Youngstown
STATE UNIVERSITY

BOARD OF TRUSTEES
AUDIT SUBCOMMITTEE
Leonard D. Schiavone, Chair
James E. "Ted" Roberts, Vice Chair
Carole S. Weimer
David C. Deibel
STUDENT

Thursday, June 8, 2017   Tod Hall
9:00 a.m.   Board Meeting Room

AGENDA

A.   **Disposition of Minutes for Meeting Held March 15, 2017**

B.   **Old Business**

C.   **Committee Items**

    1.   **Discussion Items**

Tab C.1.a.   a.   **Audit Matrix Open Audit Recommendations Update**
This matrix tracks the progress of the implementation of recommendations for improvement or correction made by internal and external auditors.
Sarah Gampo, Director of Internal Audit, will report.

Tab C.1.b.   b.   **FY17 Internal Audit Plan Update**
Sarah Gampo, Director of Internal Audit, will report.

Tab C.1.c.   c.   **YSU Anonymous Reporting Hotline Update**
Sarah Gampo, Director of Internal Audit, will report.

Tab C.1.d.   d.   **YSU Foundation Agreement Internal Audit Report**
Sarah Gampo, Director of Internal Audit, will report.

           e.   **Continuous Auditing Update**
Sarah Gampo, Director of Internal Audit, will report.

Tab C.1.f.   f.   **Enterprise Risk Management**
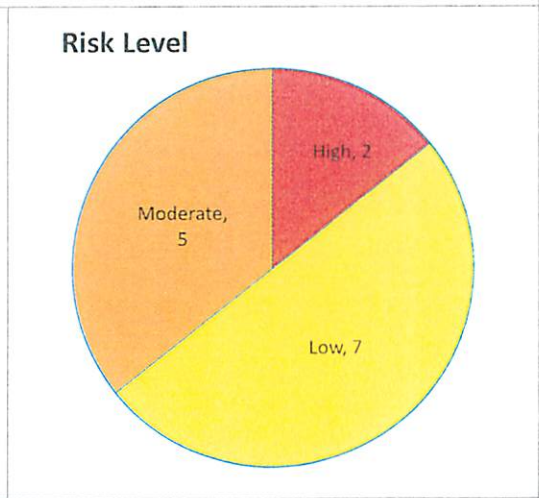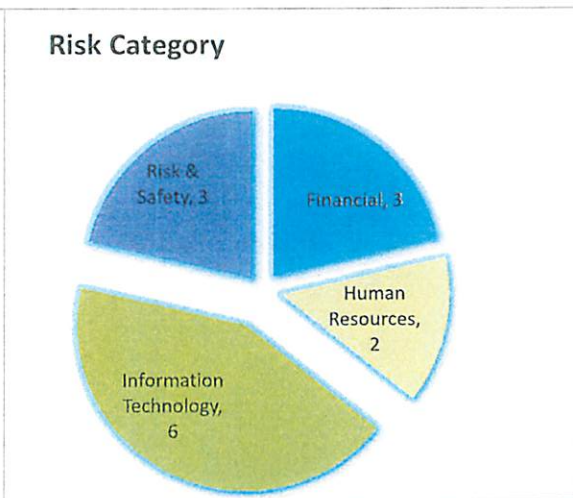Sarah Gampo, Director of Internal Audit, will report.
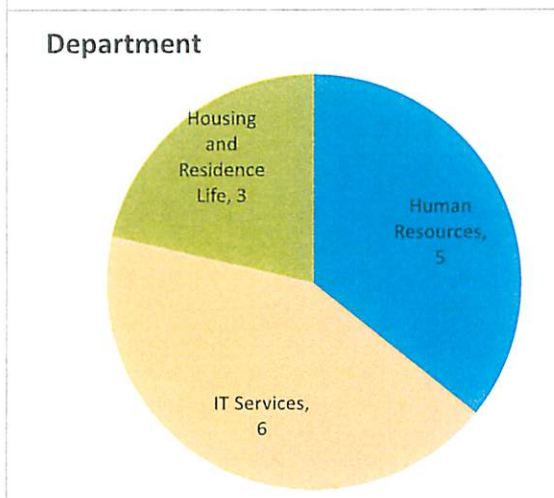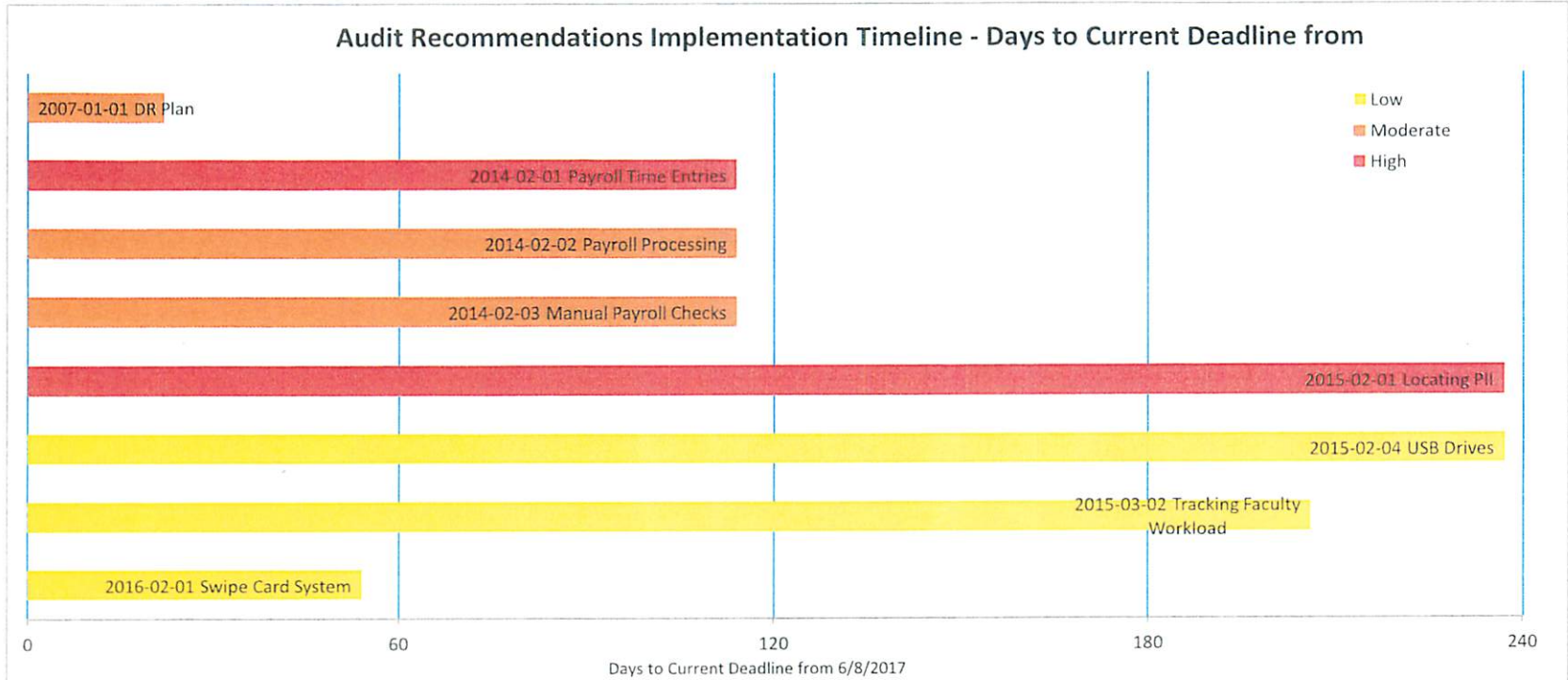
2. Action Item

a. **FY18 Proposed Internal Audit Plan and Internal Audit Risk Assessment**
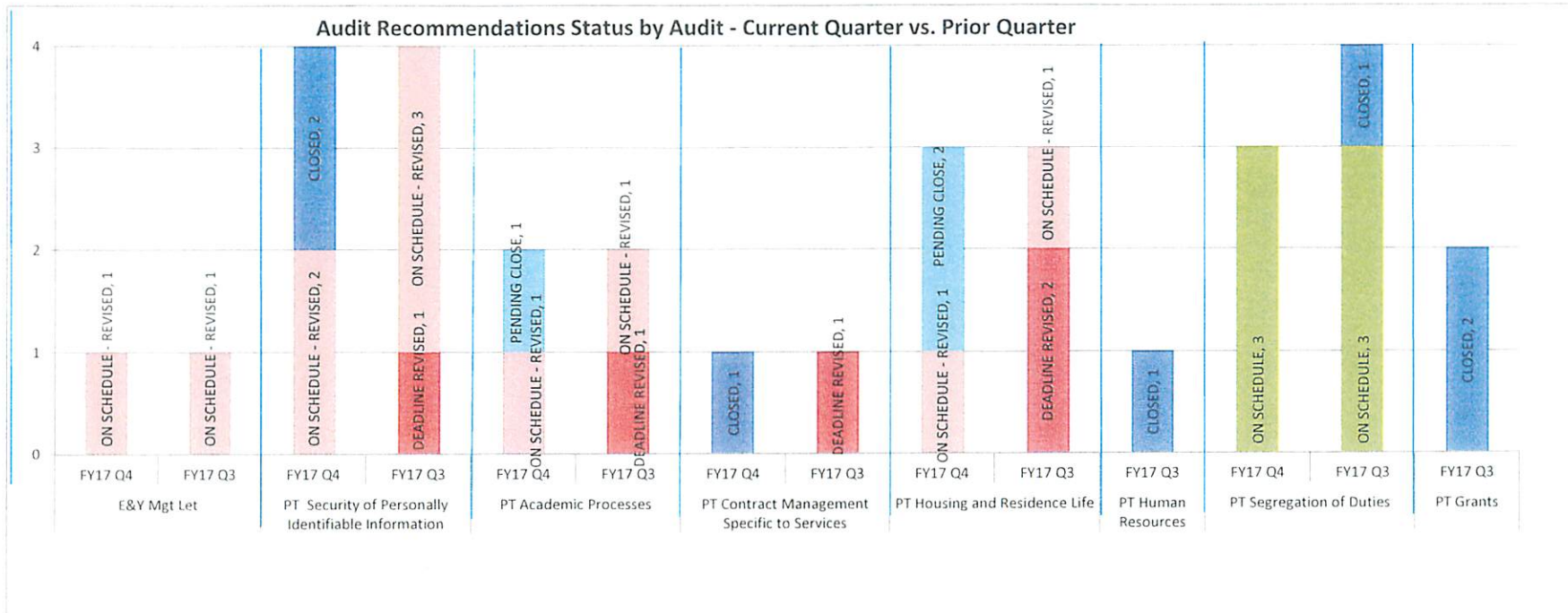Sarah Gampo, Director of Internal Audit, will report.

D.   New Business

E.   Adjournment

Audit Recommendations Implementation Timeline - Days to Current Deadline from

Legend:
- Low
- Moderate
- High

Bars:
- 2007-01-01 DR Plan
- 2014-02-01 Payroll Time Entries
- 2014-02-02 Payroll Processing
- 2014-02-03 Manual Payroll Checks
- 2015-02-01 Locating PII
- 2015-02-04 USB Drives
- 2015-03-02 Tracking Faculty Workload
- 2016-02-01 Swipe Card System

X-axis: 0, 60, 120, 180, 240
Days to Current Deadline from 6/8/2017

Department
- Housing and Residence Life, 3
- Human Resources, 5
- IT Services, 6

Risk Category
- Risk & Safety, 3
- Financial, 3
- Human Resources, 2
- Information Technology, 6

Risk Level
- High, 2
- Moderate, 5
- Low, 7

Audit Recommendations Status by Audit - Current Quarter vs. Prior Quarter

E&Y Mgt Let
- FY17 Q4: ON SCHEDULE - REVISED, 1
- FY17 Q3: ON SCHEDULE - REVISED, 1

PT Security of Personally Identifiable Information
- FY17 Q4: CLOSED, 2; ON SCHEDULE - REVISED, 2
- FY17 Q3: ON SCHEDULE - REVISED, 3; DEADLINE REVISED, 1

PT Academic Processes
- FY17 Q4: PENDING CLOSE, 1; ON SCHEDULE - REVISED, 1
- FY17 Q3: ON SCHEDULE - REVISED, 1; DEADLINE REVISED, 1

PT Contract Management Specific to Services
- FY17 Q4: CLOSED, 1
- FY17 Q3: DEADLINE REVISED, 1

PT Housing and Residence Life
- FY17 Q4: PENDING CLOSE, 2; ON SCHEDULE - REVISED, 1
- FY17 Q3: ON SCHEDULE - REVISED, 1; DEADLINE REVISED, 2

PT Human Resources
- FY17 Q3: CLOSED, 1

PT Segregation of Duties
- FY17 Q4: ON SCHEDULE, 3
- FY17 Q3: CLOSED, 1; ON SCHEDULE, 3

PT Grants
- FY17 Q3: CLOSED, 2

Audit Engagement

- PT Security of Personally Identifiable Information, 4
- E&Y Mgt Let, 1
- PT Academic Processes, 2
- PT Contract Management Specific to Services, 1
- PT Housing and Residence Life, 3
- PT Segregation of Duties, 3

Status

- PENDING CLOSE, 3
- CLOSED, 8
- ON SCHEDULE, 3
- ON SCHEDULE - REVISED, 5

AUDIT RECOMMENDATIONS STATUS - FY2017 Q4

Audit Recommendation Number / Name Audit Date Issued Risk Category Risk Level Division Original Deadline *Revised Deadline* Current Status	Summary of Recommendation	Summary of Response	Current Status Comment	Prior Status Comment
2007-01-01 DR Plan E&Y Mgt Let Oct. 2007 Information Technology Moderate Finance and Business Operations 9/30/2016 *6/30/2017* ON SCHEDULE - REVISED	The University should review the draft DRP plan to ensure it meets requirements in the event of a disaster. It should be tested to ensure that it functions as intended, includes a continuity strategy based on University priorities, and encompasses all key processes. A Business Impact Analysis (BIA) should be performed to determine the functions that are considered essential to the University's core business operations and the timeframe that these need to be recovered. Annually and when major changes occur to the technology environment, the plan should be reviewed, revised, and tested. [This recommendation was made in prior years.]	Several steps have been taken to address this repeated language to prepare the campus to move forward with the disaster recovery initiative. It is estimated that a complete and verifiable Banner-specific disaster recovery strategy will be delivered within 6-12 months following the implementation of the SCT Banner systems. In preparation for the Banner specific disaster recovery initiative, a service level agreement with Ohio State University to serve as YSU's disaster recovery site has been completed. Hardware was purchased to establish connectivity with Ohio State University. YSU personnel traveled to Columbus to install the hardware and have begun testing connectivity to YSU	Our high availability data center configuration will be complete by the end of June.	Three options were assessed for the DR strategy. The most cost effective option is to move all production computing resources to the new, but smaller server room in WCBA while incorporating the Main Distribution Frame (MDF) in Meshel Hall and another server room in Melnick Hall to mitigate risk. As a second phase of this DR initiative, slated for FY18, we will relocate our third copy of electronic data from Melnick Hall to an off-site location (either leveraging our reciprocity agreement with Akron University or to the SOCC) to mitigate a campus-wide disaster event.
2012-01-01 New Hire Orientation PT Human Resources Feb. 2012 Human Resources Low Legal 7/31/2016 *12/31/2016* CLOSED	The Department of Human Resources should be responsible for processing all new hires and should orient all new employees to help ensure that University policies and procedures are properly communicated to new employees.	We agree that all newly hired University employees with the exception of student employees should be processed by Human Resources. The Manager, HRIS will be charged with researching ways to initiate and implement workflows to expedite the hiring process. Human Resources will collaborate with the Provost's Office to formulate and implement a part-time Faculty orientation program.		Electronic hiring process implemented 11/1/16.
2014-01-01 YSURF Financial Controls PT Grants Jan. 2014 Research Low Academic Affairs 6/30/2016 *10/31/2016* CLOSED	Currently, all accounting and operating functions are conducted by one individual. At a minimum, the bank statement should be reconciled by someone other than the sole YSURF staff and invoices should be approved by the YSURF staff's supervisor.	The YSURF President will bring the recommendation to the attention of the YSURF Board and will provide a follow-up response to the University.		Key financial controls currently in place include dual signature requirement on all checks and YSURF Board review of annual financial reports and banking activity.

Audit Recommendation Number / Name Audit Date Issued Risk Category Risk Level Division Original Deadline **Revised Deadline** Current Status	Summary of Recommendation	Summary of Response	Current Status Comment	Prior Status Comment
2014-01-02 YSURF Strategic Direction PT Grants Jan. 2014 Research Low Academic Affairs 6/30/2016 **10/31/2016** CLOSED	We suggest that management consider developing a specific strategic direction for the YSURF and communicating it to employees.	The YSURF President and Board will work with University leadership (President, Provost, and Associate Provost and Dean of Graduate Studies and Research) to clarify the strategic direction and operation of YSURF.		Mission and strategies have been developed and documented. YSURF Board also meeting at least annually and documented meeting minutes are maintained.
2014-02-01 Payroll Time Entries PT Segregation of Duties Apr. 2014 Financial High Finance and Business Operations, Legal 1/31/2016 **9/30/2017** ON SCHEDULE	There is a lack of segregation of duties for manual payroll time entries. There are employees who have the ability to enter manual time entries without additional approval or verification. This lack of segregation of duties increases the risk that incorrect or fraudulent paychecks may be issued. Manual time entries should be tracked and an individual should be assigned to confirm the validity of all manual time entries. This individual should not have access to create a manual time entry.	The Payroll Department, based on approved source documentation, is responsible to enter hours/time for the minority of hourly timesheets that were not electronically processed through self-service Banner. As a compensating control, a report will be developed to identify any hours manually entered. This report will be compared to the source documents by a different individual than the individual entering from the source document. Also, the Banner HR/Payroll security role classes were reviewed and the number of individuals with both duties has been reduced and segregated.	No change - see prior status comment	No change from previous status - System constraints include lack of a two-step process for processing payroll adjustments after the supervisor approval and lack of an audit trail for any changes made after the supervisor approval. Banner XE includes enhancements that are anticipated to reduce risk of improper adjustments being made
2014-02-02 Payroll Processing PT Segregation of Duties Apr. 2014 Financial Moderate Finance and Business Operations, Legal 12/31/2015 **9/30/2017** ON SCHEDULE	There are 4 individuals with the ability to process/calculate payroll. Of these individuals, they all have ability to generate paychecks and add/approve hours, and 3 have access to record payroll in the general ledger and the ability to make general ledger entries. This lack of segregation within the process of generating the payroll creates and increases risk of error or fraud within a paycheck or payroll. We recommend a review of the workflow steps from running (calculating) the payroll through the financial recording of the payroll and reassign rights in the system to maximize segregation of duties.	Security access has been redesigned to limit the ability to perform the above workflow to only the Associate Controller. These functions are necessary for the Associate Controller in order to supervise the Payroll Department as well as the general accounting functions in the Controller's Office. However, any manual entry of hours by the Associate Controller will be reviewed in the audit report mentioned in Management's Response to Audit Finding & Recommendation #2. The security access for all of the other individuals mentioned has been segregated between entering, processing payroll, generating checks, and posting to the ledger.	No change - see prior status comment	No change from previous status - System constraints include lack of a two-step process for processing payroll adjustments after the supervisor approval and lack of an audit trail for any changes made after the supervisor approval. Banner XE includes enhancements that are anticipated to reduce risk of improper adjustments being made
2014-02-03 Manual Payroll Checks PT Segregation of Duties Apr. 2014 Human Resources Moderate Finance and Business Operations, Legal 12/31/2015 **9/30/2017** ON SCHEDULE	There is a lack of segregation of duties with the manual (off-cycle) check process. There are individuals who can print manual checks and who have access to the check stock. An individual who has the ability to generate a manual (off-cycle) check should not have access to the check stock.	In order to segregate duties, the individuals who had access to the blank check stock no longer have the ability to initiate a manual check except for one person. As a compensating control, any manual entry of hours by that person will be reviewed in the audit report mentioned in Management's Response to Audit Finding & Recommendation #2.	No change - see prior status comment	No change from previous status - System constraints include lack of a two-step process for processing payroll adjustments after the supervisor approval and lack of an audit trail for any changes made after the supervisor approval. Banner XE includes enhancements that are anticipated to reduce risk of improper adjustments being made without detection. However, due to unanticipated factors, including employee turnover and competing priorities in the IT area, this upgrade is currently not scheduled to be implemented until at the earliest the second quarter of 2017. Some compensating controls currently in place include the distribution of personnel reports after each pay to the Financial Managers, audit reports generated from the system to identify irregularities, and external audit procedures performed on payroll.

Audit Recommendation Number / Name
Audit
Date Issued

Risk Category
Risk Level

Division

Original Deadline   *Revised Deadline*

Current Status

	Summary of Recommendation	Summary of Response	Current Status Comment	Prior Status Comment

2014-02-04   Employee File Changes

PT Segregation of Duties

Apr. 2014

Financial
Moderate

Finance and Business Operations, Legal

9/30/2016   *12/31/2016*

CLOSED

| | There is a lack of segregation of duties within the process of entering and/or modifying the permanent employee file, which includes payroll and benefit information. This increases the risk of errors or fraudulent activity regarding the set up and payment of an employee. We recommend that an individual be assigned to verify that all additions and changes to the employee master file are authorized. This individual should not have access to make entries into the employee master file. | The Employee Processing Center (EPC) in the Human Resource (HR) department is responsible to enter employee information into the Banner employee master file based on approved source documentation. The Banner system cannot separate the ability to update the master file and the ability to approve changes to the master file, nor is it feasible to have and employee review all changes. HR is however in the process of implementing an electronic workflow to segregate these functions with expected implementation commencing December 2014. Currently, as a compensating control in addition to the new hire report, the EPC Manager will continue to review exception reports to identify irregularities and incomplete data. In addition, the number of employees with access to the master file has been reduced. | | Electronic hiring process implemented 11/1/16. |

2015-01-01   SOC Reports

PT Contract Management Specific to Services
Oct. 2014

Information Technology
Moderate

Finance and Business Operations

10/31/2015   *3/1/2017*

CLOSED

| | There is no evidence that the University has a process in place to perform due diligence prior to contract execution to verify that a vendor has effective internal controls surrounding data confidentiality and security, when applicable. We recommend implementing a procedure to obtain and review Service Organization control Reports (SOC) to evaluate the suitability of the design and operating effectiveness of a service organization's internal controls relative to the service being provided. | A procedure will be implemented to require that service organizations provide a SOC report prior to contract execution and that periodic SOC reports are provided throughout the contract period. Agreement templates for the Standard Independent Contractor Agreement (SICA) and the Professional Service Agreement (PSA) will be updated to incorporate language to require SOC reports when appropriate. In addition, as part of Contract Administration, a procedure will be implemented to ensure that the University sponsor of the agreement has a procedure in place to obtain, review and file SOC reports with Procurement Services. An inventory of existing goods and service contracts will be performed to identify contracts which may be subject to SOC reports and efforts made to obtain and review such reports. | A process is in place to identify purchases for potential SOC report review and route to ISO prior to creation of the purchase order. ISO determines if review of the SOC report is needed and, if so, obtains and reviews the SOC report. | The list of vendors potentially subject to SOC reporting has been reviewed by Procurement Services and IT. Vendors were identified that require additional information for IT to make a determination of SOC reporting requirements. A SOC reporting checklist was created by IT and is currently being sent to contract sponsors (financial managers) to obtain additional information for IT to perform a risk assessment on prior purchases. For new contracts an electronic Security Review Form developed by IT is being created in eCUBE which will automatically route to IT Security Services to aid in the identification of the applicability of SOC reporting and assist IT in performing a risk assessment prior to contract execution. The new Security Review Form should be available for use by March 1st, 2017. Continued monitoring will consist of IT's on going monitoring of SOC reports, SOC requirements and risk assessments. |

2015-02-01   Locating PII

PT Security of Personally Identifiable Information
Nov. 2014

Information Technology
High

Finance and Business Operations

3/31/2016   *1/31/2018*

ON SCHEDULE - REVISED

| | As part of the risk assessment process, the data classification policy in the University's "Sensitive Information Policy should be implemented. Highly sensitive PII data should be located in the processes and data system and evaluated for additional cybersecurity protection measures. | Network and Data security is in the process of evaluating areas known to utilize PII as well as the storage and accessibility of such data on a department by department basis. | Software to locate PII was deployed 4/24/2017. | On schedule as per prior quarter comment. Refer to status update presented by Associate Director of Network Security and Information Security Officer, Chris Wentz. |

2015-02-02   IS Audit Logs

PT Security of Personally Identifiable Information
Nov. 2014

Information Technology
Moderate

Finance and Business Operations

3/31/2016   *5/1/2017*

CLOSED

| | Audit logs are not routinely reviewed for potential security incidents or breaches. The University should consider using tools to create automatic reports from system activity logs that would identify system anomalies. These exception reports would be sent to IT personnel for investigation and timely follow up. | The University agrees. However, ITS must first implement a central log file repository and retain system logs for a consistent length of time. Once that is achieved, routine scanning of all logs will be explored. Packages that exist for this purpose will be evaluated at that time. | Information Security Engineer has been hired and is monitoring dashboards and system alerts and following-up as appropriate. | An Information Security Engineer position will be responsible for developing and monitoring alerts from system logs. Refer to status update presented by Associate Director of Network Security and Information Security Officer, Chris Wentz. |

Audit Recommendation Number / Name Audit Date Issued Risk Category Risk Level Division Original Deadline **Revised Deadline** Current Status	Summary of Recommendation	Summary of Response	Current Status Comment	Prior Status Comment
2015-02-03 Unauthorized Software/Hardware PT Security of Personally Identifiable Information Nov. 2014 Information Technology Low Finance and Business Operations 3/31/2016 **1/31/2018** CLOSED	A list of authorized hardware and software should be complied. The University should employ scanning tools that will periodically scan the network for unauthorized software and devices and create action alerts.	YSU has deployed the Altiris Desktop management system. Not only does it push software, it inventories almost all software packages installed by users with administrator accounts. In addition, Altiris inventories authorized hardware connected to the wired network. YSU is exploring solutions that will identify and send an alert when unauthorized hardware is connected to the wired network.	Software tools are in place to periodically scan the network for connected hardware; Information Security Engineer monitors dashboard alerts and performs follow-up on anomalies as appropriate. Lists of installed software on network are generated and reviewed on a periodic basis.	On schedule as per prior quarter comment. Refer to status update presented by Associate Director of Network Security and Information Security Officer, Chris Wentz.
2015-02-04 USB Drives PT Security of Personally Identifiable Information Nov. 2014 Information Technology Low Finance and Business Operations 3/31/2016 **1/31/2018** ON SCHEDULE - REVISED	The University could configure the system to prohibit the copying of sensitive data onto USB drives, once the highly sensitive data has been identified in the system. In the event that there is a legitimate business need to use a USB drive, the University could configure the system to encrypt sensitive data when copied, or supply selected employees with hardware encrypted USB flash drives for use when copying PII.	The University will review its policies & procedures with regard to extracting PII to any mobile media or local storage in light of improved access restrictions being implemented. This review will include consideration of scanning local storage for PII as we believe PII stored locally poses a more significant security threat than mobile storage.	On schedule as per prior update.	On schedule as per prior quarter comment. Refer to status update presented by Associate Director of Network Security and Information Security Officer, Chris Wentz
2015-03-01 PT Faculty Contracts PT Academic Processes Feb. 2015 Human Resources Low Academic Affairs, Legal 7/31/2016 **6/1/2017** PENDING CLOSE	We recommend that part time faculty contracts be electronically generated through the Human Resource system, and the contract routed electronically to the applicable people for electronic signature.	Human resources personnel are working to implement PeopleAdmin for generating part-time faculty contracts. This process is not simple as it requires the integration of two separate tracking systems; on to pull data from the personnel system and the other to integrate with the student registration system.	No change - see prior status comment	Parallel testing through PeopleAdmin continues. After testing is complete, a paperless hiring process will be rolled out. Part-time faculty orientation has been implemented.
2015-03-02 Tracking Faculty Workload PT Academic Processes Feb. 2015 Financial Low Academic Affairs, Legal 12/31/2016 **12/31/2017** ON SCHEDULE - REVISED	We recommend that further research be done to determine if the Banner System has the capability to calculate and track teaching hours, non-teaching time, and total faculty workload, and if the system does, then the use of the system should be implemented.	Banner has the ability to monitor faculty workload, and there is faculty workload non-teaching capability. A more detailed analysis of Banner system capabilities should be completed. The academic division is currently working with the Registrar's office to implement a full year scheduling and registration system; this system will make much of the data available at an earlier time and improve tracking and reporting processes.	No change - see prior status comment	We continue to await implementation of Banner XE. Implementation cannot occur without this critical system upgrade.

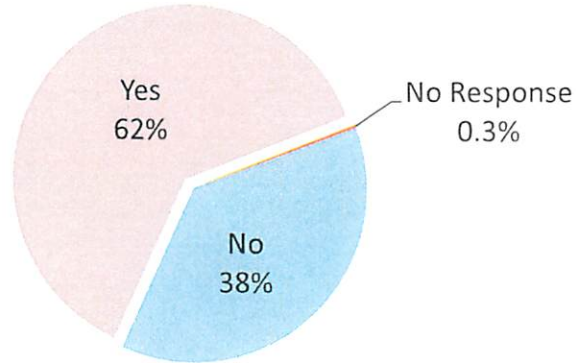| Audit Recommendation Number / Name Audit Date Issued Risk Category Risk Level Division Original Deadline *Revised Deadline* Current Status	Summary of Recommendation	Summary of Response	Current Status Comment	Prior Status Comment
2016-02-01 Swipe Card System PT Housing and Residence Life Oct. 2015 Risk & Safety Low Student Experience 6/30/2016 *8/1/2017* ON SCHEDULE - REVISED	We recommend management consider a swipe card system, similar to that utilized by the University Courtyard apartments, for each of the student housing complexes.	Housing & Residence Life has already identified this as a need and has begun research on products and received preliminary quotes to determine approximate cost of the project. Plans are to move forward by the end of fiscal year 2016.	A proposal for electronic locks on exterior doors to all residence halls has been submitted to facilities; the project is contingent upon availability of funds and timing of implementation depends on facilities.	A committee has been formed that is currently reviewing 5 potential vendors for a swipe card system that will be in place in various locations on campus, including residence halls. Housing & Residence Life is targeting the Fall 2017 semester to have a swipe card system in place on residence halls. However, the implementation date is contingent upon when the swipe card system is implemented across the various locations on campus.
2016-02-02 Background Checks PT Housing and Residence Life Oct. 2015 Risk & Safety Low Student Experience 5/31/2016 *5/31/2017* PENDING CLOSE	We recommend that criminal background checks be performed on all applicants for student housing. Furthermore, management should consider incorporating an application fee to the process to assist in offsetting such cost.	Housing & Residence Life will consider this recommendation. We will research potential vendors and costs associated with enough time to make a final decision for academic year 2016-2017 before the start of fall semester recruitment which begins on February 1, 2016.	Background checks for Fall 2017 housing applicants will begin in mid-May.	Vendor agreement is in place and background checks will be performed on all applicants for student housing for the Fall 2017 semester
2016-02-03 Non-University Housing Options PT Housing and Residence Life Oct. 2015 Risk & Safety Low Student Experience 4/30/2016 *5/1/2017* PENDING CLOSE	There are a number of housing options listed on the University website which appear to be endorsed by the University, yet not owned or managed by the University. We recommend management consider the feasibility of an affiliation, or referral agreement with the housing options not owned or managed by the Office of Housing and Residence Life.	We agree this could be a potential issue and will move forward with pursuing more formal affiliations with student housing facilities near and adjacent to campus.	status update pending	The residential agreements have not yet been finalized and signed. The draft agreements are currently being reviewed by the General Counsel office.

Youngstown State University
Office of Internal Audit
Audit Plan Quarterly Update
Fiscal Year 2017
July 1, 2016 - March 31, 2017

	July 2016 - March 2017						Apr - June	Comment
	July - Sept	Oct - Dec	Jan - Mar	FY17 to date as of March 31, 2017			Quarter 4	
	Quarter 1*	Quarter 2*	Quarter 3	Total	Budget	Difference	Budget	
Audit and Assurance:								
Audit Engagements:								
YSUF Agreement		126	103	229	221	-8	45	report in draft as of 5/5/17; management responses to audit recommendations are in process; final report to be issued in quarter 4
Compliance		6.5	0	6.5	0	-7	0	
Purchasing			2.5	2.5	105	103	130	audit planning in quarter 4 and audit will continue into FY18 - see FY18 Internal Audit Plan
Grants			0	0	0	0	0	buget reduced from 95 hours; audit will begin in FY18 - see FY18 Internal Audit Plan
Continuous Auditing/Analytics		20.5	165	185.5	210	24.5	166	budget increased from 100 hours; continuous auditing for quarter 2 and quarter 3 to be completed in quarter 4
Open Audit Recommendation Follow-up		12	39	51	34	-17	20	
Hotline Monitoring		0	28.5	28.5	15	-14	15	since hotline went live 1/13/17, 5 reports have been received
	-	165	338	503	585	82	376	
Administrative & Planning:								
Administrative		63	58.5	121.5	75	-47	36	increased - plan to develop student auditor/intern position and hiring for Fall 2017
Audit Risk Assessment, Annual Planning, Audit Subcommitte Prep and Meetings		34	87.5	121.5	72	-50	80	Internal Audit annual risk assessment and FY18 annual plan in quarter 3 and 4; quarters 3 and 4 also includes preliminary research and discussion on enterprise risk management
Professional Development & Training		18	4	22	36	14	8	Ohio College and University Internal Auditors meeting in quarter 4
Holiday, Vacation/Sick		72	32	104	104	0	20	
	-	187	182	369	287	-82	144	
Total Hours	0	352	520	872	872	0	520	

*actual and budget hours begin 11/1/16

prepared: 5/4/2017

YSU Anonymous Reporting Hotline
Hotline Awareness Survey Results

Did you know YSU has an anonymous reporting hotline?

Yes 62%

No Response 0.3%

No 38%

How likely would you be to use the hotline if you had a concern?

Somewhat likely, 30%

Likely, 36%

Unlikely, 8%

Very unlikely, 8%

Very likely, 16%

No response, 2%
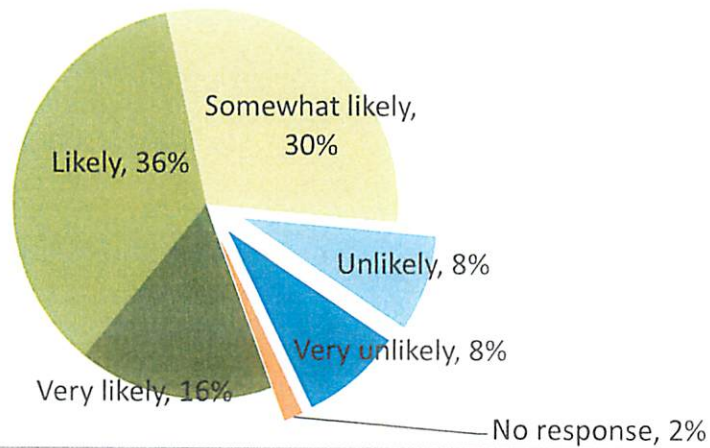
Would you be interested in learning more about proactive measures to deter fraud in your University department/division?

Yes 56%

No response 2%

No 42%
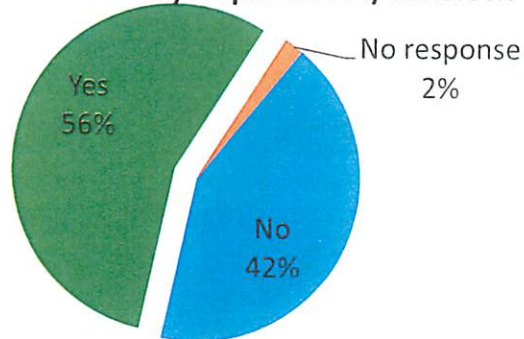
- Internal Audit distributed survey to all employees via mass email
- Survey results obtained from 4/26/17 - 5/5/17
- 377 total survey responses received

prepared by: Sarah Gampo, Internal Audit
5/5/2017

YSU Anonymous Reporting Hotline
Aggregated Statistics
as of May 5, 2017

Report Status

Reports closed:	2
Reports in process:	3
	5

Reporting Method

Ethicspoint phone:	3
Ethicspoint website:	2
	5

Reporter Anonymity

Anonymous	5
Not anonymous	0
	5

Youngstown
STATE UNIVERSITY

One University Plaza, Youngstown, Ohio 44555
Office of Internal Audit
330.941.2015
www.ysu.edu

Internal Audit Report

Date: May 12, 2017

To: Neal McNally, Vice President for Finance and Administration

From: Sarah Gampo, Office of Internal Audit

RE: YSU Foundation Agreement Audit   **Audit #:** FY2017-01

Background

The Youngstown State University Foundation ("the Foundation") is an independent, autonomous, private, non-profit corporation that pursues, manages and distributes resources to support scholarships and student initiatives, as well as the growth and development of Youngstown State University ("the University"). On December 16, 2014, the University and the Foundation entered into an agreement ("the agreement") "to transfer its primary Development Functions to the Foundation, in exchange for the Foundation's commitment to provide Development Functions to the University." The initial term ends June 30, 2017. In accordance with the agreement, in June 2016 both the University and Foundation issued written notices of their intent to renew through June 2020.

The agreement states the following objectives:
- more effectively manage the University's development goals
- ensure consistent solicitation efforts
- increase the assets of the Foundation to provide more monetary support for the benefit of the University and its students
- increase the Foundation's role as it relates to fundraising and development of resources for scholarships and University support

To achieve these objectives, the agreement includes a "pledge of cooperation" and specifies obligations of the Foundation and the University. Obligations of the Foundation include periodic reporting and transfer of certain funds to the University. Obligations of the University include providing the University's fundraising plan at least annually. Oversight and monitoring are necessary to ensure the University administers the agreement effectively.

Engagement

Internal Audit reviewed the system of internal controls related to the University's administration and monitoring of its agreement with the YSU Foundation. The audit focused on the framework of controls within the University to ensure the sustainability and continued effectiveness of the fundraising services agreement.

An audit is designed to provide reasonable, but not absolute assurance regarding the effectiveness of internal controls. An audit involves the use of sampling, rather testing 100% of a population of transactions or items. Internal Audit promotes continuous improvements and effective internal controls. However, management is responsible for the design, implementation and operating effectiveness of internal controls.

Objectives

The primary objective of this audit was to evaluate the adequacy and effectiveness of the University's controls in place to ensure the effective administration of the agreement.

Specific objectives included assessing:
- The efficiency and effectiveness of operational procedures and processes
- Reliability and integrity of financial and operational information
- Compliance with the agreement and applicable University policies

Scope

The scope of this engagement included review of the University's processes related to administration and monitoring of the agreement. The time period under review will be the effective date of the agreement, December 16, 2014 through 2017 fiscal year-to-date.

Specific procedures included:
- Review of the Foundation agreement and identification of requirements
- Inquiries of University staff, including process walkthroughs
- Tests of related University transactions and supporting documentation
- Review of reports and documentation received by the University from the Foundation or submitted to the Foundation by the University
- Review of the University's annual fundraising plan
- Review of related documented University policies and procedures

The scope of this audit did **NOT** include the Foundation's operations, processes, and records and documentation retained by the Foundation.

Conclusion

Overall the audit indicated that the system of internal controls is operating effectively. However, Internal Audit observed several areas for improvement to strengthen the system of internal controls. Therefore the audit opinion is *effective, opportunities for improvement.*

The observations and audit recommendations are presented in this report along with managements' responses. Management's response includes a planned implementation date for corrective action. Internal Audit will perform follow-up procedures subsequent to the indicated implementation date to verify that corrective actions have been taken.

Sarah Gampo, CPA, CIA, MSA
Director of Internal Audit

cc:
J. Tressel
K. Davidson
Audit Subcommittee

#	Observation Summary	Recommendation Summary	Management Response Summary
1	The University does not have a formal process in place for monitoring and oversight of the agreement.	• Assign primary responsibility for the administration of the agreement • Monitor compliance with the agreement (*see #2*) • Ensure information is obtained to assess reliance on the Foundation system of internal controls	An executive oversight committee that will meet on a regular, periodic basis will be established and will have primary responsibility for administering and monitoring compliance with the agreement. Planned implementation: 6/30/17
2	Quarterly reports from Foundation are not consistent with reporting obligations in the agreement and do not include information necessary to project cash flows for long-term financial planning.	• Monitor Foundation reporting for compliance with agreement • Evaluate the need for supplemental reporting • Periodically evaluate the adequacy of reporting from Foundation	The Foundation's reporting requirements in the agreement are presently under review. Management agrees that procedures should be developed that more clearly define reporting requirements. Planned implementation: 12/31/17
3	Individual gifts paid in multiple increments that in total exceed $100,000 may not be identified to ensure supporting documentation is obtained; in addition, this threshold is not reviewed for appropriateness on a periodic basis.	• Periodically evaluate criteria for obtaining and reviewing supporting documentation for significant gifts • Ensure sufficient information is obtained from the Foundation to identify gifts meeting above criteria	Criteria will be developed to facilitate additional support detail regarding monthly gift transfers from the Foundation. Executive oversight committee will collaborate with Foundation staff to develop a reporting template(s) as a means of improving gift documentation. Planned implementation: 12/31/17
4	Procedures for coordinating fundraising efforts between the Foundation and division/college/department are not in place. Reporting from the Foundation to individual University units is not in the agreement and does not appear to be in place.	Enhance coordination of division/college/department level fundraising efforts with the Foundation with institutional procedures. Ensure procedures include periodic reporting from the Foundation and reporting obligations are documented in the agreement.	Management agrees and will develop and implement institutional procedures to enhance and align fundraising activities with the Foundation. Planned implementation: 3/1/18
5	Monthly gift transfer process is not documented.	Documented procedures for performing monthly gift transfer process to ensure consistency of the process and continuity.	Management agrees and has established documented procedures for performing monthly gift transfers. Planned implementation: N/A – completed 5/9/17 prior to report issuance
6	Fund balancing process is not documented. Fund balancings were not completed on a regular periodic basis and do not include review by an individual separate from the preparer.	Documented procedures for periodic fund balancings including the frequency and timing of performance and separate supervisory review.	Management agrees and will develop documented procedures for fund balancing that will specify appropriate frequency and timing. In addition, a report is being developed that will enable efficient supervisory review. Planned implementation: 6/30/17
7	University's Affiliated Organizations Policy requires the University have representation on the Foundation's Board; however, this requirement is not in the agreement and the University cannot ensure compliance.	Review University Affiliated Organizations Policy and ensure it aligns with the relationship between the Foundation and the University and the fundraising service agreement.	Management agrees and will submit a revised policy to the Board of Trustees for review and consideration. Planned implementation: 3/1/18
8	Gifts for the Benefit of the University Policy authorizes the University to refuse gifts but does not identify who within the University has this authority.	Enhance Gifts for the Benefit of the University Policy by identifying who within the University is authorized to refuse a gift to the University.	Management agrees and will submit a revised policy to the Board of Trustees for review and consideration. Planned implementation: 3/1/18

1. Enhance monitoring and oversight of agreement

Observation:

The University and the Foundation have a unique relationship. Under the fundraising services agreement, the University has in effect outsourced its fundraising operations to the Foundation; thus, the University relies on the Foundation's system of internal controls in performing these services on behalf of the University. The agreement impacts multiple areas and organizational levels at the University from the Controller's Office to the Colleges to the President and Board of Trustees. Coordinated monitoring and oversight are necessary to ensure efficient and effective administration of the agreement. The transition committee was formed as per the agreement to ensure smooth transition of the development function and continues to meet on as needed basis to resolve issues as they are identified.

However, the University does not have a formal process in place for monitoring and oversight of the agreement to address:

- Primary responsibility for the administration of the agreement
- Monitoring of compliance with the agreement, including reporting obligations
- Monitoring effectiveness of reporting to various University areas impacted by the agreement
- Ensuring additional information needs are identified, communicated to the Foundation, and evaluated for inclusion in the agreement
- Ensuring adequate information is obtained to periodically assess the University's reliance on the Foundation system of internal controls surrounding fundraising services.

Recommendation:

Enhance the monitoring and oversight of the fundraising agreement by developing procedures for more formal monitoring and oversight:

- Assign primary responsibility for the administration of the agreement to one individual or small group of individuals with clearly defined and document roles
- Implement procedures to monitor compliance with the agreement *(see audit recommendation #2)* and effectiveness of reporting to various University areas impacted by the agreement
- Ensure additional information needs are identified, communicated to the Foundation, and evaluated for inclusion in the agreement
- Ensure adequate information is obtained to periodically assess the University's reliance on the Foundation system of internal controls surrounding fundraising services

1. Enhance monitoring and oversight of agreement *(continued)*

Management response:
Management agrees and will establish an executive oversight committee consisting of senior staff and which will have primary responsibility for administering and monitoring compliance with the agreement. This will essentially formalize and strengthen the process already in place whereby senior management convenes on an ad hoc basis to discuss issues related to the agreement. However, the new executive oversight committee will meet frequently and regularly.

Planned implementation: 6/30/17

2. Enhance monitoring of reporting obligations from the Foundation

Observation:
Section 2.2 of agreement states "The Foundation will, on at least a quarterly basis, provide to the University a report that will be presented to the University's Board of Trustees, containing an update regarding their fundraising efforts, including a listing of gifts received by the Foundation, the status of the financial goals set in the Plan, as well as investment management reports." The quarterly reporting is part of the University's monitoring and oversight to ensure the effectiveness of the fundraising efforts and alignment with strategic objectives.

Based on testing of quarterly Board of Trustees meeting materials, annual fundraising plans with objectives and priorities as per the agreement were prepared and presented to the Board. In addition, a "gift processing summary" presenting total gifts received by the Foundation during the quarter, the amount allocated to the University and the Foundation, and pledges was presented quarterly.

However, Internal Audit noted the following:

- Investment management reports and listings of gifts received were only presented at one quarterly meeting in fiscal year 2016 and were not presented in the first quarter meeting of fiscal year 2017
- Reporting provided quarterly does not clearly provide "the status of the financial goals set in the Plan"
- The quarterly gift processing summaries and monthly gift transfers data obtained and recorded in Banner by the Controller's Office do not provide adequate information for reconciliation
- Reports are not reviewed by University personnel to ensure compliance with the agreement prior to being presented to the Board of Trustees
- Reporting obligations do not include information necessary to project cash flows for long-term financial planning

2. Enhance monitoring of reporting obligations from the Foundation *(continued)*

Recommendation:
Enhance monitoring of reporting from the Foundation.

- ➤ Develop and implement procedures to ensure the following:
  - Reports are in accordance with agreement reporting obligations *(see audit recommendation #1)*
  - Reports contain adequate data and metrics to communicate progress toward fundraising goals in the Plan
  - Reports are obtained timely
  - Reports are distributed to appropriate University personnel prior to presentation to the Board of Trustees
- ➤ Evaluate the need for supplemental reporting to:
  - Enable reconciliation of quarterly reporting to monthly gift transfers data recorded in Banner to ensure accuracy and completeness
  - Assess the significant potential financial, operational, and strategic impact of gifts
  - Assist in projecting cash flows for long-term financial planning

- ➤ Evaluate the adequacy of reporting provided by the Foundation at least once during the agreement term to ensure they align with the needs of the University. Ensure reporting is appropriately documented in the agreement. *(see audit recommendation #2, and #4)*

Management response:
The Foundation's reporting requirements in the agreement are presently under review, as both parties resolve to renew the current agreement that is set to expire on June 30, 2017. With the benefit of hindsight, it appears that some of the reporting requirements may be unnecessary or otherwise difficult to contextualize. Therefore, management agrees that procedures should be developed that more clearly define reporting requirements so that the information presented to the Board of Trustees is meaningful, accurate and enables reconciliation and long-term planning as it relates to gifts.

Planned implementation: 12/31/17

3. Enhance processes related to review of significant gifts

Observation:
Per agreement section 2.2 Reporting Obligations, "in the event that (a) a single gift is made to the University of more than $100,000, or such other amount deemed appropriate by the University's Board of Trustees...the Foundation shall also include supporting documentation related to the gift or fund".

3. Enhance processes related to review of significant gifts - Observation *(continued)*

In accordance with the agreement, the Controller's Office obtains and reviews support for individual gifts over $100,000. The review of ensures the University identifies conditions and restrictions for proper accounting treatment of gifts. Significant gifts may also have financial, operational, and strategic impacts on the University that require consideration and planning.

The monthly gift transfer data provides adequate detail to ensure support is obtained for individual gifts paid over $100,000. However, the detail is not adequate to ensure individual pledged gifts over $100,000 that are paid in increments below $100,000 are identified. In addition, it does not appear that the threshold amount for requiring supporting documentation is reviewed on a periodic basis to ensure it is appropriate.

Recommendation:
Evaluate criteria, including dollar threshold, for obtaining and reviewing supporting documentation for significant gifts on a periodic basis, such as annually. Ensure reporting and information obtained from the Foundation are adequate to support identification of gifts meeting the established criteria *(see audit recommendation #2)*.

Management response:
Management agrees and will develop criteria to facilitate additional support detail regarding monthly gift transfers from the Foundation. Management staff, namely the University's executive oversight committee, will collaborate with Foundation staff to develop a reporting template(s) as a means of improving gift documentation.

Planned implementation: 12/31/17

4. Enhance Division/Department/College Coordination with Foundation

Observation:
University policy requires coordination between the Foundation and individual University units (i.e. division/department/college). University policy 5-07(E)(4) states "When conducting fundraising activities, a University division, department, or college must coordinate with the Foundation to ensure that such activity does not conflict with any ongoing or planned Foundation fundraising activity or prospects."

To coordinate with the colleges, the Foundation Development Officers serves as the primary contact for Deans. To further facilitate coordination, the transition committee developed a reporting requirement from the Foundation to the individual University units; per the January transition committee minutes "...Financial managers, i.e. deans, division heads, etc. will also receive a monthly report from the Foundation for their area only."

4. Enhance Division/Department/College Coordination with Foundation - Observation *(continued)*

However, institutional procedures for coordination of fundraising efforts between the units and the Foundation are not in place. In addition, the reporting obligations per the agreement do not include periodic reporting from the Foundation to individual University units and the reporting does not appear to be consistently in place.

A procedural framework that includes reporting and information sharing enhances effective coordination by enabling alignment of unit level fundraising goals and support leveraging of Foundation fundraising services. A procedural framework also promotes efficiency by proactively establishing a process that each unit to follow to effectively coordinate their fundraising efforts with the Foundation.

Recommendation:
Develop, implement, document, and communicate institutional procedures to enhance coordination of division/college/department level fundraising efforts with the Foundation. Ensure procedures include periodic reporting from the Foundation and reporting obligations are documented in the agreement. *(see audit recommendation #2)*

With regard to periodic reporting to the University units, consider the following:

- Reconciliation of unit level reports to Controller's gift transfer data obtained from the Foundation to ensure accuracy and completeness.
- Monitoring for timeliness of receipt of reports.
- Relevance of reported data to assessing alignment with unit level fundraising objectives.

Management response:
Management agrees and will develop and implement institutional procedures to enhance and align fundraising activities with the Foundation.

Planned implementation: 3/1/18

5. Document monthly gift transfer procedures

Observation:
Per the agreement, the Foundation provides the Controller's Office monthly gift transfer data. Controller's Office staff reconciles and records the monthly gift transfer data received from the Foundation. No exceptions were noted during testing of monthly gift transfers. However, procedures for performing the Controller's Office monthly gift transfer processes are not documented. Documented procedures ensure consistency of the process and continuity through efficient transfer of knowledge during staff changes.

Recommendation:
Document procedures for performing monthly gift transfer process.

5. Document monthly gift transfer procedures *(continued)*

Management response:
Management agrees and has established documented procedures for performing monthly gift transfers.

Planned implementation: N/A – completed 5/9/17 prior to report issuance

6. Document and enhance fund balancing procedures

Observation:
The Controller's Office also performs periodic fund balancings of the restricted fund accounts. The fund balancings ensure that out of balance funds and funds in deficit are identified, investigated, and resolved timely. Thus, the balancing are key to ensuring the accuracy of restricted fund transactions in Banner. Balancings were performed at fiscal year-end for both fiscal year 2016 and 2017.

However, balancings were not completed on a regular periodic basis. In addition, balancings were not reviewed by an individual separate from the preparer and procedures for performing balancings are not documented. Documented procedures ensure consistency of the process and continuity through efficient transfer of knowledge during staff changes.

Recommendation:
Enhance and document procedures for fund balancings:

- Evaluate the appropriate frequency and timing of performance of fund balancings. Consider aligning the frequency of performance with the monthly gift transfer process during which restricted fund revenue and budgets are recorded.
- Ensure the defined frequency and timing are documented in procedures.
- Ensure procedures include a separate supervisory review of the fund balancings.

Management response:
Management agrees and will develop documented procedures for fund balancing that will specify appropriate frequency and timing. In addition, a report is being developed that will enable efficient supervisory review.

Planned implementation: 6/30/17

7. Align "Affiliated Organization Policy" with Foundation relationship

Observation:
The Foundation is an affiliated organization by definition in University Policy 3356-5-03 Affiliated Organizations; the policy states that "Affiliates shall provide for at least one University representative on its governing board." The Foundation does not have a University representative on its board.

7. Align "Affiliated Organization Policy" with Foundation relationship – Observation (*continued*)

However, the Foundation is an independent organization and this requirement is not included in the terms of the fundraising service agreement between the University and the Foundation. Thus, the University cannot ensure compliance with this policy.

Recommendation:
Review University Policy 3356-5-03 Affiliated Organizations and ensure it aligns with the relationship between the Foundation and the University and the fundraising service agreement.

Management response:
Management agrees and will submit a revised policy to the Board of Trustees for review and consideration. While a representative from the University almost always attends Foundation board meetings, there is no formal University representation on the board, nor can the University compel the Foundation to appoint one.

Planned implementation: 3/1/18

8. Enhance University policy on "Gifts for the Benefit of the University"

Observation:
University policy 3356-5-07 Gifts for the Benefit of the University Policy authorizes the University to refuse a gift under defined conditions. Section (E)(3) states "The University and the Foundation reserve the right to refuse any gift which is too restrictive in purpose, requires an unreasonable expenditure of the University or the Foundation resources, is contrary to law, compromises the mission of the University, or is based on a vague or uncertain condition." However, the policy does not identify who within the University has the authority to refuse a gift.

Recommendation:
Enhance policy 3356-5-07 by identifying who within the University is authorized to refuse a gift to the University.

Management response:
Management agrees and will submit a revised policy to the Board of Trustees for review and consideration. Under current practice, if a gift is deemed potentially unacceptable by either party, the President of the University will consult with the Board of Trustees and other University officers, as may be appropriate, to determine if the gift should be accepted or refused. The University President then communicates this decision to the Foundation President. However, this process is not documented in University policy or procedures.

Planned implementation: 3/1/18

Effective, no improvements – risk management processes are operating effectively with no control deficiencies or suggestions for improvement noted; no opportunities to strengthen processes to increase likelihood of achievement of objectives

Effective, Opportunities for improvement - risk management processes overall are operating effectively but specific control deficiencies and/or suggestions for improvement were noted; there are opportunities to strengthen processes to increase likelihood of achievement of objectives

Ineffective – multiple, significant control deficiencies noted indicating systematic weakness in the control framework; risk management processes are not operating effectively and are unlikely to ensure achievement of objectives

Enterprise Risk Management

Enterprise Risk Management (ERM) is a process applied strategically across an organization to identify potential events (risks) that may adversely affect the entity and to proactively and continuously manage those risks in a manner consistent with its mission and goals.

The objective is to promote and create a risk aware culture, and by doing so improve the capability to collaboratively identify, quantify, and manage risks associated with opportunity.

Traditional Risk Management vs. Enterprise Risk Management

Fragmented	Integrated
Negative	Positive
Reactive	Proactive
Ad hoc	Continuous
Historical-looking	Forward-looking
Cost-based	Value-based
Narrowly-focused	Broadly-focused
Risk Silos	Systematic
Functionally- driven	Process- driven

Risk Categories: Strategic, Compliance, Operational, Technological, Financial, Reputational

ERM Process

Identify: Risk Assessment (What keeps you up at night?).

Analyze and Prioritize: Evaluate and systematically rank each risk. Identify the management controls in place. Risk is assessed on two dimensions: Probability and Severity.

Mitigate: Risk owner/Risk Leader is identified and controls are put in place.

Monitor: Controls are reviewed, accepted or suggestions made, and the risk is monitored. An element of monitoring is evaluating risk control effectiveness: Internal Audit.

Role of Internal Audit, in regards to risk management, is to evaluate the effectiveness of control policies and procedures related to specific risks. Provide advice and challenge or support management's decision making.

Communicate: Transparency

Risk Aware Culture + Addressing Risk Holistically = Organized Uncertainty.

Audit Engagements

Area / Quarter Planned	Project Scope	Risk	Risk Category	Preliminary Risk Assessment	Audit Objective	FY17 Budgeted Hours
Procurement 1st quarter (carryover from FY17)	operational and financial controls surrounding the purchasing and accounts payable processes	noncompliance with policies and procedures; inadequate and/or ineffectiveness of operational and financial controls	Financial	high	identify, assess, and test processes to ensure compliance with policies and procedures, and design and effectiveness of financial and operational controls including adequacy of policy and procedures	170
Grants Pre-Award Processes 2nd quarter	operational and financial controls surrounding the processes to identify, apply for and accept (if awarded) grants/external funding	noncompliance with policies and procedures, and grantor requirements including federal Uniform Guidance; inefficiency and/or ineffectiveness of processes for antipicated increased funding levels	Research	high	identify, assess and test processes to ensure compliance with policies, procedures, andgrantor requirements including federal Uniform Guidance, and design and effectiveness of operational controls including adequacy of policy and procedures	300
Grants Post-Award Processes 3rd quarter	operational and financial controls surrounding compliance and fiscal management after a grant/external funding has been awarded and accepted through grant close-out	noncompliance with policies and procedures, and grantor requirements including federal Uniform Guidance; inefficiency and/or ineffectiveness of processes for antipicated increased funding levels; inadequacy and ineffectiveness of operational and financial controls	Research, Financial	high	identify, assess and test processes to ensure compliance with policies, procedures and grantor requirements including federal Uniform Guidance, and effectiveness and efficiency of operations, and design and effectiveness of operational controls including adequacy of policy and procedures	300
Student Organizations 4th quarter (carryover to FY19)	operational and financial controls related to registered student organizations	noncompliance with policies and procedures; inadequate and/or ineffectiveness of operational and financial controls	Financial	high	identify, assess, and test processes to ensure compliance with policies and procedures, and design and effectiveness of financial and operational controls including adequacy of policy and procedures	180
					Total Audit Engagements	**950**

Continuous Auditing/Analytics

Area	Project Scope	Risk	Risk Category	Preliminary Risk Assessment	Audit Objective	FY17 Budgeted Hours
Continuous Auditing - Payroll	quarterly continuous auditing	fraud and errors related to payroll	Financial	high	analysis of quarterly payroll data to ensure operating effectiveness of internal controls	230
Continuous Auditing - Accounts Payable	quarterly continuous auditing	fraud and errors related to payables	Financial	high	analysis of quarterly payables data to ensure operating effectiveness of internal controls	270
					Total Continuous Auditing	**500**

Open Audit Recommendation Follow-up

Area	Project Scope	Risk	Risk Category	Preliminary Risk Assessment	Audit Objective	FY17 Budgeted Hours
Open Audit Recommendation Follow-up	Follow-up on open audit recommendations from previous audits	various	various	various	assess implementation of appropriate corrective action to address audit recommendations	140
					Total Open Audit Recommendation Follow-up	**140**

Hotline Monitoring

Area	Project Scope	Risk	Risk Category	Preliminary Risk Assessment	Audit Objective	FY17 Budgeted Hours
Hotline Monitoring	Ongoing monitoring of hotline reports	fraud/unethical conduct	various	TBD	assess risk level and quality of hotline reports; ensure timely follow-up of reports as deemed necessary	60
					Total Hotline Monitoring	**60**

	Audit Plan Total	**1650**

Youngstown State University
Office of Internal Audit
FY 2018 Proposed Audit Plan
As of May 5, 2017

	Jul - Sept	Oct - Nov	Dec - Mar	Apr - Jun	
	Q1 Total	Q2 Total	Q3 Total	Q4 Total	FY18 Total
Audit and Assurance: (see Proposed Audit Plan for detail)					
Audit engagements	185	280	240	245	950
Continuous Auditing/Analytics	120	130	130	120	500
Open Audit Recommendation Follow-up	35	35	35	35	140
Hotline Monitoring	15	15	15	15	60
	355	460	420	415	1650
Administrative & Planning:					
Administrative (includes student auditor hiring, training)	45	60	60	45	210
Audit Risk Assessment, Annual Planning, Audit Subcommitte Prep and Meetings	50	50	80	50	230
Enterprise Risk Management assistance	20	20	20	20	80
Professional Development & Training	10	10	10	10	40
Holiday, Vacation/Sick	80	30	40	20	170
	205	170	210	145	730
Total Hours	**560**	**630**	**630**	**560**	**2380**

Note: hours above include a total of 300 hours for a student auditor in Fall 2017 and Spring 2018