual. (Attach supporting documents).
- TERO did not have a referral who met the qualifications required and advised to list name here.

Name	Title/Classification	Tribal Yes/No	Hourly Rate	Licensed Yes/no
1.				
2.				
3.				
4.				
5.				
6.				
7.				

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### Man Power Requests

Provide a preliminary estimate of workers (in addition to core crew and key employees) that your company will require on this project. A TERO Dispatch form and follow up call to TERO at least forty-eight (48) hours prior to identify “start date” is required. A separate form to request more workers is attached.

Classification/skill	Start Date	No.	Pay Rate	Special Instruction
1.				
2.				
3.				
4.				
5.				
6.				
7.				

### Identification of Sub-Contractors

It shall be the Prime/General Contractors responsibility to provide blank copies of this TERO Compliance Plan and Agreement form to all their subcontractors and suppliers. All Subcontractors must obtain an approved TERO Compliance Plan and Agreement of their own, **prior** to the commencement of any portion of work activity they will be involved in. The Prime and all subcontractors will be required to attend a TERO Pre-Construction meeting prior to the beginning of work.

Company Name	Phone	Compliance Plan Yes/No	Scope of Work	Estimated Start Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				

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The foregoing Compliance Plan Agreement is fully acceptable on behalf of the TERO Act:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Employer Signature, Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
TERO Signature

\_\_\_\_\_  
Date

Initial:



# Man Power Request Form

THIS SECTION  
FOR TERO USE ONLY

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Received By: \_\_\_\_\_ Work Permit # \_\_\_\_\_  
Issued/Approved by: \_\_\_\_\_

Employer																					
Employer Address																					
Contact Person	Phone																				
Contact Person's Email																					
Physical Location of the Job																					
Job Title	Number of Positions																				
Rate of Pay	Date Needed	Hours																			
Schedule: <input type="checkbox"/> M-F <input type="checkbox"/> Weekends <input type="checkbox"/> Shift/Swing Job is: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary																					
Driver's License Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		MVR Required? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
Type: <input type="checkbox"/> Class D <input type="checkbox"/> Class A <input type="checkbox"/> Class B		Endorsements: <input type="checkbox"/> Passenger <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Tanker <input type="checkbox"/> Haz-Mat																			
Certification Required: <input type="checkbox"/> Aerial Lift <input type="checkbox"/> Confined Space <input type="checkbox"/> Fall Protection <input type="checkbox"/> First Aid/CPR <input type="checkbox"/> Flagger/Traffic <input type="checkbox"/> Control Food Handler <input type="checkbox"/> Fork Lift <input type="checkbox"/> Haz-Mat or Hazwoper <input type="checkbox"/> OSHA-10 <input type="checkbox"/> OSHA-30 Other/Identify:		Working Conditions/Physical Demands:  <table border="0"> <tr> <td>PPE Employer Provided?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>PPE Self-provided by Employee?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Physical Required?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Drug Test Required?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		PPE Employer Provided?	Yes	No	PPE Self-provided by Employee?	Yes	No	Physical Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drug Test Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
PPE Employer Provided?	Yes	No																			
PPE Self-provided by Employee?	Yes	No																			
Physical Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																			
Drug Test Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																			
	<input type="checkbox"/>	<input type="checkbox"/>																			
	<input type="checkbox"/>	<input type="checkbox"/>																			
		Drug Testing Center/ Location /Phone:																			

## TERO Referrals

	Name	Phone	Hired	Comment
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

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PAYROLL  
(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))



Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR ☐

OR SUBCONTRACTOR ☐

ADDRESS

OMB No.:1235-0008  
Expires: 07/31/2024

PAYROLL NO.

FOR WEEK ENDING

PROJECT AND LOCATION

PROJECT OR CONTRACT NO.

(1)  NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2)  NO OF WITHHOLDING EXEMPTIONS	(1)  WORK CLASSIFICATION	OT OR ST.	(2) DAY AND DATE							(3)  TOTAL HOURS	(4)  RATE OF PAY	(5)  GROSS AMOUNT EARNED	(6) DED UCTIONS						(7)  NET WAGES PAID FOR WEEK		
				HOURS WORKED EACH DAY																		
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Date \_\_\_\_\_

I, \_\_\_\_\_  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

\_\_\_\_\_ on the  
(Contractor or Subcontractor)

\_\_\_\_\_ ; that during the payroll period commencing on the  
(Building or Work)

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and ending the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

\_\_\_\_\_ from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ – in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ – Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	
NAME AND TITLE	SIGNATURE
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.	

Initial:





## Instructions For Completing Payroll Form, WH-347

OMB Control No. 1235-0008, Expires 07/31/2024.

**General:** Form WH-347 has been made available for the convenience of contractors and subcontractors required by their Federal or Federally-aided construction-type contracts and subcontracts to submit weekly payrolls. Properly filled out, this form will satisfy the requirements of Regulations, Parts 3 and 5 (29 C.F.R., Subtitle A), as to payrolls submitted in connection with contracts subject to the Davis-Bacon and related Acts.

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Under the Davis-Bacon and related Acts, the contractor is required to pay not less than prevailing wage, including fringe benefits, as predetermined by the Department of Labor. The contractor's obligation to pay fringe benefits may be met either by payment of the fringe benefits to bona fide benefit plans, funds or programs or by making payments to the covered workers (laborers and mechanics) as cash in lieu of fringe benefits.

This payroll provides for the contractor to show on the face of the payroll all monies to each worker, whether as basic rates or as cash in lieu of fringe benefits, and provides for the contractor's representation in the statement of compliance on the payroll (as shown on page 2) that he/she is paying for fringe benefits required by the contract and not paid as cash in lieu of fringe benefits. Detailed instructions concerning the preparation of the payroll follow:

**Contractor or Subcontractor:** Fill in your firm's name and check appropriate box.

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**Address:** Fill in your firm's address.

**Payroll No.:** Beginning with the number "1", list the payroll number for the submission.

**For Week Ending:** List the workweek ending date.

**Project and Location:** Self-explanatory.

**Project or Contract No.:** Self-explanatory.

**Column 1 - Name and Individual Identifying Number of Worker:** Enter each worker's full name and an individual identifying number (e.g., last four digits of worker's social security number) on each weekly payroll submitted.

**Column 2 - No. of Withholding Exemptions:** This column is merely inserted for the employer's convenience and is not a requirement of Regulations, Part 3 and 5.

**Column 3 - Work Classifications:** List classification descriptive of work actually performed by each laborer or mechanic. Consult classification and minimum wage schedule set forth in contract specifications. If additional classifications are deemed necessary, see Contracting Officer or Agency representative. An individual may be shown as having worked in more than one classification provided an accurate breakdown or hours worked in each classification is maintained and shown on the submitted payroll by use of separate entries.

**Column 4 - Hours worked:** List the day and date and straight time and overtime hours worked in the applicable boxes. On all contracts subject to the Contract Work Hours Standard Act, enter hours worked in excess of 40 hours a week as "overtime".

**Column 5 - Total:** Self-explanatory

**Column 6 - Rate of Pay (Including Fringe Benefits):** In the "straight time" box for each worker, list the actual hourly rate paid for straight time worked, plus cash paid in lieu of fringe benefits paid. When recording the straight time hourly rate, any cash paid in lieu of fringe benefits may be shown separately from the basic rate. For example, "\$12.25/.40" would reflect a \$12.25 base hourly rate plus \$0.40 for fringe benefits. This is of assistance in correctly computing overtime. See "Fringe Benefits" below. When overtime is worked, show the overtime hourly rate paid plus any cash in lieu of fringe benefits paid in the "overtime" box for each worker; otherwise, you may skip this box. See "Fringe Benefits" below. Payment of not less than time and one-half the basic or regular rate paid is required for overtime under the Contract Work Hours Standard Act of 1962 if the prime contract exceeds \$100,000. In addition to paying no less than the predetermined rate for the classification which an individual works, the contractor must

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pay amounts predetermined as fringe benefits in the wage decision made part of the contract to approved fringe benefit plans, funds or programs or shall pay as cash in lieu of fringe benefits. See "FRINGE BENEFITS" below.

**Column 7 - Gross Amount Earned:** Enter gross amount earned on this project. If part of a worker's weekly wage was earned on projects other than the project described on this payroll, enter in column 7 first the amount earned on the Federal or Federally assisted project and then the gross amount earned during the week on all projects, thus "\$163.00/\$420.00" would reflect the earnings of a worker who earned \$163.00 on a Federally assisted construction project during a week in which \$420.00 was earned on all work.

**Column 8 - Deductions:** Five columns are provided for showing deductions made. If more than five deduction are involved, use the first four columns and show the balance deductions under "Other" column; show actual total under "Total Deductions" column; and in the attachment to the payroll describe the deduction(s) contained in the "Other" column. All deductions must be in accordance with the provisions of the Copeland Act Regulations, 29 C.F.R., Part 3. If an individual worked on other jobs in addition to this project, show actual deductions from his/her weekly gross wage, and indicate that deductions are based on his gross wages.

**Column 9 - Net Wages Paid for Week:** Self-explanatory.

**Totals** - Space has been left at the bottom of the columns so that totals may be shown if the contractor so desires.

**Statement Required by Regulations, Parts 3 and 5:** While the "statement of compliance" need not be notarized, the statement (on page 2 of the payroll form) is subject to the penalties provided by 18 U.S.C. § 1001, namely, a fine, possible imprisonment of not more than 5 years, or both. Accordingly, the party signing this statement should have knowledge of the facts represented as true.

**Items 1 and 2:** Space has been provided between items (1) and (2) of the statement for describing any deductions made. If all deductions made are adequately described in the "Deductions" column above, state "See Deductions column in this payroll." See "FRINGE BENEFITS" below for instructions concerning filling out paragraph 4 of the statement.

**Item 4 FRINGE BENEFITS - Contractors who pay all required fringe benefits:** If paying all fringe benefits to approved plans, funds, or programs in amounts not less than were determined in the applicable wage decision of the Secretary of Labor, show the basic cash hourly rate and overtime rate paid to each worker on the face of the



payroll and check paragraph 4(a) of the statement on page 2 of the WH-347 payroll form to indicate the payment. Note any exceptions in section 4(c).

**Contractors who pay no fringe benefits:** If not paying all fringe benefits to approved plans, funds, or programs in amounts of at least those that were determined in the applicable wage decision of the Secretary of Labor, pay any remaining fringe benefit amount to each laborer and mechanic and insert in the "straight time" of the "Rate of Pay" column of the payroll an amount not less than the predetermined rate for each classification plus the amount of fringe benefits determined for each classification in the application wage decision. Inasmuch as it is not necessary to pay time and a half on cash paid in lieu of fringe benefits, the overtime rate shall be not less than the sum of the basic predetermined rate, plus the half time premium on basic or regular rate, plus the required cash in lieu of fringe benefits at the straight time rate. In addition, check paragraph 4(b) of the statement on page 2 the payroll form to indicate the payment of fringe benefits in cash directly to the workers. Note any exceptions in section 4(c).

### **Use of Section 4(c), Exceptions**

Any contractor who is making payment to approved plans, funds, or programs in amounts less than the wage determination requires is obliged to pay the deficiency directly to the covered worker as cash in lieu of fringe benefits. Enter any exceptions to section 4(a) or 4(b) in section 4(c). Enter in the Exception column the craft, and enter in the Explanation column the hourly amount paid each worker as cash in lieu of fringe benefits and the hourly amount paid to plans, funds, or programs as fringe benefits. The contractor must pay an amount not less than the predetermined rate plus cash in lieu of fringe benefits as shown in section 4(c) to each such individual for all hours worked (unless otherwise provided by applicable wage determination) on the Federal or Federally assisted project. Enter the rate paid and amount of cash paid in lieu of fringe benefits per hour in column 6 on the payroll. See paragraph on "Contractors who pay no fringe benefits" for computation of overtime rate.

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**Public Burden Statement:** We estimate that it will take an average of 55 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution



Avenue, N.W., Washington, D.C. 20210.