



# Request for Internal Audit Services

## Outside the Scope of the Internal Audit Plan

**Instructions:**

To submit a request for Internal Audit services outside the scope of the annual Internal Audit Plan, please complete *Sections 1 & 2* of this form. All requests must be submitted to the Cincinnati Public School Internal Auditor, Lauren Roberts. Contact information is provided below.

**About the Internal Audit Services Request Process:**

The purpose of the Internal Audit Services Request form is to provide CPS stakeholders (i.e. CPS employees/management and taxpayers) with equitable access to requesting services from the CPS Internal Auditor. The Internal Audit Services Request form serves as a template for the originator to provide a high level overview of a District or departmental need that may be satisfied through internal audit resources. This form initiates a standardized decision making process and facilitates a timely business decision relative to committing resources or not.

The Internal Audit Services Request form establishes the perceived scope and value proposition of a new audit opportunity outside the scope of work approved by the Audit Committee in the annual Internal Audit Plan. This form may be submitted whenever cross functional support is needed from the Internal Auditor.

Completed Internal Audit Services Request forms are submitted to the CPS Internal Auditor, Lauren Roberts, who will distribute to the proper party (i.e. legal counsel, human resources, etc.) or document the initial assessment (*Section 3*), and schedule the second level review/approval (*Section 4*). You will be notified upon the Auditor’s receipt of the form. Please allow time for processing and you will be informed of the results. Thank you for your submission.

<b>Date</b>	
<b>Name &amp; Contact Information*</b>	
<b>Description of Request</b>	
<b>Nature of Request</b> <small>(Refer to Internal Audit Manual – Sec. 200.1 Forms of Audit Services)</small>	<input type="checkbox"/> Financial <input type="checkbox"/> Performance/Operational <input type="checkbox"/> Compliance <input type="checkbox"/> Internal Controls Assessment <input type="checkbox"/> Special Investigation <input type="checkbox"/> Consulting
<b>Submission Information</b>	<i>CPS Internal Auditor:</i> Lauren Roberts, CPA <i>Email:</i> roberla@cps-k12.org <i>Mailing Address:</i> Treasurer’s Office P.O. Box 5381 Cincinnati, Ohio 45201

*\*In the case of an ethics report, you may remain anonymous; however, if you would like to be provided with a case number for follow up purposes, please provide a phone number or email address to which the case number can be sent. The originator may contact the Internal Auditor with the case number to follow up on the status of the request.*

**Section 1 – Summary of Request**

Summarized understanding of the problem, need or idea noting assumptions and timing of the opportunity.

**Section 2 – Stakeholder/District Value**

Using your knowledge of the area, outline the value the requested audit service could create for the District and the impacted stakeholders (e.g. enhanced internal controls, cost savings, process efficiencies, etc.)

\*To be completed by Internal Auditor

**Section 3 – Internal Auditor’s Assessment**

Is this an Internal Audit item or should it be referred to another department? Does this request provide value to the District and its stakeholders, promote Board goals, and follow governance & independence requirements? Are there audit resources available to perform the requested services? How will this impact current projects and objectives?

\*To be completed by Audit Committee

**Section 4 – Review & Approval**

Based on the information presented, does the Audit Committee agree to reallocate Internal Audit resources to this request?