Department Review Guide
Self Assessment Version

Prepared by
UNC Charlotte Internal Audit Department
Updated August 2012
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Acknowledgement

This guide was originally prepared by the Chief Audit Executive at the Georgia Institute of Technology, who has granted full use and edit privileges of its content. The UNC Charlotte Internal Audit Department is extremely grateful for this support of a project that will yield positive results for our campus in the years ahead.

This review guide includes changes made to reflect the operating policies, procedures and conditions at UNC Charlotte that were current at the time of publication. The listing of UNC Charlotte policies and procedures depicted within the guide is not intended to be all inclusive. The risk areas included in the guide have been identified as ones that routinely present recurring risk to University organizations and their operations, but not all risk areas included will apply to all units and not all potential risks have been depicted.

Any questions concerning the construction or content of the review guide should be addressed to the Director, Internal Audit Department, UNC Charlotte.
Purpose

The purpose of this guide is to provide the end user with a self assessment tool that will guide him or her along the path of compliance with the many local, state and federal requirements to which we must adhere. It is intended to be a companion tool to the Guide for Self Assessment of Internal Controls. This guide provides references that support the various regulatory and compliance requirements and requires a more in-depth assessment of internal operations. You should complete the Internal Controls Self Assessment first to identify those operational areas into which you may need to look more closely. This guide asks you to examine your operations through a series of questions whose answers will complete a picture of how your unit performs in each area against the stated objective for that function. At the end of each section are the same two questions: “What did you find?” followed by “Did you meet the stated objective?” Use the Specific Subject Matter Reference Listing to find guidance or ask for advice on how to correct the issues that you have developed. You are also encouraged to use the review guide as a tool in your routine assessment of internal operations and during strategic risk assessments.

Any questions concerning the construction or content of the review guide should be addressed to the Director, Internal Audit Department, UNC Charlotte.

The Office of Legal Affairs has reviewed this document and recommended that all who complete this guide, either in writing or by electronic means, be cognizant of the Public Record provisions of Chapter 132 of the NC General Statutes. A completed copy of the guide may constitute a Public Record releasable to the general public upon proper request. This should not discourage anyone from using or completing the guide, since its intent is to display a willingness to assess our operations against established standards and to determine where improvements need to be made. Users are encouraged to consult with the Office of Legal Affairs if queried by external parties on its contents.
Getting Started

Certain information is needed to prepare for the review and will greatly assist the reviewer in successfully completing the project. The information necessary should be readily available within the department or college.

- Current Organizational charts (for the department and college or division)
- Listing of all fund sources used by unit. Include Foundation fund numbers and matching University fund. If there is no matching University fund, you should investigate and determine why. Inactive funds should be highlighted, marked as inactive, or shown separately from the active funds. If you are not familiar with Banner and e~Print reports, ask your Business Manager for assistance.
- Most current list of fixed (capital) assets.
- Unique internal policies and procedures issued for guidance within the unit (those that are in addition to the ones published on the General Counsel, Academic Affairs or Human Resources websites.)
**Specific Subject Matter Reference Listing**

This matrix is intended to provide the user with a set of resources for each functional area that can be used to obtain answers to questions, to inquire into proper procedures, to address concerns or to lodge complaints. Department Chairs and other leaders within the colleges, affiliated centers and institutes are strongly encouraged to use your Business Manager as your “1st stop” for almost any topic. You will find them to be a wealth of information and will usually have the answer or know who does. The University’s functional proponent should be used when other sources have not fully satisfied the user’s requests. The Internal Audit Department can also provide direction to the proper University-level office to address specific issues.

Web resources for University policies and procedures:

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Legend:
Mgt = Management
OIP = Office of International Programs
POC = Point of Contact
FISCAL

A. Accuracy of Financial Records

Objective: To determine whether campus units verify the accuracy of University generated reports for their accounts. Also, to determine if differences and discrepancies are reported and/or corrected so that University records accurately show the financial condition of the unit.

Criteria: Good business practices suggest that campus units ensure that their University reports and ledgers are reasonably stated and free of error that could potentially cause legal liability and negative publicity at the University.

Applicable University policies or procedures:
- Policy Statement # 601.8, Appropriate Use of University Funds.
- Policy Statement # 602.3, Petty Cash Fund and Change Fund Policy
- Banner Finance module training references (http://training.uncc.edu/bannercoursedocs.htm)
- Financial Management Guidelines, May 2012

Risk: If errors are made in official University financial records and go undetected, the University could be exposed to audit findings, legal risk and adverse publicity.

Question 1:
Who in your unit has access to the Banner INB? Have they taken all the required training?

Question 2:
Do you use a software system other than or in addition to Banner for financial management? Where is this software housed (within your unit, college, division or ITS)? Does this system provide the same security to financial data that Banner provides? What are the primary uses of this system?

Question 3:
How often do you reconcile your local records to data in Banner? What steps do you use to reconcile?
Question 4:
How do you detect and correct errors or omissions in your unit's University (Banner) financial records?

Question 5:
How do you make sure your unit is reviewing posted data for errors in all active accounts for which it is responsible?

Test: Find documents within the unit that evidence reconciliation of University accounts.

Condition (What did you find?)

Conclusion (Do you meet the stated objective?)

B. Research Cost Management

Objective: To determine how the campus unit verifies that costs charged to sponsored programs are proper and in accordance with both University procedures and provisions of the sponsored agreements.

Criteria: Federal, state and University policies and procedures require that units be responsible for the reasonable and accurate reporting of their expenditures.

Applicable University policies or procedures:
- A21 Cost Principles for Educational Institutions
- A110 Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations
- A133 Audits of States, Local Governments and NonProfit Organizations
- Policy Statement # 601.8, Appropriate Use of University Funds.
- Policy Statement #203, Grants, Contracts, and Cooperative Agreements to Finance Sponsored Programs
- Policy Statement # 601.16, Facilities and Administrative Costs
- Policy Statement # 309, Ethical Conduct in Research, Scholarship, and Educational Activities
- Policy Statement # 312, Equity Acquisition in Technology Licensing Arrangements
- Policy Statement # 314, Centers and Institutes
- Policy Statement # 602.6, Cost Sharing in Sponsored Programs
- Office of Legal Affairs website, Collection of Research Polices
- University Research website
Risk: Improper charges to sponsored programs could cause disallowance of costs, refusal of sponsors to award future contracts, and negative publicity for University.

Question 1:
How do you ensure that effort reports are certified within 30 days of the end of the report period? Have all appropriate persons received adequate training on the Maximus ERS program?

Question 2:
How does your unit assure itself that direct costs charged to sponsored projects are in accordance with contract terms and conditions?

Question 3:
Are Principle Investigators provided monthly financial reports and asked to confirm for reasonableness?

Question 4:
Are direct charges for office supplies, postage, local telephone costs, and memberships made to sponsored program accounts? (OMB Circular A-21, F.6.b.(3) contains the guidance that items such as office supplies, postage, local telephone costs, and memberships shall normally be treated as facilities & administration (F&A) costs. Directly charging a sponsored project will thus “double bill” the sponsor for these costs.)

Question 5:
What measures has your unit taken to determine that charges posted to a grant fund are related to the supporting research agreement? (One concern is that charges might be made to an active fund because the fund that will eventually be charged has not yet been established. University policy says that advance funds should be established and charged if costs are incurred before contracts are signed or awards made.)
Question 6:
How do you determine that a cost should be transferred to/from general operating programs and sponsored programs? What documentation is provided? How does your unit handle retroactive cost transfers? (Principal Investigators should review their sponsored accounts in a timely manner and inform appropriate unit accounting personnel so that cost transfers can be timely processed. Unit accounting personnel may do other things to assist the Principal Investigator in these reviews.)

Question 7:
Do you currently have any expenses that have not been matched to a specific budget line in the contract? If so, what are you doing to move this expense to an authorized budget line in a timely manner?

Question 8:
Who in the unit is responsible for ensuring that the deliverables specified in the contract are submitted in a timely manner?

Recharge Units
Question 9:
Who are the officers/directors/key personnel of the Recharge Unit? Does the recharge unit have a properly completed and up to date Business Plan?

Question 10:
Who are the individuals who process invoices and receivables? Is there appropriate segregation of duties? (Note: No single person should be responsible both billing and receiving payments. If a person has more than one duty regarding invoices and accounts receivables, have compensating controls been implemented to protect the person with the multiple duties? For example, a supervisor may review a particular process where it is known that one person performs more than one duty.)
Question 11:
Are any of the key personnel from Question 10 also customers of the recharge unit? What additional measures are in place to ensure appropriate review and approval of activities?

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Question 12:
Are open receivables reviewed on a regular basis? How often? How is follow up conducted with customers?

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Question 13:
Does the recharge unit maintain a set of standard operating procedures?

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Condition (What did you find?):

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Conclusion (Do you meet the stated objective?):

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C. Capital Assets

Objective: To properly account for assigned University capital assets and to properly dispose of assigned capital assets.

Criteria: The State of North Carolina requires the University to be accountable for all equipment under its control. The University's policies require the maintenance of a capital asset inventory to achieve correct financial reporting, to provide the basis for suitable insurance coverage, and to assist departments in accountability for their equipment.

Applicable University policies or procedures:
- Policy Statement # 601.1, University Supplies, Equipment, and Materials.
- Policy Statement # 602.2, Solicitation and Acceptance of Gifts.
- Policy Statement # 601.10, Surplus Property Procedures.
- Policy Statement # 601.15, Control and Management of University Equipment and Other Property.
Risk: Failure to properly account for capital assets could result in the loss of equipment and a misstatement of the value of capital assets on University records.

Question 1:
Do you have a copy of your most recent asset inventory results? Were all assigned items accounted for?

Question 2:
What actions do you take to reconcile differences noted during physical inventories?

Question 3:
Are appropriate records maintained for any assigned equipment located away from campus (i.e., computers used at home; equipment on loan or permanently maintained off-site)?

Question 4:
How does your unit identify and dispose of surplus equipment?

Question 5:
Are highly pilferable items such as laptops, digital cameras and video recorders maintained for checkout from faculty and/or students? What measures are in place to ensure the accountability and security of these items?

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

This document when completed may be classified a Public Record under Chapter 132 of the NC General Statutes. Consult the Office of Legal Affairs if queried by external parties on its contents.
D. Gift Funds (funds administered by the campus unit that originate in the University Foundation or Athletic Foundation)

Objective: To determine if the campus unit exercises reasonable and prudent care in the acceptance, allocation, and use of private, non-sponsored funds.

Criteria: University policies and procedures require that all units encourage donors to make their gifts payable to the UNC Charlotte Foundation, Inc. All private gifts must be approved by the Vice Chancellor for Development to ensure that the gift being solicited is consistent with the needs of the campus unit and the conditions of the gift are within the scope of activities which may be properly supported by the University. Further, all funds held by the Foundation must be expended in accordance with the restrictions or intent of the donor and with University policies and procedures. Foundation funds intended to benefit a function of UNC Charlotte (instruction, research, service, and supporting functions) are to be recorded on University financial records. All transactions financed by Foundation funds are to be made through the University in accordance with generally accepted business practices and procedures, except where there are specific prohibitions on the use of the funds by the University, or when prior approval of individual transactions has been received from the Office of the Chancellor (see University Policy Statement #602.2 for additional guidance).

Applicable University policies or procedures:
- Policy Statement # 601.8, Appropriate Use of University Funds.

Risk: If this area is not well controlled, there is risk that University funds could be inappropriately diverted to Foundation accounts, and/or that Foundation funds could be used for purposes that are not consistent with the donor’s intent.

Question 1:
Does your unit manage and/or control Foundation funds?

Question 2:
Who in your unit reconciles your University and Foundation funds?

Question 3:
What procedures are in place to manage the solicitation of gifts?
Question 4:
What is the process and flow of information from your unit to the Office of Development for gift approval?

Question 5:
Do you have copies of restricted gift agreements for each fund? If not, how does your unit make sure that gifts are expended in accordance with the donor's intent?

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

E. TRAVEL

Objective: To determine if the unit is accomplishing travel in accordance with the University's policies and procedures.

Criteria: The University's travel policies and procedures set forth in the policy and procedures manual as well as in the travel statements apply to reimbursements from State funds and sponsored funds, unless the sponsored agreement states otherwise. Some of the basic requirements are that:

- Authorization to travel must be obtained prior to travel.

- Travelers are entitled to reimbursement for reasonable, necessary, and allowable expenses incurred. Additional expenses incurred for personal preference or convenience are the responsibility of the employee.

- Request for Travel Reimbursements, with supporting original receipts, must be submitted as a basis of reimbursement for travel costs incurred within 30 days of return from the travel.

Applicable University policies or procedures:
- Policy Statement # 601.8, Appropriate Use of University Funds.
- Policy Statement # 602.7, Travel Authorization and Reimbursement
- Travel Procedure Manual
Risk: Travelers may request and be reimbursed for travel costs which exceed allowable limits or for personal expenses rather than those items essential to carrying out the business of the University. Reimbursements of this type are in violation of State law. If such violations were to occur, it could result in financial loss for the University and generate negative publicity.

Question 1:
How do you process a Travel Authorization submitted by member of the department? (Approval should be given by a person at least one level above the traveler. Approval attests to the necessity of the travel and that arrangements are reasonable in nature and amount.)

Question 2:
What process does your unit have for the timely review and approval of Request for Travel Reimbursements before they are submitted to the Travel Office?

Question 3:
How does the person approving Request for Travel Reimbursements verify that requests conform to the authorized travel, that all necessary information and original receipts have been included, and that fund identified for payment is appropriate and authorized?

Question 4:
How does your unit preclude the reimbursement of personal travel?

Condition (What did you find?)

Conclusion (Do you meet the stated objective?):

This document when completed may be classified a Public Record under Chapter 132 of the NC General Statutes. Consult the Office of Legal Affairs if queried by external parties on its contents.
F. Cash and Receivables

Objective: To determine if the unit is ensuring that all University assets are being properly collected, deposited, and recorded on the University’s records.

Criteria: Each department/unit is responsible for the funds it receives for the University. Cash receipts must be officially recorded on a cash register, by approved validating equipment, or in official pre-numbered receipt books. All checks in payment of amounts due the University must be made payable to “University of North Carolina at Charlotte.” Credit card receipts must follow established guidelines that ensure the security of the personal financial information involved. Duties of employees should be appropriately separated between the receiving of University receipts and the recordkeeping and preparation of deposits for the Cashier’s Office. One person should not be responsible for all these functions. Department heads should make certain that proper safe-keeping facilities are available and that proper safeguards are taken to protect University funds until they are appropriately deposited with the Cashier’s Office or as otherwise designated. Cash register procedures should be prepared by departmental personnel in the form of written documentation and approved by Financial Services. Cash register tape retention practices and proper references of deposits to daily cash register totals are subject to review and/or audit by authorized personnel in Financial Services or the Internal Audit Department. Funds received by schools, departments, or units of the University must be deposited at the Cashier’s Office on a daily basis. All checks payable to University of North Carolina at Charlotte must be deposited to University accounts. Funds may never be deposited to the account of an individual or any account which has not been specifically authorized by the Controller.

Applicable University policies or procedures:
- Policy Statement # 601.8, Appropriate Use of University Funds.
- Policy Statement # 602.3, Petty Cash Fund and Change Fund Policy
- Policy Statement # 602.4, Handling Cash, Checks, and Other Monetary Receipts
- Policy Statement # 311.1, Credit/Debit Card Processing Regulation

Risk: If errors are made in official University financial records and go undetected, the University could be exposed to negative audit findings, financial loss, legal liability, and adverse publicity.

Question 1:
For what purpose does your unit collect cash, checks and/or credit card payments?

Question 2:
If you collect these payments, how do you process and protect them until deposited?

Question 3:
How often does your unit make deposits?
Question 4:
Where does your unit make deposits?

Question 5:
Who collects, deposits, and reconciles cash accounts? (Note: If staff size inhibits the ideal segregation of duties, consider implementing compensating controls to protect the person with the multiple duties. For example, a supervisor may review a particular process where it is known that one person performs more than one cash duty.)

Question 6:
What are the procedures for reporting overages, shortages or thefts?

Question 7:
Does your unit maintain a separate bank account off campus?

Question 8:
Does your unit use University standard pre-printed receipts provided by the Cashiers Office for cash payments received?

Question 9:
Does your unit have a petty cash and/or change fund? Yes ___ No ___
If yes, go to Question 10.
If no, go to Question 12.
Questions 10:
How is the fund secured within the unit? How many people other than the custodian have access to the fund?

Question 11:
How does your fund custodian ensure that purchases follow the guidelines for proper use of the fund?

Question 12:
Does your unit accept credit card payments? If so, how do you ensure that these payments follow the University regulations?

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

G. Procurement

Objective: To determine if the campus unit follows established practices and procedures in the purchase of goods and services.

Criteria:
The Purchasing Department under the direction of the Associate Vice Chancellor for Financial Services is responsible for the purchase of all materials, supplies, equipment and services required by all departments and units of the University of North Carolina at Charlotte. This responsibility includes, but is not limited to, the following:

- Establishing all purchase contracts, except rentals or purchase of real property, entered into on behalf of the University for all supplies, materials, equipment, and services. These include, but are not restricted to, equipment, supplies, printing, surveys, and consultant services.
- Assuring that all purchases made are properly authorized and result in proper quality goods or services being delivered to the designated location, at the right time, in the right quantity, and at the best possible cost.

Applicable University policies or procedures:
- Policy Statement # 603.1, Authority to Sign Contracts and Other Official Documents
- Policy Statement # 603.2, Contracting with State Employees or Relatives of State Employees
- Policy Statement # 601.11, Purchasing Policy
- Policy Statement # 601.12, Acquisition of Surplus, Excess, Gift, and Grant Property
- University Purchasing Manual
- Banner Finance training materials
- Purchasing Card Program support materials

Risk: If campus units do not follow good purchasing practices, they may violate State laws, rules, or regulations, and expend funds in an inappropriate and potentially illegal manner.

Pre-testing:
Select a sample of completed purchase transactions over the last year for detailed review. Obtain a copy of the list that shows who is authorized to approve and process invoices and payment requests for your unit. Obtain a list of your employees granted access in Banner to create requisitions.

Question 1:
How do you ensure the purchasing of goods and services complies with University policies?

Question 2:
How do employees in your unit verify receipt of goods and services and approve invoices for payment?

Question 3:
What procedure does your unit use to make sure that invoices are submitted to Accounts Payable in a timely manner?
Question 4:
Has your department been issued a Purchase Card? If so, have all designated cardholders, reconcilers and approvers completed required training?

Question 5:
How does the unit ensure that cardholders are making authorized purchases and maintain control of their cards?

Question 6:
Is required documentation of Purchase Card transactions maintained? Is evidence of regular reconciliation maintained?

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

---

H. Use of Lapse Salary Funds (may not apply to all units)

Objective: To reallocate and expend appropriated funds initially allocated to salaries for positions that are vacant, according to priorities determined by the University leadership.

Criteria: As one of the UNC Special Reporting Constituent Institutions (SRCI), UNC Charlotte has been authorized to reallocate appropriated funds assigned to vacant personnel positions for other uses within the University. The expenditures must conform to the annual SRCI spending plan approved by the Chancellor.

Applicable University policies or procedures:
- Policy Statement # 601.8, Appropriate Use of University Funds

Risk: Inappropriate expenditures may cause to the revocation of the SRCI status of the University and hamper the budget flexibility of University.
Test: Determine all the lapse salary (“flex”) accounts assigned to your unit.

Question 1:
How does your unit monitor the use of allocated lapsed salary (“flex”) funds?

Question 2:
How does the unit ensure that purchases with lapse salary funds are limited to those approved for appropriated funds as described in PS #601.8?

Question 3:
Who is responsible to ensure that lapse salary funds are reconciled with unit records to validate recorded transactions?

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

I. Telecommunications

Objective: To determine if the unit has reasonable controls over its communications costs for both office instruments and University-issued cell phones and Personal Digital Assistants (PDAs).

Criteria: ITS Telecommunications Branch manages the communications services for the University. Their goal is to effectively use communication services and equipment at the lowest possible cost.

Applicable University policies or procedures:
- Policy Statement # 601.8, Appropriate Use of University Funds.
- Policy Statement # 317, Mobile Communication Devices.
Risk: Telecommunications charges are not posted to the unit’s expenditure records on a regular basis and are only posted in summary form. It is important, therefore, for the unit to review these transactions for reasonableness and accuracy. In the absence of a review of such charges, errors, omissions, or abuses could go undetected.

Test:
Obtain and review a copy of the unit’s current monthly telecommunications bill (if you do not have a copy on hand, contact the Telecommunications Office to request a duplicate).

Question 1:
How do you determine that telecommunication charges are reasonable and proper?

Question 2:
Who in your unit reviews the monthly telephone bills for accuracy and appropriateness?

Question 3:
How are telephones accessible to the public protected from improper long distance calls (restrictions on long distance)?

Question 4:
What training have faculty and staff received on appropriate long distance calls?

Question 5:
How many individuals receive an MCD allowance IAW Policy #317? Are the authorizations current and on file?

Question 6:
How does your unit manage the inventory of telecommunication lines and equipment? (Note: At least annually, the unit should complete an inventory of telephone sets, lines, and other equipment as shown on their monthly bill.)
Question 7:
Are FLSA Subject employees provided with cell phones or PDAs? If so, why? If so, how are these employees documenting their work time when using these devices? (FLSA Subject employees issued cell phones may be authorized call-back pay and overtime. The decision to issue a cell phone should be made with these in mind and appropriate control procedures put in place.)

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):
HUMAN RESOURCES

A. Time and Attendance Reporting

Objective: To determine whether the unit's time and attendance process is in accordance with the University's prescribed policies and procedures.

Criteria: Federal Law requires employers to keep accurate records of hours worked for certain categories of employees. Employees who are "subject" to the Fair Labor Standards Act (FLSA) are required to complete and sign time sheets on a weekly basis. Employee time sheets are to be signed by the supervisor and retained in the employing departments. Administrators must assure that time sheets are fully and accurately maintained in the employing department as required by law. According to Personnel Information Memorandum (PIM) 54, "The head of each department is responsible for retaining (in a central location within each department) the original Permanent Employee Weekly Time Records for all FLSA subject employees. These original records must be retained for the current calendar year and five prior calendar years," Department heads and supervisors are also responsible for tracking and managing compensatory time earned by FLSA subject employees. The amount of compensatory time earned depends upon the actual hours worked for the week. Compensatory time earned is required to be used within 12 months of its earning or must be paid to the employee in the next payroll period. FLSA exempt employees (both SPA and EPA) are not entitled to hour for hour compensatory time for hours worked in excess of forty weekly.

Applicable University policies or procedures:
- Policy Statement # 701, Campus Operation in Adverse Weather or during Other Unusual Conditions
- Policy Statement # 102.4, Annual and Sick Leave for Faculty Members
- Policy Statement # 102.7, Personnel Policies for Designated Employment Exempt from the State Personnel Act
- Policy Statement # 101.14, Voluntary Shared Leave Program
- Policy Statement # 101.19, Accounting for Annual Leave for FLSA-Exempt Employees Who Earn Leave
- PIM 03, Advance Leave
- PIM 05, Leave Without Pay
- PIM 06, Holiday Premium Pay
- PIM 09, Family and Medical Leave
- PIM 11, Leave Accrual Rates
- PIM 12, Accounting for Time not Worked Due to Hazardous Weather or Other Unusual Conditions
- PIM 16, Normal and Variable Schedules for Classified (SPA) Staff Employees Subject to the Wage and Hour Provisions of the Fair Labor Standards Act (FLSA)
- PIM 29, Voluntary Shared Leave Program
- PIM 46, Community Service Leave
- PIM 54, Completing and Retaining Employee Weekly Time Records for FLSA Subject Employees (Permanent, Temporary, and Students)

Risk: Failure to maintain accurate and complete records may result in significant financial loss to the university and damage the university's reputation for sound fiscal management. Improper compensation could result from inaccurate vacation sick leave recordkeeping, which may be immaterial individually, but material for the University in total. The failure to report leave usage could result in an inflated leave liability footnoted in the University's financial statements.

Pre-testing:
- Find and review a reasonable sample of timesheets maintained in the unit. Obtain and examine examples of supporting documentation for the leave reporting submitted by each employee along with monthly leave reports produced for the unit from Banner. If you have not already done so, sign up for and
take the online training module for time and attendance reporting. This will facilitate understanding the overall process.  

**Question 1:**
How are timesheets completed, processed and maintained in your unit? Do the timesheets show actual hours worked or do they show the same hours reported every day (e.g., 8am to 5pm with one hour for lunch)?

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**Question 2:**
How are requests for leave completed, processed and maintained in your unit?

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**Question 3:**
What is your unit's practice on maintenance of internal vacation and sick leave records for all employees?

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**Question 4:**
What is your unit's process for reporting all employees' vacation and sick leave to Payroll?

---

**Question 5:**
What is your unit's process for confirming periodically with all employees that leave records are correct? Do you have any employees who do not take vacation or sick leave? If so, why?

---

**Question 6:**
What is your unit's process to award and use compensatory time and overtime? Who maintains compensatory time and overtime records, the individual or the supervisor? How is the decision to provide compensatory time or overtime made for all employees in the unit?
Question 7:
Have any faculty or staff been authorized to work from home on a regular basis? Are the authorizations from PIM 58 on file and current?

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

B. Employment Eligibility Verification

Objective: To determine the unit’s compliance with the employment eligibility verification procedures and employer sanctions provisions of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA).

Criteria: The E-Verify program is an Internet-based system, administered by the US Citizenship and Immigration Services-Verification Division (USCIS), through which US employers may verify the employment eligibility of their employees post-hire. This program was authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA).

The E-Verify program is closely linked with USCIS Form I-9 (Employment Eligibility Verification) and exists to strengthen the verification process that all employers, by law, must follow. E-Verify compares information entered from an employee’s I-9 to data contained in US Department of Homeland Security (DHS) and Social Security Administration (SSA) records to confirm US work authorization. Of all employees whose US work authorization is checked through the E-Verify system, 97% are confirmed automatically as eligible to work in the United States. University requirements call for a new employee to complete Form I-9 as well obtains verification from the E-Verify Program within the first three days of employment. Also, policy requires the tracking of expiration of employment authorization documents held by non-resident aliens. University hiring departments are responsible for advising new employees of the time frame and documentation required to complete or update Form I-9s and to correct discrepancies reported by the E-Verify program.

Applicable University policies or procedures:
- HR New Employee references: http://hr.uncc.edu/New_Employee
- USCIS E-Verify homepage

Risk: Failure to complete and maintain required documentation for employees of the University could subject the University to fines and penalties imposed by the U.S. Immigration and Naturalization Service, a hold put on hiring of non-resident aliens, as well as adverse publicity.
Question 1:
Does your unit have procedures to make sure that all new employees complete required paperwork for Human Resources within the first three days of employment (tax forms, personal data information, benefit forms, INS form 1-9 and other pertinent forms and processing through the Basic Pilot Program)?

Question 2:
What is your unit's process for tracking and reminding non-resident aliens of work expiration dates and their obligation to re-verify on Form I-9 the extension of such dates? (Re-verification must be done with Human Resources prior to expiration of such dates.)

Question 3:
What is your unit's process for addressing certification discrepancies from the Basic Pilot Program, submitting justification for continued employment or terminating the employment of unverified employees?

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

C. Sexual Harassment

Objective: To determine whether measures are being taken by the unit to create an environment in which the risk of sexual harassment is minimized.

Criteria: Sexual harassment is a particularly sensitive issue that may affect any member of the University community and as such should be dealt with promptly and confidentially by the University administration. Complaints from faculty and staff members are to be directed to the Director of Equal Opportunity Programs, and students submit to the Dean of Students. An investigation is required by University officials. The Associate Vice Chancellor for Human Resources or the Vice Chancellor for Student Affairs will review the results of the investigation and take or recommend appropriate disciplinary and/or other action. Individuals subject to disciplinary action may exercise their appeal rights pursuant to the procedures set forth in University policy or the Student Conduct Code as appropriate.
Applicable University policies or procedures:

- **Policy Statement # 502, Sexual Harassment Policy and Grievance Procedures**
- **Policy Statement # 504, Sexual Orientation**

**Risk:** Sexual harassment can (1) alienate students, faculty and staff, (2) create a hostile work environment, (3) result in lawsuits, fines, and penalties for violations; and (4) cause adverse publicity.

**Question 1:**
How are faculty and staff made aware of the University's sexual harassment policy?

**Question 2:**
Have faculty and staff received prevention of sexual harassment training?

**Question 3:**
Do supervisors know to inform HR of allegations so that a proper investigation can be conducted and documented?

**Condition (What did you find?):**

**Conclusion (Do you meet the stated objective?):**

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**D. Annual Performance Evaluations**

**Objective:** To determine that the unit accomplishes the required annual performance evaluation process in accordance with University criteria.

**Criteria:**
SPA Employees: The work performance of all permanent employees subject to the provisions of the State Personnel Act ("classified" or "SPA" employees) will be appraised at least annually by the immediate supervisor of the employee and reviewed by a higher level supervisor, as appropriate. The appraisal of employee performance is to be job related and not influenced by gender, ethnic category, religion, physical or mental handicap, or age (as provided by law). The responsibility for effective supervision shall be included as a significant task of the work plan for all classified (SPA) supervisors and managers. The Human Resources Department establishes deadlines for submission of all annual appraisals.
EPA Faculty: Each department and college is expected to establish guidelines and procedures for the annual evaluation of all members of the faculty that are consistent with, and may be more extensive than, the procedures in the Academic Personnel Procedures Handbook for the annual evaluation of tenured and tenure-track members of the faculty that were established by the Faculty Council. This review will always include an evaluation of teaching, scholarly work, and service. The Academic Personnel Procedures Handbook establishes deadlines for the completion of the required annual reviews.

EPA Staff: Each of the Vice Chancellors is responsible for the process for reviewing each EPA staff member on an annual basis who holds an appointment in their Division.

Applicable University policies or procedures:
- Policy Statement #103.2, Managing the Performance of Employees Subject to the State Personnel Act

Risk: If the unit fails to properly prepare annual performance evaluations and performance improvement plans when warranted, there may not be a supportable basis for future personnel actions.

Question 1:
How does your unit conduct and document performance evaluations for EPA faculty, EPA staff and SPA employees?

Question 2:
What mechanisms are in place to:
1. Provide performance expectations to employees
2. Communicate progress to employees throughout the year
3. Address instances where employees do not meet normal performance expectations?

Question 3:
What procedures are in place that ensure completion of the required appraisals by the established deadlines?

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

This document when completed may be classified a Public Record under Chapter 132 of the NC General Statutes. Consult the Office of Legal Affairs if queried by external parties on its contents.
E. Conflicts of Interest

Objective: To determine if the unit obtains and administers Conflicts of Interest in accordance with University criteria.

Criteria: All faculty members and EPA staff employees, including part-time employees and employees on leave, are required to complete and submit the Annual Evaluation Form for Possible Conflict of Interest or Commitment before October 1 each year on a schedule announced by the Provost. Possible sanctions for violation of this Policy, including furnishing false, misleading, or incomplete information on the disclosure form, can range from administrative intervention to termination of employment, all in accordance with applicable University policies. An SPA employee shall have approval from the Chancellor (delegated to the Director of Personnel) before engaging in any secondary employment. The purpose of requiring approval is to ensure the secondary employment does not have an adverse effect on the primary (University) employment and does not create a conflict of interest.

Applicable University policies or procedures:
- Policy Statement # 102.1, External Professional Activities of Faculty and Other Professional Staff Exempt from the State Personnel Act
- Policy Statement # 102.2, Conflicts of Interest and Commitment
- Policy Statement #103.3, Secondary Employment of Employees Subject to the State Personnel Act

Risk: Actual or perceived conflicts between the private interests of a University employee and his or her duties could subject both the individual and the University to monetary penalties and adverse publicity.

Question 1:
How are these policies communicated to all employees of the unit?

Question 2:
Has each person subject to Policy Statement #102.2 completed the required declaration within the last year?

Question 3:
What measures are in place to ensure SPA employees with secondary employment are avoiding conflicts of interest?

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

This document when completed may be classified a Public Record under Chapter 132 of the NC General Statutes. Consult the Office of Legal Affairs if queried by external parties on its contents.
LEGAL

A. Contracts

Objective: To determine whether the unit has procedures to preclude unauthorized commitments on behalf of UNC Charlotte and whether campus unit staff members understand who can obligate the University and under what circumstances.

Criteria: Few people within the UNC Charlotte community are authorized to sign contracts on behalf of the University. No member of the faculty or staff may sign a contract without specific written authorization from the Chancellor to do so. State law provides that persons entering into contracts without complying with all applicable State laws and regulations become personally liable for any amounts due under those contracts.

Applicable University policies or procedures:
- Policy Statement # 203, Grants, Contracts, and Cooperative Agreements to Finance Sponsored Programs
- Policy Statement # 603.1, Authority to Sign Contracts and Other Official Documents

Risk: The University may incur unintended financial and legal liability in addition to adverse public opinion if unauthorized employees act as agents of the University in contracting with third parties. Also, employees may become personally liable because they unknowingly contract in the name of the University.

Question 1: How does your unit ensure that only those specifically authorized execute contracts for goods and services in the name of the University?

Question 2: How do you ensure that the University’s approved Contract Checklist is followed and completed for all appropriate contracting transactions?

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

This document when completed may be classified a Public Record under Chapter 132 of the NC General Statutes. Consult the Office of Legal Affairs if queried by external parties on its contents.
B. Ethics

Objective: To determine whether the unit's employees are aware of and adhere to State guidelines on accepting personal gifts.

Criteria: Article 4 of the State Government Ethics Act enacted in 2006 defines acceptable and unacceptable gifts for persons covered by the Act. Additional guidance on gifts is in General Statutes §133-32. This statute involves gifts and favors from public contractors to State officials and employees. Violations of each Act contain various administrative and criminal penalties.

Applicable University policies or procedures:
- NC General Statute Chapter 138A, State Government Ethics Act
- NC General Statute Chapter 133 (Public Works) Section 32, Gifts and favors regulated

Risk: Acceptance of certain gifts by employees may be against the law. Acceptance may give the appearance of improper preference or treatment in the conduct of normal business activities. Individuals involved may be criminally liable, bringing significant adverse publicity for the University.

Question 1:
How does your unit inform employees that they should not accept personal gifts from third parties that may conduct business with UNC Charlotte?

Question 2:
Have all persons covered by the State Ethics Act received the required training and submitted required documentation?

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

C. Public Records Act

Objective: To determine whether unit's employees are aware of their responsibilities regarding the Public Records Act.

Criteria: NC General Statutes, Chapter 132, Public Records, provides that the public records and public information compiled by the agencies of North Carolina government or its subdivisions are the property of the people. It is State policy that the people may obtain copies of their public records and public information free or at minimal cost unless otherwise specifically provided by law. “Minimal cost” shall mean the actual cost of reproducing the public record or public information. Employees receiving public records requests should be instructed to contact their supervisor and General Counsel's Office for assistance in a correct response. Requests should be made in writing to aid in the accurate retrieval of information. Further information is available through General Counsel's Office Web site http://www.legal.uncc.edu/legal.html under the subject “NC Public Records Act.”

Applicable University policies or procedures:
- Policy Statement #605.3, Retention, Disposition, and Security of University Records
- Policy Statement #605.7, Open Meetings Requirements
- Policy Statement #402, Student Records
- Policy Statement #311.6, Regulation on Security of Electronic Individually Identifiable Health Care Information under HIPAA
- Policy Statement #311.1, Credit/Debit Card Processing Regulation

Risk: A violation of Public Records Act requirements could result in fines and penalties for the University and the record custodian, as well as adverse publicity for the University.

Question 1:
What action does your unit take when a request for University records is received? (Response should be: If possible, get request in writing; notify supervisor and General Counsel’s Office to assist in correct response; gather records/documents; review selection with General Counsel’s Office prior to release.)

Question 2:
Do you or any of your employees lead a University committee, working group, task force or other body that is subject to the Public Records Act? How would you find out if your group is subject to the Act?

Question 3:
Are unit files maintained in accordance with Policy Statement #605.3 and the current Record Retention and Disposition Schedule?
**D. Consultants vs. Employees**

**Objective:** To determine whether units manage independent contractors appropriately and comply with Internal Revenue Service (IRS) provisions.

**Criteria:** Any individual who performs services for the University is presumed to be an employee unless the relationship satisfies the IRS’s standards for Independent Contractor. A consultant should be used only when the services are not readily available from existing employees or where the services cannot be performed more economically or satisfactorily through the University employment process.

**Applicable University policies or procedures:**
- University of North Carolina at Charlotte Employee/Independent Contractor Determination Checklist

**Risk:** Improper classification of independent contractors/employees could result in the University’s being out of compliance with IRS regulations, thereby increasing the liability of tax penalties and fines, as well as negative publicity.

**Question 1:**
How many independent contractors have you contracted with over the last fiscal year?

**Question 2:**
How does your unit ensure that University policy is followed in the hiring of independent contractors?

**Question 3:**
What is the process that your unit follows in determining:
   a. scope of work
   b. how work is monitored
   c. reporting requirements?
INFORMATION SYSTEMS

The Statewide Information Security Manual is the foundation for information technology security in North Carolina. It sets out the Standards required by G.S. §147-33.110, which directs the State Chief Information Officer (State CIO) to establish a statewide set of Standards for information technology security to maximize the functionality, security, and interoperability of the State’s distributed information technology assets. UNC Charlotte information technology policies augment The Manual and provide localized guidance for the University environment. At UNC Charlotte, these standards apply to all software and hardware systems. ITS is accountable for meeting the established standards for software and hardware under ITS control. Departments, colleges and divisions that independently manage software and hardware outside ITS control are accountable to meet the same standards as ITS.

Applicable external policies or procedures:
- The Statewide Information Security Manual

University policies or procedures:
- Policy Statement # 302, Web Communications
- Policy Statement # 303, Network Security
- Policy Statement #304 , Electronic Communication Systems
- Policy Statement # 307, Responsible Use of University Computing and Electronic Communication Resources
- Policy Statement # 601.14, Proprietary Software
- Policy Statement # 311, Data and Information Access and Security

Classifying Information and Data
Question 1:
Is there a comprehensive and up-to-date database of current information assets and is it periodically reviewed to ensure that it is complete and accurate?

Controlling Access to Information and Systems
Question 1:
Is there a documented access request and approval process that ensures access is limited to individual business needs?

Question 2:
Is there a documented access review process and procedures?
Question 3:
Is there documented evidence of semi-annual review of users’ access rights?

________________________________________

Question 4:
Is there a documented system control to restrict connection time?

________________________________________

Question 5:
Is there a documented procedure to terminate access upon severance or leaving employment?

________________________________________

Question 6:
Is there a documented procedure to disable accounts inactive for 30 days?

________________________________________

Question 7:
Is there a system control to activate a password-protected screen saver after no more than 30 minutes of inactivity?

________________________________________

Question 8:
Are there documented procedures for controlling and restricting access to operating system software?

________________________________________

Question 9:
Are unsuccessful logon attempts limited to three before the user logon process is disabled?

________________________________________

Question 10:
Are passwords required to be changed at least every ninety (90) days and not be reused until six additional passwords have been created?

________________________________________
Question 11:
Are passwords for administrative accounts, including any user accounts with more privileges than those of a typical user, changed at least every thirty (30) days but no less than every sixty (60) days?

Question 12
Do user accounts that have system-level privileges, more privileges than a typical user account, or programs such as root access have a different password from all other accounts held by that user?

Question 13:
Are procedures documented to ensure that vendor-supplied default and/or blank passwords are immediately identified and reset as soon as an information system is installed?

Question 14:
Are there appropriate local information security policies in place and enforced?

Question 15:
Is an Acceptable Use Policy in place and enforced?

Question 16:
Do 3rd party contracts for information technology related services have measurable performance standards?

Question 17:
Are there documented procedures to monitor 3rd party performance against contract standards?
Processing Information and Documents

Question 1:
Are there documented patch management procedures that include functionality testing before installation?

Question 2:
Are there documented procedures that describe error log monitoring practices? Have specific staff been designated to review audit logs regularly?

Question 3:
Are there documented change control procedures in place? Are the procedures reviewed annually?

Question 4:
Is there a published policy on procedures to establish an official social networking website?

Question 5:
Are all locally hosted or managed web pages reviewed and updated at least semi-annually?

Question 6:
Are documented procedures in place for system restarts?
Working from Home or Other Off-Site Location (Teleworking)

Question 1:
For any faculty or staff been authorized to work from home on a regular basis, do teleworking agreements include required IT security standards?

Question 2:
For those authorized to work from home, is appropriate training documented on the following:
- properly accessing systems from off site
- keeping antivirus software and personal firewall software up to date
- protecting confidential information transferred to, processed on or stored on non-State-issued systems, such as personal computers at home.

Question 3:
What precautions have been taken to ensure faculty and staff remain aware of information security threats and follow expected security procedures when travelling away from campus on official business?

Combating Cyber Crime

Question 1:
Is there a published IT security incident management and response plan? Are procedures published that inform staff how to report suspected breaches of confidentiality?

Developing and Maintaining In-House Software

Question 1:
Are the following segregation of duties standards in place and enforced:
- System administration and system auditing shall be performed by different personnel.
- System development and system change management shall be performed by different personnel.
- System operations and system security administration shall be performed by different personnel.
- Insofar as is technically possible, security administration and security audit shall be performed by different personnel.
- Do privileged users have at least two users IDs to distinguish privileged from routine access?
Question 2:
If production data is used for testing, are adequate controls for the security of the data in place?

Dealing with Premises Related Considerations
Question 1:
Has an environmental security risk assessment been completed or updated within the last year? Have appropriate controls been established?

Question 2:
Has a physical security risk assessment been completed or updated within the last year? Have appropriate controls been established?

Question 3:
Are there documented visitor control procedures in place?

Addressing Personnel Issues Relating to Security
Question 1:
Is a nondisclosure agreement required from all employees who have access to confidential data not covered by the standard University agreement found on 49er Express?

Delivering Training and Staff Awareness
Question 1:
What makes up the unit information security awareness information and training program?

Question 2:
For locally managed applications, how is an employee made aware of legal and regulatory requirements before or at the same time that the employee is provided initial access to the University network?
Question 3:
What procedures are in place to ensure current IT policies are reviewed and acknowledged on a recurring basis by all users, including authorized guests and contractors?

Question 4:
What self-assessments of systems operations are conducted to ensure compliance with policies and standards?

Planning for Business Continuity
Question 1:
Is there an IT hardware asset inventory?

Question 2:
Has an IT risk assessment been conducted and is it regularly reviewed and updated?

Question 3:
Does the business continuity plan incorporate disaster recovery plans and business process support?

Question 4:
Has the BCP been tested in the last year?

Question 5:
What internal BCP training events have been documented?
Conditions (What did you find?):


Conclusions (Do you meet the stated objective?):


PUBLIC RELATIONS

A. Public Relations Management

Objective: To determine how campus units inform faculty and staff of University policy regarding dissemination of information to the public.

Criteria: Good business practice calls for a central voice to represent the University in providing information to the public.

Applicable University policies or procedures:
- Policy Statement #605.1, Dissemination of News
- Policy Statement #605.7, Open Meetings Requirements
- Policy Statement #404, Death of a Student

Risk: Misinformation can negatively impact the University's image with current and prospective students, their families, other staff and faculty, alumni and the general public.

Question 1:
How does your unit inform faculty and staff about proper representation of University information to the media? (The Office of Public Relations is the University's agent for communicating with the campus community and with off-campus publics through the mass media.)

Question 2:
Does your unit monitor or advise employees speaking with the media as subject matter experts?

Question 3:
How does your unit check the accuracy and timeliness of information released to external sources by your unit?

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

B. Association with External Organizations

Objective: To determine the adequacy of internal controls over financial management of external organizations (i.e. professional societies, student organizations, etc.)

Criteria: Good business practice calls for basic fiscal internal controls.

Applicable University policies or procedures:

Risk: Mismanagement of fiscal matters concerning external organizations by University of North Carolina at Charlotte employees could subject the University to financial loss and adverse publicity.

Question 1:
Do any members of your faculty, staff, or student body participate in the financial management of any external organizations (i.e. professional societies, student organizations, etc.)?

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

(See page 47 for memo prepared by Georgia Institute of Technology Department of Internal Auditing on key controls in monitoring activities relative to external organizations. Also refer to Student Affairs information on student organizations in the Student Organizations Handbook 2011-2012.)
So, You’re Involved in an Outside Organization...

Are you an officer in a professional organization, social club, honor society, or some other similar group? If not an officer, are you a member of such a group? If so, there is an issue that should concern you. The issue is the safety of your groups’ money. Recently, it has been discovered that some such groups here on campus have had their money used without permission for purposes not related to the group’s activities. Since this money is made up of your collective dues, subscriptions, and fees, are you sure your organization is doing what’s needed to be sure that the money is safe? Does anyone in your group even know what those steps are? Get informed — before you get ripped off!

This notice is meant to describe to you some of the measures needed to safeguard your money. No practice can guarantee one hundred percent against losses, but the steps that are outlined below will help you sleep easier, knowing that what can be done is being done.

What can be done to avoid the theft of club funds?

Fortunately, the answer to that question is — plenty! And it’s not complicated; it’s just being smart and using your common sense! Some of these things follow:

1. **Segregate** key financial duties (see explanation in next section)
2. Keep **accurate financial records**
3. Perform **timely reconciliation of records**
4. **Report financial matters** on regular basis to officers, members, or others
5. Have an **external audit performed**. Have an outside accountant audit the books at least annually. The officers should select the accountant. (NOTE: Do not settle for the accountant simply “compiling” the books, merely arranging the information into a better presentation format. The **audit** should include an examination of a selected sample of transactions to verify their validity and accuracy. Most organizations’ by-laws require this type of detailed examination.)

What does “segregation of financial duties” mean?

Accountants have a saying that “all fraud is committed by those we trust.” It’s not necessary to go around spying on everyone who works for your club or organization. All that needs to be done is to ensure that enough people (as few as two) are involved in the handling of club finances so that each member feels protected. That’s called **separation of duties**. It just means that no one person should be responsible for doing everything connected with club finances. Here’s a list of the kinds of duties that should be shared by more than one person.

1. **Making cash deposits at the bank**. This should never be the same person who reconciiles the bank statement.
2. **Receiving checks**. This should not be the same person who completes the deposit slip.
3. **Completing bank deposit slips**. This should not be the same person who receives the checks.
4. **Writing checks**. This should not be the same person who reconciles the bank statement.
5. **Signing checks**. Never sign a check that has not been fully completed and examined. And it goes without saying that only authorized personnel should sign checks.
6. **Opening mail**. This should not be the same person who completes the deposit slip.
7. **Reconciling bank accounts**. This should be done regularly and the same person who makes the bank deposits should not perform this task.
8. **Keeping track of the financial records**. The financial records should be examined by an officer of the group or organization on a regular basis. Also, the records should be available to the external auditor — along with receipts and other supporting documentation.
What is “timely reconciliation” of an account?

Reconciling an account just means making sure that what you think you have in the account is what you actually have. In the case of a club or organization, it would be comparing a bank statement for the checking account to the cash figure on your records each month. It’s mainly a mechanical process and works just like balancing your personal checkbook. Let’s go through some simple steps to balancing a checkbook, the primary reconciliation concern of many organizations:

1. Make sure your records are current, i.e., all deposits and checks have been properly recorded.
2. Obtain your latest bank statement and locate the ending balance.
3. Add to that figure any deposits that were made after the closing date on the statement.
4. Subtract from that figure any checks that were written or withdrawn after the closing date on the statement.
5. Locate the cash balance figure from your books.
6. Subtract from that any fees that may have been charged by the bank.
7. The number you came up with from your checking account should now match the number on your books.

This is a good routine to follow, not just with the checking account, but with all accounts for which the bank supplies a statement, e.g., money market funds, savings accounts, etc.

What do I do if I suspect that funds may have been used inappropriately?

First, DO NOT make any accusations! Anything said in anger may come back to haunt you later in court as a libelous statement. Contact the officers of the organization and tell them what you think has occurred, again being careful not to make any statements which could be libelous. An officer of the organization should request to take possession of ALL books, records, receipts, checks, lists, invoices, and any other material that belongs to the organization. An initial examination of the records should be made to see if the nature of the discrepancy and the amount in question could be determined. Contact your external accountant and tell them you may need their help in assessing the situation and examining the accounting records. Here are some sources of information for help in preventing or repairing fraud:

- Your local CPA or auditor

Other Considerations

One way of protecting an organization from theft, (aside from not stealing), is through the use of surety bonds or fidelity bonds. It is recommended that the Secretary-Treasurer of your organization be bonded or insured against loss. These bonds are usually written to cover people who hold responsibilities in which they handle funds. If financial loss is caused by the dishonesty of any bonded employee, the insurance company will pay the amount specified in the policy. For more information, contact a local insurance agent.

All tax reports should be timely filed (Yes even nonprofit organizations have to do it!). Visit the IRS at [http://www.irs.gov/](http://www.irs.gov/) or call them at 1-800-829-1040 (clever, eh?).

Presented By: The Georgia Institute of Technology
Department of Internal Auditing
For More Information: Visit our Website at: [http://www.audit.gatech.edu](http://www.audit.gatech.edu)
STUDENTS

A. International Students

Objective: To determine the unit's management practices regarding compliance with the Immigration Reform and Control Act of 1986, Public Law 99-603, and amendments thereto.

Criteria: Regulations of the U.S. Citizenship and Immigration Services (formerly Immigration and Naturalization Service) impose certain record-keeping and reporting requirements on Universities who enroll non USA citizens or enroll and provide employment to non USA citizens, or non-resident aliens.

Applicable University policies or procedures:
At UNC Charlotte, Admissions is responsible for issuing the I-20 Form (Certificate of Eligibility) for non-working students. Office of International Programs is responsible for the IAP-66 Form (based on a request from the sponsoring organization) for a working student. Either form enables a student of another country to obtain a non-immigrant status visa, F-1 visa status for the non-working student or J-1 for the working student and an entry permit I-94 Form. The Office of International Programs also represents the University in providing copies of I-94 Forms, passports and other documentation required by Immigration and Naturalization Services for non-USA students. The Office of Human Resources is responsible for having all employees complete the I-9 Form, Employment Eligibility Verification, which documents a working students' citizenship.

Risk: Failure to maintain required documentation or comply with reporting requirements for non-resident alien students could subject the University to fines and penalties imposed by U.S. Immigration and Naturalization Service as well as adverse publicity.

Question 1:
How does your unit assist appropriate campus units, e.g., Office of International Programs, Admissions, Human Resources, in complying with a rules and regulations regarding recordkeeping and reporting of foreign students?

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

This document when completed may be classified a Public Record under Chapter 132 of the NC General Statutes. Updated April 2012 Consult the Office of Legal Affairs if queried by external parties on its contents.
B. Protection of Restricted Information

Objective: To determine measures taken by the unit to protect private student information.

Criteria: Much of student academic data is covered by the Family Education Rights and Privacy Act of 1974 (FERPA), which protects student rights with regard to educational records maintained by the University. Students have a right of access to their educational records, a right to challenge inaccurate information or information that might violate privacy, and a right to be notified of their privacy rights. Only certain University employees may have access to personally identifiable student information without student consent. Failure to comply with FERPA guidelines will result in the loss of access privileges to the employee and possible loss of Federal Funds to the University.

Applicable University policies or procedures:
- Policy Statement # 402, Student Records

Risk: If private student data is disseminated inappropriately, including to parents or guardians, it could negatively impact the student and possibly subject the University to legal liability, negative publicity, and the loss of Federal funding.

Question 1:
What methods does your unit use to safeguard student information from improper release?

Question 2:
Are paper records of student information maintained in a secure location and access strictly monitored?

Question 3:
Prior to release of student information that is not directory information, do all of your employees know to obtain a consent form from the student? Prior to the release of directory information, do all your employees know to verify whether or not the student has authorized the release of this information?

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

This document when completed may be classified a Public Record under Chapter 132 of the NC General Statutes. Consult the Office of Legal Affairs if queried by external parties on its contents.
RISK MANAGEMENT, SAFETY AND SECURITY

A. Risk Management

Objective: To assess the liability risks associated with unit operations and to determine the adequacy and reasonableness of the unit's management of insurance and liability concerns.

Criteria: University personnel, property and assets have been accurately assessed for potential liability and appropriate risk management actions have been taken.

Applicable University policies or procedures: NA

Risk: University personnel and assets may be put at risk should the unit incur liability above the University's coverage limits.

Question 1: How do you determine that proper insurance coverage is in place for unit property and equipment?

Question 2: How do you ensure that proper insurance coverage is in place for both normal and extracurricular activities?

Question 3: What is your practice on reporting and recording work-related injuries?

Question 4: Do you have a mechanism in place to collect signed waivers of liability from faculty, staff, students, or visitors engaging in extracurricular activities in your unit?
B. Business Continuity Planning

Objective: To determine the extent of business continuity planning within the unit.

Criteria: The unit has developed a workable plan for continuing operations during emergency situations or in degraded operating conditions. This plan is routinely updated and periodically briefed to unit personnel.

Applicable University policies or procedures:
Business Continuity Planning website: http://www.uncc.edu/bcp/

Risk: Failure to adequately plan for emergency situations may inhibit or prevent the unit from continuing with its mission or may put employees or university resources unnecessarily in jeopardy.

Question 1:
Has the unit’s COOP (Continuity of Operations Plan) been reviewed and updated within the last 180 days?

Question 2:
Have all members of the unit been briefed on the COOP and individual preparedness measures within the last 180 days?

Question 3:
Is your COOP stored in a location readily available in case of an emergency? Is there at least one hard copy available for reference when IT systems are not available?
Question 4:
Do appropriate unit personnel have access to and are familiar with CPOTracker and PIER?

Question 5:
Have appropriate training exercises been conducted within the unit to verify plans and to test personnel awareness?

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

C. Environmental Health and Safety

Safety of Workplace

Objective: To determine: (1) Whether the unit’s employees are following established policies and procedures for ensuring safety in the workplace for reducing and/or preventing injuries and illnesses; and (2) Whether the unit has ensured that all employees have received required training in the area of workplace safety.

Criteria: The University shall engage in a program of voluntary compliance with the Occupational Safety and Health Act of North Carolina and with all applicable federal, state and local regulations and codes. To be effective, this program must be proactive instead of reactive and must embody the proper attitudes toward injury, illness and property damage prevention on the part of all members of and visitors to the University community. The program shall be designed to provide not only a safe and healthy working, teaching and learning environment, but also an atmosphere of safety and health awareness through training and employee and student involvement. The participation and earnest cooperation of all faculty, staff, students and visitors shall be actively encouraged.

Applicable University policies or procedures:
- Refer to the extensive list of University safety and health references on the Environmental Health & Safety website.

Risk: Occupational injury, illness, or death, as well as significant property damage, can result from improper training or failure of the University to provide a safe work environment. Furthermore, the University could be subject to fines from regulatory enforcement action and negative publicity that could adversely affect future research activity and the student population.
Pre-testing:
Contact the Safety & Environmental Health Office (EHSO) to obtain the latest annual accident/injury summary report. Also request a listing of all submitted Accident/Injury reports.

Question 1:
Is your unit’s procedure for building evacuation published and posted? (See page 62 for a template)

Question 2:
How are faculty, staff, students, and visitors informed of the evacuation plan? Has the plan been practiced in the last year? (See page 63 for a template to evaluate an evacuation drill)

Question 3:
What practices and procedures are in place to ensure the maintenance of a safe working environment?

Question 4:
Have you provided a copy of the UNC Charlotte Emergency Procedures Guide (available from the Safety Office) to each employee, or ensured sufficient copies are available within the work areas?

Question 5:
What is the procedure for reporting any accidents and/or injuries that may occur in the workplace?

(Notification by an appropriate supervisor should be made to the Safety Office within 24 hours of any report by an employee of an occupational injury or illness. This notification may be made by telephone (687-4291) or FAX (687-6968). All accidents involving serious bodily injury or death must be reported immediately. A Supervisor’s Accident/Illness Investigation Form is to be forwarded to the Safety Office within three workdays of the accident/illness. An Employee’s Accident Report Form must be completed and provided to the Supervisor or the Safety Office immediately upon the occurrence of the accident or as soon thereafter as practical and within 30 calendar days.)
Question 9:
Have all employees (EPA, SPA, full time, part time, temp, student and contract) completed the mandatory safety training tasks prescribed by the EHSO and by the supervising unit for their individual job position (refer to Departmental Safety Checklist for New Employees and Transfers at the end of this section)?

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

---

Chemical Safety

Objective: To determine awareness of and adherence to procedures, work practices and equipment intended to protect employees from the safety and health hazards presented by the laboratory workplace, as depicted in the University Chemical Hygiene Plan.

Criteria: The University Chemical Hygiene Plan applies to all University employees engaged in the laboratory use of hazardous chemicals. All University laboratory workers (including students) must be made aware of the Chemical Hygiene Plan and should review its contents. Laboratory workers must then acknowledge this training on the "Awareness Certification" form provided. Copies of the Awareness Certification shall be maintained by the principle investigator and the Environmental Health and Safety Office (EHSO).

Risk: Injury, illness, or death, as well as significant property damage, can result from improper training or failure of the University to provide chemical safety training. Furthermore, the University could be subject to negative publicity and fines from regulatory enforcement action that could adversely affect future research activity and the student population.

Applicable University policies or procedures:
- Refer to the consolidated references Laboratory Safety.
Question 1:
What measures have your unit taken to ensure the safety of all those working with chemicals?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

(For laboratories -- Principle Investigators should establish and distribute policies and procedures specific to their laboratory environment, provide training on the types of equipment and chemicals specific to their laboratories, and monitor work place practices of individuals working in the laboratories. For units---Management is the responsible party.)

Question 2:
What do you know about the UNC Charlotte Chemical Safety Program?

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Question 3:
Describe measures taken to ensure that all those working with chemicals receive required training.

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Question 4:
Describe practices in place to ensure that all staff and students comply with rules and regulations regarding chemical safety.

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Question 5: (for those units that store chemicals)
Describe your method for conducting and documenting the required chemical inventory.

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(Chemical inventories are required biannually on an electronic template provided by EHSO. The completed inventories should be forwarded to the Chemical Safety Coordinator)
Question 6:
Describe your current practice for introducing “new chemicals” (which have never been used by your laboratory) into your workplace.

(Material Safety Data Sheets (MSDS), which are available on manufacturer’s Web site, should be reviewed for new chemical purchases, to understand how to handle the chemicals. It is important to contact EHSO to notify them of a “new chemical” to ensure they are aware of the chemical and provide the laboratory with any guidance relative to vulnerabilities of chemical.)

Condition (What did you find?):

Conclusion (Do you meet the stated objective?):

---

**Hazardous Waste**

**Objective:** To determine: (1) Whether the unit has ensured that all employees have received required training in the area of environmental protection and hazardous materials; and (2) Whether the unit has in place a monitoring process to ensure that all employees comply with rules and regulations regarding environmental protection and hazardous materials.

**Criteria:** It is the policy of UNC Charlotte that hazardous waste be managed and disposed of appropriately in accordance with federal Hazardous Waste Management regulations (40 CFR 260-272) and rules of North Carolina’s Department of Environmental Resources and Environmental Protection Division.

**Applicable University policies or procedures:**
- PIM 28, Hazardous Waste Contingency Plan
- PIM 51, Hazardous Waste Management

**Risk:** Injury, illness, or death, as well as significant property damage, can result from improper training or failure of the University to adhere to hazardous waste regulations. Furthermore, the University could be subject to negative publicity and fines from regulatory enforcement action that could adversely affect future research activity and the student population.
**Question 1:**
By what means does your unit assure itself that hazardous materials are managed and disposed of appropriately in accordance with Federal and State Hazardous Waste Management regulations?

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Biological Safety (Laboratories only)

Objective: To determine: (1) Whether the unit has provided notification to University administrators responsible for governance of the environmental, health, and safety of University faculty, staff, and students; and (2) Whether the unit has ensured that all employees have received required training in the area of environmental protection and biohazardous materials.

Criteria: Investigators who have in their possession agents designated BSL-2 or -3 must register such agents with the Biosafety Committee. The Biosafety Committee must approve in advance the use of BSL-3 agents and the procurement and use of agents designated Select Agents. The Biosafety Committee will not monitor BSL-1 agents, and UNC Charlotte does not permit research with BSL-4 agents. In registering, investigators will document that protocols and facilities do not jeopardize the health and well being of themselves, their employees, students, or the general public, and that all personnel working in laboratories in which BSL-2 or -3 agents are handled are familiar with the Biosafety Manual and are appropriately trained.

Applicable University policies or procedures:
- Policy Statement #714, Biosafety

Risk: Injury, illness, or death, as well as significant property damage, can result from improper training or failure of the University to adhere to established biosafety protocols. Furthermore, the University could be subject to negative publicity and fines from regulatory enforcement action that could adversely affect future research activity and the student population.

Question 1:
Have Principle Investigators who have in their possession agents designated BSL-2 or -3 registered such agents with the Biosafety Committee?

Question 2:
Have all research staff involved with BSL-1, BSL-2 or BSL-3 agents received required training in biosafety procedures and protocols? Has each person been certified in writing by the Principle Investigator?

Condition (What did you find?)

Conclusion (Do you meet the stated objective?):
DEPARTMENTAL SAFETY CHECKLIST
FOR NEW EMPLOYEES AND TRANSFERS
www.safety.uncc.edu

EMPLOYEE NAME ____________________________

DEPARTMENT ____________________________ JOB TITLE ____________________________

(Please review as applicable and return to the University Safety Office within 5 working days)

FIRE SAFETY/EMERGENCY PLANNING

ACCIDENT REPORTING
___ 3. Review Accident/Illness Reporting (see PIM 26).
___ 4. Review medical treatment procedures (see PIM 26 and UNC Charlotte Policy Statement #91).

SAFETY
___ 5. Review hazardous job elements.
___ 6. Review applicable Safe Work Procedures (such as lifting, office safety, laboratory safety, lockout/tagout, excavation/trenching, bloodborne pathogens, confined space).
___ 8. Review location of Material Safety Data sheets (MSDS).
___ 9. Review administrative and engineering hazard controls.
___10. Review availability and use of Personal Protective Equipment.
___11. Provide safe operating instructions for equipment employees will be expected to operate.
___13. Provide “N.C. State Employees’ Safety and Health Handbook” Have employees sign acknowledgment (enclosed) and return to Safety Office.

MEDICAL RECORDS ACCESS
___14. Review existence, location, and availability of medical and exposure records, and employees right of access (see Safety and Environmental Health Manual).

UTILITY CARTS
___15. Review Utility Cart usage on campus (see UNC Charlotte Policy Statement #85).
___16. Provide hands-on training.
___17. Review requirement that any utility cart accident be reported to Campus Police (see UNC Charlotte Policy Statement #89).

Employee Signature ____________________________ Date ____________________________

Supervisor Signature ____________________________ Date ____________________________
UNC CHARLOTTE
BUILDING EMERGENCY EVACUATION PLAN

A: This plan is established to ensure that all occupants of this building are prepared for emergencies which may require evacuation of department facilities. Causes for evacuation could be fire, explosion, severe weather, chemical and radioactive material incidents, or other similar problems. This plan is to promote a safe and effective evacuation and is to be reviewed, re-evaluated and tested at least annually. Where applicable this plan also should be communicated in each class at the beginning of each semester.

Facility Marshal/Building Marshal: (Please complete the shaded areas)

<table>
<thead>
<tr>
<th>Facility Marshal</th>
<th>Phone:</th>
<th>Cell/Pager No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deputy Marshal</td>
<td>Phone:</td>
<td>Cell/Pager No:</td>
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</table>

Office Coordinators:

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<tr>
<th>Office Name</th>
<th>Primary Coordinator</th>
<th>Alternate Coordinator</th>
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Persons with Special Needs:

<table>
<thead>
<tr>
<th>Name</th>
<th>Location Department</th>
<th>Special Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td>Room 211A – Dean of Students</td>
<td>#1 Stairwell Rescue Assistance (wheelchair)</td>
</tr>
<tr>
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Personnel Assigned to Critical Operations:

<table>
<thead>
<tr>
<th>Critical Operation</th>
<th>Required Procedure</th>
<th>Name</th>
<th>Job Position</th>
<th>Work Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Security</td>
<td>Secure the Safe</td>
<td>John Doe</td>
<td>HR staff</td>
<td>King 200</td>
</tr>
</tbody>
</table>

Emergency Evacuation Assembly Locations:

<table>
<thead>
<tr>
<th>Area of Rescue Assistance and Refuge</th>
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<tbody>
<tr>
<td>Colvard Breezeway</td>
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</table>
# UNC Charlotte Evacuation Drill Evaluation Form

<table>
<thead>
<tr>
<th>BUILDING NAME:</th>
<th>DATE:</th>
<th>TIME:</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total time for Evacuation (minutes):</strong></td>
<td><strong>Number of occupants evacuated (approx.):</strong></td>
<td><strong>Weather Condition:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 1 – Staff Response

<table>
<thead>
<tr>
<th>Max. Points</th>
<th>Competently Performed</th>
<th>Points Scored</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Was a complete evacuation of building accomplished?</strong></td>
<td>15</td>
<td>Y N</td>
</tr>
<tr>
<td>2. <strong>Was there an all clear signal or announcement given?</strong></td>
<td>10</td>
<td>Y N</td>
</tr>
<tr>
<td>3. <strong>Did each evacuation personnel meet and stay at their designated meeting area?</strong></td>
<td>10</td>
<td>Y N</td>
</tr>
<tr>
<td>4. <strong>Did evacuation personnel know the evacuation procedure?</strong></td>
<td>10</td>
<td>Y N</td>
</tr>
<tr>
<td>5. <strong>Were the evacuation facilitators active and knowledgeable about their responsibilities?</strong></td>
<td>10</td>
<td>Y N</td>
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<tr>
<td>6. <strong>Was emergency evacuation plan completed and available for the first responder?</strong></td>
<td>5</td>
<td>Y N</td>
</tr>
<tr>
<td>7. <strong>Did evacuation personnel attempt to reenter the building once alarm was silenced?</strong></td>
<td>5</td>
<td>Y N</td>
</tr>
<tr>
<td>8. <strong>Did evacuation personnel use the nearest fire exit?</strong></td>
<td>5</td>
<td>Y N</td>
</tr>
<tr>
<td>9. <strong>Have provisions and procedure for evacuating persons with disabilities been addressed?</strong></td>
<td>5</td>
<td>Y N</td>
</tr>
<tr>
<td>10. <strong>Were designated evacuation routes clearly marked (exit signage etc.)?</strong></td>
<td>5</td>
<td>Y N</td>
</tr>
<tr>
<td>11. <strong>Were evacuation maps posted?</strong></td>
<td>5</td>
<td>Y N</td>
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</tbody>
</table>

#### Department Observation Scoring Grid
- 75 – 80 points = Excellent
- 60 – 70 points = Acceptable
- <60 points = Department review required

**Total Staff Response Score**
Add Sections 1 (85 pts possible)

### Section 2 – Fire Alarm Equipment Performance

<table>
<thead>
<tr>
<th>Max. Points</th>
<th>Equipment Functioned properly</th>
<th>Points Scored</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. <strong>Were all exit signs in area being observed illuminated?</strong></td>
<td>5</td>
<td>Y N</td>
</tr>
<tr>
<td>13. <strong>Did all Automatic fire doors close &amp; latch?</strong></td>
<td>5</td>
<td>Y N</td>
</tr>
<tr>
<td>14. <strong>Were fire alarm devices functioning properly in area observed? (horn, strobes etc.)</strong></td>
<td>5</td>
<td>Y N</td>
</tr>
</tbody>
</table>

**Sub Section Total**
(15 pts possible)

**Drill Total Score**
Add Sections 1 & 2 (100 pts possible)

### Comments:

Facility Marshall: ____________________________ Title: ____________________________

Evacuation Evaluator: ____________________________ Title: ____________________________