

INTERNAL AUDIT REQUEST FORM

Control Number _____

Request submitted by: _____ Date: _____

Acting as: Employee Management Stakeholder

What do you want audited? What event, concern or information caused your request?

What department/division/locations does this request pertain to? Who may be the key people to contact?

What outcome or desired result are you expecting?

Is this request time sensitive? Why?

Please attach any documentation or evidence you have to support the audit request.

Requester's Signature _____

Date _____

Internal Audit Director's Signature _____

Date _____

Approved Denied

Audit Committee Chairman's Signature _____

Date _____

Approved Denied

FOR INTERNAL AUDIT OFFICE USE ONLY:

Compliance Operational Financial Follow Up Investigative

DISTRIBUTION UPON DECISION

White – Audit Committee Files Yellow – Audit file (if applicable) Pink - Requester