OLD DOMINION UNIVERSITY
University Policy

Policy #3004
POLICY ON INTERNAL AUDIT RESPONSE PROCEDURES

Responsible Oversight Executive: Chief Operating Officer
Date of Current Revision or Creation: September 30, 2009

A. PURPOSE

The purpose of this policy is to establish the policy that will govern the process for responding to audit findings and recommendations contained in reports issued by the Internal Audit Department.

B. AUTHORITY

Virginia Code Section 23-9.2:3, as amended, grants authority to the Board of Visitors to establish rules and regulations for the institution. Section 6.01(a)(6) of the Board of Visitors Bylaws grants authority to the President to implement the policies and procedures of the Board relating to University operations.

Old Dominion University Board of Visitors Policy 1610 – Charter of the Internal Audit Department

C. DEFINITIONS

N/A

D. SCOPE

This policy applies to all University administrators and department heads.

E. POLICY STATEMENT

It is the policy of Old Dominion University that all areas that are the subject of an internal audit review be provided an opportunity to respond to issues identified and recommendations made. These responses will be included in the body of the audit report, which will be submitted in draft form to the appropriate vice president for review, prior to final issuance to the President.

University departments are to respond to internal audit reports and recommendations in a timely manner and in the format prescribed by this policy and the University Auditor. The administrator of a department that has been audited shall be provided three weeks to respond to audit findings and recommendations.

F. PROCEDURES

Once a department has been presented with the audit findings and recommendations in draft format, the department head or designated individual shall draft responses to the recommendations. The responses should be written in such a way as to clearly communicate, to all readers of the report, agreement or disagreement with the issues identified, planned courses of action, responsibility for those courses of action and a timeline for completion. Responses should be as concise and to the point as possible, and directly relate to the issues and recommendations identified in the report and planned corrective actions. In order to promote uniformity and clarity across different audit reports, the Internal Audit Department will ask that responses be in a standardized format, which can be found on the Internal Audit Department's Website.

Responses should be written and returned within three weeks as prescribed by policy. The appropriate vice president shall be notified should the responsible administrator not respond to the audit findings by the assigned deadline. The vice president shall be responsible for ensuring that the response is submitted within five (5) working days following notification from the University Auditor that the response was not received. The vice president will be accountable to the President for ensuring that the response is submitted within the five (5) day period.

The University Auditor will review corrective actions that are proposed by the administrator responsible for departmental operations. A draft report incorporating the findings, recommendations, and corrective actions will be prepared and submitted to the vice president of the area for review. In cases where the actions proposed by the responsible administrator will not correct the deficiency, an exception will be taken by the University Auditor, and the vice president shall obtain the President's concurrence that the University is willing to accept the risk of not taking corrective action or submit a revised acceptable response. All parties are expected to work together to resolve outstanding issues within three weeks.

Once this process is complete, the final report is issued to the President.

The Internal Audit Department will conduct a follow-up review to determine that corrective actions were completed. The appropriate vice president will be responsible for the timely correction of outstanding deficiencies noted in the follow-up report, and shall justify to the President the cause for the delay in correcting deficiencies previously identified. Under certain circumstances, it may be appropriate for the vice president to obtain the concurrence of the President that the risk of not taking action is acceptable to the University. Justifications and corrective action deadlines will be included in the follow-up report issued by the University Auditor to the President.

G. RESPONSIBLE OFFICER

University Auditor

H. RELATED INFORMATION

University Policy 3002 – Authority of the Internal Audit Department

Office of the University Auditor Website/Response Procedures

POLICY HISTORY
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Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

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Responsible Officer Signature Date

Policy Review Committee (PRC) Approval to Proceed:

/s/ Donna W. Meeks May 26, 2009
Policy Review Committee (PRC), Date
Chair Signature

Executive Policy Review Committee (EPRC) Approval to Proceed:

/s/ Robert L. Fenning September 29, 2009
Responsible Oversight Executive Signature Date

Presidential Approval:

/s/ John R. Broderick September 30, 2009
President Date

Policy Revision Dates: November 1, 1990; September 30, 2009

Scheduled Review Date: September 30, 2014