NEVADA SYSTEM OF HIGHER EDUCATION

INTERNAL AUDIT DEPARTMENT

REPORT ON JULY 1, 2014 THROUGH DECEMBER 31, 2014 ACTIVITIES

NSHE
Internal Audit Department
Report on July 1, 2014 through December 31, 2014 Activities

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NSHE INTERNAL AUDIT DEPARTMENT
PROGRESS OF AUDIT SCHEDULE
July 1, 2014 – December 31, 2014

AUDIT	BUDGET	ACTUAL	OVER/ SHORT()	COMMENTS
1. UNR Kid's University	300	342	42	The program has doubled in size since the prior audit was completed in 2001. As a result, additional time was needed to review cash controls and to reconcile program revenue with course enrollment records.
2. UNR Lake Tahoe Music Camp	200	246	46	Additional time was spent reviewing student waivers and sponsorship information.
3. UNLV Human Resources	400	419	19	
4. CSN Utilization of Instructional Space	400	395	(5)	
5. WNC Associated Students of Western Nevada	200	189	(11)	
6. WNC Presidential Exit	250	240	(10)	
7. DRI Libraries	200	200	0	
8. UNR PeopleSoft Security	400	276	(124)	
9. UNLV Host	100	128	28	This was the initial host audit performed by the auditor which caused the overage of audit hours.
10. UNLV Presidential Exit	300	314	14	
11. WNC Intercollegiate Athletics	250	239	(11)	
12. GBC Child and Family Center	300	299	(1)	

NSHE Internal Audit Department
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Institutional Findings - Cummulative Unresolved Items
For the six months ended December 31, 2014

	7/1/2014 12/31/2014	1/1/2014 06/30/2014	1/1/2013- 12/31/2013	Finding Number	1/1/2010- 12/31/2012	Finding Number	
	Current	Prior	2 year		3 year		Total
UNR	3	1	0		1	5	5
UNLV	2	2	0		7	10-16	11
NSC	0	0	0		0		0
DRI	0	0	0		0		0
TMCC	0	0	0		0		0
CSN	0	0	1	17	0		1
WNC	1	2	0		0		3
GBC	2	3	0		5	26-30	10
	8	8	1		13		30

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NSHE Internal Audit Department
Exceptions Report Analysis
For the six months ended December 31, 2014

	Prior Period 1/1/14 – 6/30/14	Current Period 7/1/14 – 12/31/14			
	TOTAL UNRESOLVED ITEMS	NEW ITEMS	CLOSED ITEMS	TOTAL UNRESOLVED	CUMULATIVE UNRESOLVED ITEMS
FINANCIAL	5	4	5	(1)	4
A-133	30	28	30	(2)	28
INSTITUTIONAL	51	80	101	(21)	30
TOTAL	86	112	136	(24)	62

NSHE Internal Audit Department
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For the six months ended June 30, 2014

	Prior Period 7/1/13 –12/31/13	Current Period 1/1/14 – 6/30/14			
	TOTAL UNRESOLVED ITEMS	NEW ITEMS	CLOSED ITEMS	TOTAL UNRESOLVED	CUMULATIVE UNRESOLVED ITEMS
FINANCIAL	5	0	0	0	5
A-133	30	0	0	0	30
INSTITUTIONAL	66	127	142	(15)	51
TOTAL	101	127	142	(15)	86

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NSHE Internal Audit Department
Exceptions Report Analysis
For the six months ended December 31, 2013

	Prior Period 1/1/13 –6/30/13	Current Period 7/1/13 – 12/31/13			
	TOTAL UNRESOLVED ITEMS	NEW ITEMS	CLOSED ITEMS	TOTAL UNRESOLVED	CUMULATIVE UNRESOLVED ITEMS
FINANCIAL	1	5	1	4	5
A-133	26	30	26	4	30
INSTITUTIONAL	86	92	112	(20)	66
TOTAL	113	127	137	(12)	101

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NSHE Internal Audit Department
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For the six months ended June 30, 2013

	Prior Period 7/1/12 –12/31/12	Current Period 1/1/13 – 6/30/13			
	TOTAL UNRESOLVED ITEMS	NEW ITEMS	CLOSED ITEMS	TOTAL UNRESOLVED	CUMULATIVE UNRESOLVED ITEMS
FINANCIAL	1	0	0	0	1
A-133	26	0	0	0	26
INSTITUTIONAL	60	215	189	26	86
TOTAL	87	215	189	26	113

NSHE Internal Audit Department
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For the six months ended December 31, 2012

	Prior Period 1/1/12 – 6/30/12	Current Period 7/1/12 – 12/31/12			
	TOTAL UNRESOLVED ITEMS	NEW ITEMS	CLOSED ITEMS	TOTAL UNRESOLVED	CUMULATIVE UNRESOLVED ITEMS
FINANCIAL	5	1	5	(4)	1
A-133	36	26	36	(10)	26
INSTITUTIONAL	56	112	108	4	60
TOTAL	97	139	149	(10)	87

NSHE Internal Audit Department
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For the six months ended June 30, 2012

	Prior Period 7/1/11 – 12/31/11	Current Period 1/1/12 – 6/30/12			
	TOTAL UNRESOLVED ITEMS	NEW ITEMS	CLOSED ITEMS	TOTAL UNRESOLVED	CUMULATIVE UNRESOLVED ITEMS
FINANCIAL	5	0	0	0	5
A-133	36	0	0	0	36
INSTITUTIONAL	70	77	91	(14)	56
TOTAL	111	77	91	(14)	97

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Exception & Response Analysis
Significant Audit Findings
By Campus/Topic
For the Six Months Ended December 31, 2014

CAMPUS	DEPT. REPORT	TOPIC	REPORT/ RESPONSE DATE	ITEM #	EXCEPTION	MANAGEMENT RESPONSIBILITY	MANAGEMENT RESPONSE	EXCEPTION STATUS	AUDIT COMMITTEE DATE
	INTERNAL AUDIT REPORTS								
UNR	PeopleSoft Security	Security Administration- Roles and Permissions	9/23/14 10/22/14	1	We recommend that UNR develop narrative descriptions for both roles and permission lists. The narratives should provide information on the job functions supported, the data or pages they can access and the manner in which they are designed to access the data (display through correction).	Associate Vice President, Business and Finance	*1) How compliance was achieved.* Narrative descriptions are being developed that define job functions, roles, and permission lists for the undocumented roles and permissions lists. The narrative descriptions include what the permission lists can access and the manner of that access. This will be accomplished December 31, 2014 with annual reviews. *2) What will be done to avoid the identified problems and issues in the future?* As new roles and permissions lists are created, concise narrative descriptions are being added. *3) How compliance and future good management and practice will be measured, monitored and assured.* Roles and permission lists are reviewed annually. Updates are performed to the narrative descriptions as needed. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* Admissions and Records, Financial Aid and Student Financials Security Administrators in coordination with Campus Security Coordinator will be held accountable in the future if repeat or similar problems arise. *5) When the measures will be*	OPEN	12/4/2014

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Significant Audit Findings
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CAMPUS	DEPT. REPORT	TOPIC	REPORT/ RESPONSE DATE	ITEM #	EXCEPTION	MANAGEMENT RESPONSIBILITY	MANAGEMENT RESPONSE	EXCEPTION STATUS	AUDIT COMMITTEE DATE
							taken and on what schedule compliance and good practice will be secured. All measures are in progress and will be completed by December 31, 2014. *6) How compliance and performance will be documented for future audit, management and performance review.* Annual reviews of narrative descriptions of roles and permission lists are being documented.		
UNR	PeopleSoft Security	Sensitive Data Access	9/23/14 10/22/14	3	We recommend that UNR adjust these users, as necessary, and conduct regular reviews of user roles to ensure role assignments and authorization levels are correct.	Associate Vice President, Business and Finance	*1) How compliance was achieved.* UNR reviewed the over-provisioning of user rights and the specific individuals have been adjusted accordingly. *2) What will be done to avoid the identified problems and issues in the future?* IT and Security Administrators are developing a written plan for quarterly review of user access that can modify student data in the system. Quarterly calendar reminders will trigger the review process. *3) How compliance and future good management and practice will be measured, monitored and assured.* In addition to the process noted previously, Student Services is working on making more expedited notifications of department changes and/or terminations to ensure those individuals are not retaining their access past their contractual end. *4) Who will be responsible and*	OPEN	12/4/2014

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CAMPUS	DEPT. REPORT	TOPIC	REPORT/ RESPONSE DATE	ITEM #	EXCEPTION	MANAGEMENT RESPONSIBILITY	MANAGEMENT RESPONSE	EXCEPTION STATUS	AUDIT COMMITTEE DATE
							may be held accountable in the future if repeat or similar problems arise. Admissions and Records, Financial Aid and Student Financials Security Administrators in coordination with Campus Security Coordinator will be held accountable in the future if repeat or similar problems arise. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* All measures are in progress and will be completed by November 30, 2014. *6) How compliance and performance will be documented for future audit, management and performance review.* The security plan review will be implemented on a quarterly basis for those with modifying access to the system.		
UNLV	Hosting	Hosting Expenditures	9/19/14 10/20/14	6	We recommend the required approval be supported by a hosting form or an e-mail retained in the file.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	*1) What will be done to avoid the identified problems and issues in the future?* In addition to the verbal approval noted, the transactions were also 'pre-approved' by an authorization for a specific p-card holder to incur host expenses on the Dean's host account, and/or were approved by a delegate of the Dean (such as an Assistant/ Associate Dean, etc.) and the Dean is responsible for monitoring the activity in the Dean's host	OPEN	12/4/2014

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							account such that in the unlikely event unauthorized activity would occur, the Dean would identify such timely. Nonetheless, we agree with the finding as the policy is clear with respect to required approvals and so we have discontinued the use of the 'pre-approval' on the p-card account form and the p-card user manual and training materials will be updated (as part of our regular, annual review and update of these materials) to specify that each hosting transaction be specifically approved and approval document by the host form or similar method (such as email approval) that captures both Dean (or above) approval and all required host documentation. Documented approval at the appropriate signature level is now being collected for each of the transactions that are the subject of this finding and this is expected to be completed by the end of October. *2) How compliance and future good management and practice will be measured, monitored, and assured.* Documentation will be retained in the department p-card file for all p-card transactions and in the Accounts Payable department for all other transactions which are processed centrally. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.*		

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							For p-card transactions, p-card holders and their reviewing supervisors are primarily responsible for transaction documentation, including appropriate signature authority. The p-card Program Administrator is responsible for updating the program manual and the adequacy of the training materials. For transactions processed through Accounts Payable, the Assistant Controller for Accounts Payable reviews all host transactions to assure policy compliance. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* Documented approval by the Dean is now being collected for each of the transactions that are the subject of this finding and this is expected to be completed by the end of October. The p-card user manual and training materials will be updated (as part of our regular, annual review and update of these materials) by January 2015. *5) How compliance and performance will be documented for future audit, management and performance review.* Documentation will be retained in the department p-card file for all p-card transactions and in the Accounts Payable department for all other (centrally processed) transactions.		

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UNLV	Presidential Exit	Leave Records	7/29/14 10/15/14	19	We recommend that annual and furlough leave be approved in advance and that sick leave be approved in a timely manner upon returning to work.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	*1) What will be done to avoid the identified problems and issue in the future?* We will review the records on a quarterly basis to ensure that compliance is maintained. *2) How compliance and future good management and practice will be measured and assured.* In order to ensure compliance and good management and practice, the department's Finance and Operation's Manager will review leave records on a quarterly basis. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems occur.* The Chief of Staff and Executive Assistant to the President will continue to be responsible for approving leave. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* Measures will be taken immediately, leave records will be reviewed quarterly. *5) How compliance and performance will be documented for future audit, management and performance review.* The quarterly review by the Finance and Operation's Manager will be documented to confirm our compliance with this issue.	CLOSED	12/4/2014

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WNC	Intercollegiate Athletics	Expenditures	10/2/14 10/24/14	48	We recommend that purchase orders be completed in advance as required by NSHE purchasing guidelines.	Controller	*1) How compliance was achieved.* In the future, purchases will not be made that violate purchasing procedure. No purchase orders are to be approved unless completed in advance. Additionally, the coaches and managers have been made aware of the purchasing procedures. *2) What will be done to avoid the identified problems and issues in the future?* Purchase orders will be completed in advance to receive approval and follow proper procedures. *3) How compliance and future good management and practice will be measured, monitored and assured.* All purchase orders will be completed in advance and comply with purchasing procedures. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The coaches have assumed responsibility for insuring that all purchase orders are completed in advance and comply with purchasing procedures. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* Measures will be taken immediately to ensure that purchase orders are now being completed in a timely manner. No purchase orders are approved after-the-fact.	CLOSED	12/4/2014

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							6) How compliance and performance will be documented for future audit, management and performance review. Purchase documents are maintained in the business office for future audit, management and performance review.		
WNC	Intercollegiate Athletics	Expenditures	10/2/14 10/24/14	50	We recommend Independent Contractor Agreement forms be completed and approved in advance.	Controller	*1) How compliance was achieved.* As this agreement was very time sensitive in nature, it did not obtain all the signatures by the time the contract was set to begin. All of the authorizations were obtained shortly thereafter. *2) What will be done to avoid the identified problems and issues in the future?* Independent Contractor agreement forms will be completed in their entirety before the contract period is set to begin. *3) How compliance and future good management and practice will be measured, monitored and assured.* Personnel have been made aware that contracts need to be executed in advance on the services that are to be performed. Additionally, if the contract cannot be fully executed ahead of time, the services should be delayed or rescheduled until the contract is authorized. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.*	CLOSED	12/4/2014

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							The employee initiating and coordinating the agreement/contract will assume responsibility and may be held accountable. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* This recommendation has been completed. All appropriate measures have been taken and implemented. *6) How compliance and performance will be documented for future audit, management and performance review.* A review of Independent Contractor Agreements will be done by the Assistant to the Vice President of Legal and Administrative Services on a quarterly basis.		
WNC	Intercollegiate Athletics	Volunteers	10/2/14 10/24/14	52	We recommend an agreement form be completed before volunteers are allowed to begin working.	Controller	*1) How compliance was achieved.* Effective immediately, all volunteers will complete the required paperwork prior to their first day of work. *2) What will be done to avoid the identified problems and issues in the future?* The WNC coaches will ensure that no volunteer works until the required paperwork is completed. *3) How compliance and future good management and practice will be measured, monitored and assured.* No volunteer will work until the required paperwork is submitted to the proper offices. The coaches will need to	CLOSED	12/4/2014

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							confirm that the paperwork is complete before scheduling the person for work. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The coaches are responsible and may be held accountable for ensuring that volunteer paperwork has been properly completed. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* All current volunteers have completed the required paperwork. Additionally, effective immediately, any new volunteer will complete the required documents in advance of the scheduled work. *6) How compliance and performance will be documented for future audit, management and performance review.* The required paperwork kept on file will serve as the documentation for future audit, management and performance review.		
GBC	Mark H. Dawson Child and family Center	Letter of Appointments	8/6/14 10/22/14	21	We recommend the Center Director work with the GBC HR Office to determine the reason for the variances and whether there are additional employees that were under/overpaid during the audit period. We recommend any necessary payments be made to individuals that were underpaid.	Controller	1) To avoid the identified problems and issues in the future, the Center Director, with approval and support from Administration, has eliminated the use of time clocks for recordkeeping purposes. Only the GBC timesheet will be used for timekeeping purposes.	OPEN	12/4/2014

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							2) Compliance and future good management and practice will be measured, monitored and assured by the use of newly created electronic timesheets that provide time in/ time out fields specifically to track lunch breaks. Summary timesheets will no longer be accepted from departments, and all employees must submit an individual timesheet so that HR can determine the accuracy of hours documented. 3) The Child Center Director will be responsible and may be held accountable in the future if repeat or similar problems arise. 4) Implementation of the new measures were effective October1, 2014, once the new timesheet was created. Staff from both the Child Center and Human Resources are working together to resolve the reason for the variances and determine whether additional employees were under/overpaid during the audit period. The reviews will be concluded by December 1, 2014 and any necessary payments to individuals will be completed by December 31, 2014. 5) Compliance and performance will be documented for future audit, management and performance review by ensuring the accuracy of timesheets by Child Center staff prior to being authorized for submission to HR for payment.		

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GBC	Mark H. Dawson Child and family Center	Personnel Activity Reports	8/6/14 10/22/14	95	We recommend that the distribution of time reported on PARs reflect all employee activities, not just those spent on the grant.	Controller	1) To avoid the identified problems and issue in the future, supervisors have been advised of the situation and a closer review will be conducted to ensure the correct allocation of activity is being reported. 2) Compliance and future good management and practice will be measured, monitored and assured by reviewing PARs prior to submittal for accuracy in reporting requirements. 3) The appropriate supervisor will be responsible and may be held accountable in the future if repeat or similar problems arise. 4) Implementation of the new measures were effective immediately. Revisions will be made to the PAR in question to reflect the accurate percentages devoted to the grant and other activities. 5) Compliance and performance will be documented for future audit, management and performance review by reviewing PARs prior to submittal for accuracy in reporting requirements. Periodic reminders to individuals paid from the grant will continue emphasizing the importance of accurately recording percentages spent on grant activities.	CLOSED	12/4/2014
GBC	Mark H. Dawson Child and family Center	Cash Controls	8/6/14 10/22/14	22	We recommend that deposits be made in accordance with the college's policy, which will assist the Center's cash flow and reduce the inherent risks of holding monies.	Controller	1) To avoid the identified problems and issue in the future, deposits are now made on a daily basis regardless of the dollar amount collected. 2) Compliance and future good management and practice will	OPEN	12/4/2014

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							be measured, monitored and assured by notifications sent from Controller's Office staff to the Center Director and the VPBA when a daily deposit is not received. 3) The Child Center Director will be responsible and may be held accountable in the future if repeat or similar problems arise. 4) Implementation of the new measures were effective October 1, 2014. An additional measure created was to introduce a new procedure which will take effect January 1, 2015, eliminating the use of personal checks as a form of payment. This will further reduce delays in cash flow by eliminating the number of returned checks which are currently contributing to the cash flow issues. 5) Compliance and performance will be documented for future audit, management and performance review by continuing the practice of recorded daily deposits and the elimination of acceptance of personal checks.		
UNR	Kids University	Cash Controls	6/23/14 7/25/14	5	For improved control, we recommend fee adjustments be reviewed on a regular basis by an independent employee for reasonableness. We recommend the review be documented on the report with the employee's initials and date and that the report be maintained in the department's files.	Associate Vice President, Business and Finance	*1. Describe how compliance was achieved.* As of March 2014 accounting staff started generating a "Manually Adjusted Invoice Items Summary Report" from Extended Studies (EXS) registration system C2K database. Accounting staff reviews the report to ensure	CLOSED	9/4/2014

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							any adjustments are valid and ensure all documentation has been accounted for. *2. Explain what will be done to avoid the identified problems and issue in the future.* Accounting staff ensures that all adjustments have been made correctly and in keeping with department procedures. The Accounting Manager reviews the report on a monthly basis to ensure any adjustments are valid and valid reasons have been entered in the system. The report is then signed and dated as proof of review and filed. Any discrepancies are discussed with the Enrollment Manager. *3. Describe how compliance and future good management and practice will be measured.* Accounting staff/Enrollment Manager reviews and ensures all adjustments have been made correctly and in accordance with department policy and procedures. Enrollment staff have been notified of these changes. *4. Explain who will be responsible and may be held accountable in the future if repeat or similar problem arise.* Accounting Manager and Enrollment Manager are responsible for ensuring compliance with policy. *5. Explain when the measures will be taken and on what schedule compliance and good practice will be secured.* This process was put in place during March 2014 accounting staff produces the "Manually		

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							Adjusted Invoice Items Summary Report" monthly from Extended Studies registration system C2K database the accounting package and the Accounting Manager reviews, signs, and dates then files the document. *6. Describe how compliance and performance will be documented for future audit, management and performance review.* Accounting staff ensures that all adjustments have been made correctly and in keeping with department standards and procedures. The report then is submitted to the Accounting Manager for review and approval. The report is filed in a secure location.		
UNR	Kids University	Expenditures	6/23/14 7/25/14	6	We recommend that Kids University registration fees be used for instruction only, as required. We also recommend that hosting transactions be properly charged and documented on a host expense form.	Associate Vice President, Business and Finance	*1. Describe how compliance was achieved.* In accordance with University policy we have discontinued the staff appreciation lunches. For end of summer meetings the Program Director fills out hosting forms and appropriate hosting account is charged. *2. Explain what will be done to avoid the identified problems and issue in the future.* The Accounting Manager discussed hosting policy with the Program Director. Per the University Administrative Manual we have discontinued the staff appreciation lunch. We will continue to have end of program meetings with Kids University (Kids U) staff. Program Director will complete hosting forms using the host	CLOSED	9/4/2014

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							account and submit paperwork to the EXS Vice Provost, Extended Studies for approval. *3. Describe how compliance and future good management and practice will be measured.* Program coordinators and staff have been notified of this change. The Program Director will monitor for compliance. For any Kids U staff meeting where food is involved it will be charged to a host account with appropriate approval. *4. Explain who will be responsible and may be held accountable in the future if repeat or similar problems arise.* Kids U Program Director has the responsibility for these changes and will be held accountable in the future for any issues which may arise. *5. Explain when the measures will be taken and on what schedule compliance and good practice will be secured.* Since May 2014 we have implemented UNR hosting policy and procedure, we also comply with policy by attaching a meeting agenda with the host form. *6. Describe how compliance and performance will be documented for future audit, management and performance review.* In accordance with University policy we have discontinued the staff appreciation lunch. The Program Director and staff have been notified of this change. Kids U program director completes a hosting		

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							form for any hosting charges which is charged to a host account and appropriate approval is obtained. The form is filed with the program documentation.		
UNR	Kids University	Student Timesheets	6/23/14 7/25/14	10	We recommend the UNR Human Resources Office verify student enrollment during the summer terms. We also recommend this information be provided to the BCN Payroll Department to ensure that FICA/FARP deductions are processed correctly.	Associate Vice President, Business and Finance	*1. Describe how compliance was achieved.* The UNR Human Resources Office runs reports throughout the year to identify student employees that are not eligible for FICA exemptions during the fall, spring, and summer terms. At the time of the noted audit finding, the report of FICA eligible students was run once for the summer at the end of May. Beginning June 1, 2014, the UNR Human Resources Office is running the report on a monthly basis. The report is run on the 30th of each month and provided to Payroll. Payroll then makes the changes to the system coding to trigger FICA to be withheld. *2. Explain what will be done to avoid the identified problems and issue in the future.* A copy of the report, dated with the date the report is sent to payroll each month, are retained for a minimum of three years. Future plans for integration of the student and HR systems with iNtegrate2 will allow the systems to capture daily changes in enrollment and the potential for programing logic to automatically update the Payroll system with FICA deductions. This is currently a	CLOSED	9/4/2014

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							manual process that is completed in batch on a monthly basis. *3. Describe how compliance and future good management and practice will be measured.* The monthly reporting to Payroll is monitored by the Director, HR systems. *4. Explain who will be responsible and may be held accountable in the future if repeat or similar problem arise.* The Director, HR Systems is responsible for ensuring the completion of the report and will be held accountable in the future for any issues which may arise. *5. Explain when the measures will be taken and on what schedule compliance and good practice will be secured.* Appropriate measures have been implemented given current HR and student system limitations. Compliance with monthly reporting procedures are reviewed quarterly. *6. Describe how compliance and performance will be documented for future audit, management and performance review.* The copies of the monthly reports are retained on the UNR Human Resources shared server and are available for quarterly review by the Associate Vice President, Human Resources for performance evaluation and future audits.		
UNR	Lake Tahoe	Nepotism	6/23/14	14	We recommend that established	Associate Vice	*1. Describe how compliance*	CLOSED	9/4/2014

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	Music Camp		7/25/14		nepotism policies be followed.	President, Business and Finance	*was achieved.* Duties have been split between the Camp Director and the Assistant Camp Director, and they report to the Assistant Director of Programming for the School of Arts. There is no direct line of authority between them. *2. Explain what will be done to avoid the identified problems and issues in the future.* We submitted a letter requesting an exception to policy to UNR Human Resources (HR) on July 11, 2014 for future camps. *3. Describe how compliance and future good management and practice will be measured, monitored and assured.* Compliance was measured by submitting the letter requesting exception to policy to HR on July 11, 2014. *4. Explain who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Assistant Director of Programming for the School of the Arts and the Manger of Human Resources for Extended Studies are responsible for monitoring compliance with policy. *5. Explain when the measures will be taken and on what schedule compliance and good practice will be secured.* The letter was submitted on July 11, 2014. The organizational chart was updated to reflect the lines of authority.		

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							6. Describe how compliance and performance will be documented for future audit, management and performance review. A copy of the approved exception letter will be included in the program file documenting the current exception.		
UNR	Lake Tahoe Music Camp	Expenditures	6/23/14 7/25/14	15	We recommend that LTMC registration fees be used only for instruction, as required. We also recommend that hosting transactions be properly charged and documented on a host expense form.	Associate Vice President, Business and Finance	*1. Describe how compliance was achieved.* We were using the participant paid expense category incorrectly. We have since been using the extended studies hosting account to pay for these expenses. *2. Explain what will be done to avoid the identified problems and issues in the future.* As per board policy we have started using hosting funds for all hosting expenses. *3. Describe how compliance and future good management and practice will be measured, monitored and assured.* Camp Director and staff have been notified of the hosting policy. The Assistant Director of Programming for the School of the Arts is responsible to monitor for compliance. We have attached an agenda for the meeting in the course file (correct hosting account, form with appropriate signature will be filed in the course file). We will now use the extended studies hosting account for future hosting expenses. *4. Explain who will be responsible and may be held accountable in the future if*	CLOSED	9/4/2014

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							repeat or similar problems arise. The Assistant Director of Programming for the School of the Arts and Accountant for Extended Studies are responsible for monitoring compliance with hosting policy. *5. Explain when the measures will be taken and on what schedule compliance and good practice will be secured.* Staff have been reminded of the policy and the measures were implemented in June 2014. *6. Describe how compliance and performance will be documented for future audit, management and performance review.* Hosting forms are now completed and submitted for each hosting expense and are approved by the Vice-Provost, Extended Studies.		
UNLV	Human Resources	Staff Evaluations	6/11/14 7/20/14	24	We recommend the HR office notify the management of supervisors who have missed annual evaluations due for their classified staff, and request that they facilitate more timely completion and submittal of the evaluations to Employee Relations and Development. In our view, the completion of annual evaluations for classified staff benefits the staff member and the institution by providing feedback for meeting goals and expectations, clarifying numerical ratings for job rating elements, outlining future goals and expectations, and identifying	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	*1. What will be done to avoid the identified problems and issues in the future.* As stated in the audit report, UNLV Human Resources currently provides advance notification to supervisors and departments of upcoming classified employee evaluations. The additional action to be taken by UNLV Human Resources will be in the form of after-the-fact reports provided to the appropriate Cabinet Officers detailing late and missing evaluations. *2. How compliance and future*	CLOSED	9/4/2014

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					plans and strategies for achieving career development. Annual evaluations also provide an objective basis to potentially aid in the resolution of personnel issues and grievances.		*good management and practice will be measured, monitored and assured.* Missing evaluations will be monitored by Human Resources and reported to UNLV Cabinet Officers. This will allow campus management in each area to address the situation with their supervisory staff members. Continued bad practice will be reported by Human Resources up through the chain of command. *3. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* Supervisors and Cabinet Officers are responsible for timely completion of classified staff evaluations in their areas. *4. When the measures will be taken and on what schedule compliance and good practice will be secured.* These reports will occur quarterly and will begin immediately. *5. How compliance and performance will be documented for future audit, management and performance review.* Copies of each report will be maintained in UNLV Human Resources. With the upcoming iNtegrate2 plans for a replacement Human Resources system, we will investigate if the identified vendor product will permit additional improvement steps to occur.		

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DRI	Libraries	Expenditures	5/23/14 7/10/14	36	We recommend that expenditures be approved by authorized personnel.	Assistant Vice President/ Controller	*1. What will be done to avoid the identified problems and issues in the future:* The individuals who approved the transactions were the appropriate designees in the absence of the primary approving official but had not been formally delegated. Letters of delegation have been updated. *2. How compliance and future good management and practice will be measured, monitored and assured:* Updated letters of delegations will ensure these individuals are authorized while a paper based process is in place. In the future, pre-approved workflow authorizations will ensure only authorized approvers even have access to the process. *3. Who will be responsible and may be held accountable in the future if repeat or similar problems arise:* The Assistant Vice President/ Controller is always responsible for any payment problems or risk related to financial practices. *4. When the measures will be taken and on what schedule compliance and good practice will be secured:* Updated delegations were immediately done upon receiving the audit and are in place. *5. How compliance and performance will be*	CLOSED	9/4/2014

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							documented for future audit, management and performance review: Automated workflow as planned in the Integrate2 initiative will make this issue obsolete but in the interim emphasis will be made to ensure all transaction approvers are properly delegated approval authorization.		
DRI	Libraries	Timesheets	5/23/14 7/10/14	38	We recommend supervisory review and approval of timesheets be performed after the last shift is completed.	Assistant Vice President/ Controller	*1. What will be done to avoid the identified problems and issues in the future:* In order to be able to invoice sponsors in a timely manner, DRI accounting requires the timesheets with original signatures to be posted at month end. With geographically separated operations it isn't always possible to review and approve timesheets in time to make the posting deadlines with the current paper based system and some precertification is often required at month end. The electronic approval systems that will be part of the Integrate2 solution will remove those logistic limitations. Until that is implemented, we believe that timely accounting is more important than the timing of the timesheet review and so we are unable to completely comply with the recommendation until our paper based process is replaced. *2. How compliance and future good management and practice will be measured,*	CLOSED	9/4/2014

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							monitored and assured: As noted above, logistical limitations often require approval of time sheets before the end of the pay period but supervisors are alert to the need for adjustments when there are unforeseen variations in the planned schedule. *3. Who will be responsible and may be held accountable in the future if repeat or similar problems arise:* The Assistant Vice President/ Controller is always responsible for any payment problems or risk related to financial practices. *4. When the measures will be taken and on what schedule compliance and good practice will be secured:* While the period of pre-certified work is always kept to a minimum, the only logistically possible solution is an electronic certification system as envisioned with the Integrate2 solution scheduled to be implemented over the next 24-36 months. *5. How compliance and performance will be documented for future audit, management and performance review:* The first line of defense for accurate time and attendance is the employee's supervisor. This review occurs at least monthly. These records are thoroughly documented for subsequent review.		

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CSN	Utilization of Instructional Space	Other-Utilization Reporting	6/10/14 7/11/14	40	We recommend the NSHE Finance Department issue additional guidance to the institutions regarding the requirements for reporting non-credit course data for the IUR. We recommend this data be included for the next biennial submission cycle scheduled to occur in 2015, in order to facilitate the consistency of data reported by the participating NSHE institutions, and to best reflect actual utilization of instructional space.	Senior Vice President Finance and Administration	The new Space Study requirements were developed by a working group which consisted of representatives from each institution. All representatives were aware of the new standards and were given a final copy of the "Summary of Board of Regents Deliverables and Recommendations by Working Group" which was created by the working group and approved by the Board of Regents in September of 2010. Item #11 of the document states that "The Utilization Report must be expanded to include instructional space associated with short-term, non-credit courses, including Business and Industry workshops, public service courses, and school district partnerships. *1. What will be done to avoid the identified problems and issues in the future?* The NSHE Finance Department will provide additional guidance to the institutions to reiterate the requirement for non-credit course space utilization data and require that non-credited course space utilization data be provided to the Finance Department separate from the credited course data so that it will be evident that non-credit course data has been provided. *2. How compliance and future good management and practice will be measured, monitored and assured?*	CLOSED	9/4/2014

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							The NSHE Finance Department will verify that two utilization files are provided by each institution; one file for non-credit course and another for credited courses.
3. Who will be responsible and may be held accountable in the future if repeat or similar problems arise?
The NSHE Finance Department will be held accountable in the future if a non-credit course utilization data file is not provided by each institution that delivers non-credit courses.
4. When the measures will be taken and on what schedule compliance and good practice will be secured?
The measures will be taken beginning with the preparation of next Space Study which will be provided to the Board of Regents in FY16.
5. How compliance and performance will be documented for future audit, management and performance review.
Space Study data utilization files are saved for future reference by System Computing Services. The existence of utilization files for credited courses and non-credit courses which matches the final reports submitted to the Board of Regents will document that the required data was collected from the institutions. In instances where a data file is not provided for either credit course or non-credit courses		

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							by an institution(s), it will be clearly stated on the space study utilization report provided to the Board of Regents as part of the biennial space study.		
WNC	Associated Students of Western Nevada	Association Meetings	4/16/14 6/6/14	63	We recommend that action only be taken on items that are designated for action on the agenda, as required by the Nevada Open Meeting Law.	Controller	*1. How compliance was achieved.* In order to achieve compliance, AWSN will ensure that in the future, action will not be taken on an item if it is not listed as an action item on the agenda. Additionally, the newly elected ASWN President has been instructed to follow the open meeting law. *2. What will be done to avoid the identified problems and issues in the future.* ASWN will not take action on items unless they are up for approval on the agenda. The ASWN board will recommend that the discussed item be placed on a future agenda for future action to be taken. *3. How compliance and future good management and practice will be measured, monitored and assured.* The ASWN President and Student Government Advisor will properly lead the meetings to monitor and assure that only action items may be approved. Additionally, they will review the agenda and minutes to ensure that it is being followed. The advisor will continue to educate the student government to avoid violating the open meeting law. Any action taken will be considered	CLOSED	9/4/2014

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							null and void if not listed on the agenda as such. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Student Government Advisor and ASWN President have assumed responsibility for the action items and will be held accountable in the future for any issues which may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* These measures will commence with the 2014-2015 Student Government body to ensure that this finding is addressed and that good practice will be secured. *6. How compliance and performance will be documented for future audit, management and performance review.* Each agenda and meeting minutes will serve as the documentation for future audit, management and performance review.		
WNC	Associated Students of Western Nevada	ASWN Constitution and Policies and Procedures Manual	4/16/14 6/6/14	67	We recommend the revision of the ASWN Policies and Procedures Manual be completed and approved by the Senate. We also recommend the manual include the information noted above.	Controller	*1. How compliance was achieved.* ASWN has revised their policies and procedures to include compensation of student officers and senators, procedures for processing expenditure transactions, and procedures for processing receipts collected by student clubs and organizations. *2. What will be done to avoid*	CLOSED	9/4/2014

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							the identified problems and issues in the future. The Policies and Procedures document will be reviewed on an annual basis to ensure that the ASWN officers and senators, and the program in general, are working in accordance with stated policies. *3. How compliance and future good management and practice will be measured, monitored and assured.* The Advisor will review the manual on an annual basis to measure, monitor and assure that the document properly reflects the current procedures of ASWN and the college and will request revisions if needed. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Student Government Advisor has assumed responsibility for the maintenance of the Policies and Procedures Manual and will be held accountable in the future for any issues which may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* All corrections have been made and the document has been updated. However, on an annual basis the document will be reviewed for accuracy. *6. How compliance and performance will be documented for future audit,*		

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							management and performance review. Any changes to the policies and procedures will be documented by either college council minutes or ASWN minutes. This documentation will serve as the rationale and provide support for future audit, management and performance reviews.		
WNC	Associated Students of Western Nevada	Expenditures	4/16/14 6/6/14	70	We recommend that expenditures be approved by authorized personnel.	Controller	*1. How compliance was achieved.* The four purchases in question, which were made on the purchasing card, have since been reviewed and approved by the proper signature authority on the account. *2. What will be done to avoid the identified problems and issues in the future?* All pro card users have been notified via email that when making purchases for other departments, that account authority must also be obtained in addition to their supervisor's approval. *3. How compliance and future good management and practice will be measured, monitored and assured.* Pro card holders will ensure that the proper signatures will be obtained when making purchases and performing the reconciliation. Supervisors should also thoroughly review the reconciliation to be sure the second signatures are obtained if necessary. *4. Who will be responsible and may be held accountable in*	CLOSED	9/4/2014

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							the future if repeat or similar problems arise. Each individual pro card holder will be held accountable for purchases made that do not have the appropriate authority. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* The recommendation has been completed. All pro card holders have been notified of this finding and the measures are to be taken immediately. To ensure compliance and good practice, the Business Office will perform sample audits each month. Cardholders can be suspended or lose card privileges if policy is violated. *6. How compliance and performance will be documented for future audit, management and performance review.* A sign-off will be done on the pro card statements that are audited each month by the Business Office and used as documentation for future audit, management and performance review.		
WNC	Associated Students of Western Nevada	Timesheets	4/16/14 6/6/14	72	We recommend time cards be reviewed and signed by a supervisor as required by the college's student employment policies.	Controller	*1. How compliance was achieved.* ASWN officers and members have been reminded to follow constitutional work hours as stated in their Policy & Procedures Manual, Section III. Additionally, the advisor reviews each timesheet to ensure that employees are working the appropriate hours	CLOSED	9/4/2014

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							and that payroll is calculated correctly. *2. What will be done to avoid the identified problems and issues in the future?* The ASWN advisor, or a delegate, will ensure that timesheets are signed per WNC Policy. If timesheets are out of compliance they will be rejected until appropriate revisions have been made. *3. How compliance and future good management and practice will be measured, monitored and assured.* Timesheets will be collected and properly reviewed. Copies of the timesheets will be maintained by the advisor to assure compliance. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Student Government Advisor has assumed responsibility for the timesheets and will be held accountable in the future for any issues which may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* All appropriate measures have been taken and all timesheets will be reviewed for accuracy and completeness before being submitted. *6. How compliance and performance will be documented for future audit, management and performance review.* The advisor will maintain		

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							copies of all timesheets for future audit, management and performance review.		
WNC	Presidential Exit	Contracts	5/3/14 7/21/14	87	We recommend contracts be signed before the commencement of work or services.	Controller	*1. How compliance was achieved.* WNC obtained all the proper signatures and discussed the issue with all personnel involved with contract approval. *2. What will be done to avoid the identified problems and issues in the future?* In the future, contracts will not be entered into unless all signatures are obtained prior to the start of the contract. *3. How compliance and future good management and practice will be measured, monitored and assured.* Compliance and future good management will be measured by ensuring that each contract is fully executed before the start date. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Vice President of Administrative and Legal Services will ensure that signatures are obtained prior to the contract start date. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* Effective immediately, the measures have been implemented. *6. How compliance and performance will be*	CLOSED	9/4/2014

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							documented for future audit, management and performance review. The current contract routing sheet contains a field in which the contract period is entered. This should be fully completed each time a new contract is reviewed. This will ensure that contracts are not entered into prior to the start date.		
WNC	Presidential Exit	Deficit Accounts	5/3/14 7/21/14	90	We recommend the college develop a procedure for reviewing and correcting deficit account balances.	Controller	*1. How compliance was achieved.* All accounts were reviewed and corrected in the accounting system. *2. What will be done to avoid the identified problems and issues in the future?* The Controller has started a review of all accounts on a quarterly basis to determine if any accounts have a deficit balance. If a deficit balance is discovered, the Controller will discuss this with the signature authority on the account and come to a resolution on how to clean up the balance and appropriate action will be taken. *3. How compliance and future good management and practice will be measured, monitored and assured.* Compliance will be measured and monitored by conducting the review of accounts on a regular basis and following up and correcting accounts as needed. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.*	CLOSED	9/4/2014

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							Each individual department is responsible for the accounts that they oversee. Additionally, the Controller will be responsible for reviewing all college accounts on a quarterly basis. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* All corrections have been made and the measures will be taken immediately by the controller by reviewing accounts as of the year end for fiscal 2014. Meetings and communications will be conducted to resolve any variances and a quarterly review will be conducted thereafter. *6. How compliance and performance will be documented for future audit, management and performance review.* Compliance will be documented by the review and sign-off of the electronic reports that are generated. Once the report is reviewed, the Controller will make a notation that it has been reviewed and any additional comments that are important to note on the accounts.		

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	FINANCIAL STATEMENTS – External Auditors								
UNR	NSHE Financial Statement for Fiscal Year 2014	Financial Statement	11/4/14 11/5/14	1	The system has identified and corrected the historical accounting issue as of June 30, 2014. In the future to the extent there are ever new unique consortium agreements similar to this we recommend that the System research the proper accounting.	Associate Vice President, Business and Finance	*1) What will be done to avoid the identified problems and issues in the future?* The University Studies Abroad Consortium's (USAC) relationship with the university goes back some 30 years. USAC was established as an informal organization and was never formally an independent entity until the recent Board of Regents action to recognize its independent status and transfer the separately accounted for funds to its newly established legal entity. All of its employees were university employees and hired through the university human resource system. Over the years, USAC has grown and other member universities have been added to the consortium. It is a very unique occurrence of events and is not likely to recur. However, the university will be on the alert for other potential accounting and reporting issues for related organizations in the future. Once identified, the Controller, working together with its independent auditors, will determine the best accounting and reporting treatments. *2) How compliance and future good management and practice will be measured, monitored and assured.* Should further circumstances occur that result in this kind of issue, it will be reported to the auditors and if necessary,	OPEN	12/4/2014

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							included in the auditor's report to the board. However, every effort will be made by the university to identify such accounting issues early on to avoid the necessity to report them in the future. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The University Controller is responsible for all accounting and reporting determinations and will consult with auditors as necessary if similar issues should arise. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* The particular issue with USAC has been resolved as noted in the finding. *5) How compliance and performance will be documented for future audit, management and performance review.* The University Controller will document any future accounting treatment and/or any reporting issues as they occur. This information will be available to the independent university auditors on an annual basis.		
UNR	UNSOM Integrated Clinical Services, Inc. Financial Statements for FY 2014	Significant Deficiency over Revenue and Receivables	11/4/14 11/5/14	2	We recommend that cash deposits be recorded into the general ledger when received by the bank, even if only to a suspense account at period end. While we understand that the increase in accounts account balances and the error noted in	Associate Vice President, Business and Finance	*1). What will be done to avoid the identified problems and issues in the future?* Cash management policies and procedures both in the clinic and finance/administration will be developed and implemented to ensure accuracy of posting	OPEN	12/4/2014

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					our sample is directly related to the implementation of the new system, we recommend that the billing manager and accounting manager meet on a routine basis to ensure that each party understands how the other department is utilizing the system to ensure that the impact of the changes are being fully thought out on how they will impact financial reporting. We also recommend that management review the staffing levels of the billing/cash receipts areas to ensure the proper staffing levels are maintained to allow for the necessary time it will take to continue the fully implement the new system and ensure that activity is recorded timely to allow for meaningful financial information to be available to decision makers.		into the general ledger. General Electric (GE) is developing a mechanism for the billing software system Centricity Business (CB) to up-load the write-off data into a template to be sent to our collection agency. The new billing system (CB) and the new electronic medical record (EMR) implementation has put new demands on the clinical staff which includes real time office edits that must be fixed for changes to process. The physicians and clinic staff working within CB or EMR system are responsible for entering codes in a timely fashion. Since the edits are not being worked timely they are attributing in part to the inflation of the accounts receivables which includes the adjustments, and credits that need to be worked. Training for the clinical staff and physicians is currently being done on a continuous basis along with review of billing staff levels and/or reassignments of billing staff. *2). How compliance and future good management and practice will be measured, monitored and assured?* Cash management will be measured and monitored by the Director of Accounting to make sure policies and procedures are being followed. General Electric (GE) is giving the University of Nevada School of Medicine weekly up-dates as to the status of the development of the up-load		

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							mechanism that is to be in place by January 15, 2015. Provide a report to the Chair of each department, the Directors of Operations and department administrators/ clinic managers weekly which measures and monitors the edits, missing tickets, adjustments and credits as compared to industry standards. The Directors of Operations will monitor each clinic to ensure timely handling of edits, missing tickets, adjustments and credits. *3). Who will be responsible and may be held accountable in the future if repeat or similar problems arise?* The Chair of each department, GE, Directors of Operation, Directors of Billing, Director of Accounting and Controller will be held accountable for their respective area. *4). When the measures will be taken and on what schedule compliance and good practice will be secured?* The Accounting department has already corrected the records in the cash management finding. The Director of Accounting is working on the clinical cash management policies and procedures and will be completed December 15, 2014. GE is scheduled to have the mechanism to up-load the write-off data in a template form by January 15, 2015. Training with the clinic staff and physicians is currently being done and will continue on an on-going basis.		

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							The Directors of Operations will commence follow-up actions to each of their respective departments immediately. This will be an ongoing responsibility for them. Review of billing staff levels and/or reassignment of billing staff will be completed by December 30, 2014. The increased adjustments not related to self-pay are to be completed by November 30, 2014. The increase credit balances (refunds) will be to industry standards by April 30, 2015. *5). How compliance and performance will be documented for future audit, management and performance review?* The Director of Accounting will review all monthly bank reconciliations to ensure that cash deposits are being posted to the general ledger in the correct period. The University of Nevada School of Medicine has put in a service request with GE to complete the task of developing a mechanism to up-load the write-off data in a template form to be sent to the collection agency. The Directors of Billing will meet regularly with the Chairs, Directors of Operations and department administrators and clinical managers to review edits, missing tickets, denials and any adjustment report that affects their respective clinic accounts receivables.		

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UNR	UNSOM Integrated Clinical Services, Inc. Financial Statements for FY 2014	Revenue Recognition	11/4/14 11/5/14	3	We recommend that management develop a tracking system for hospital claims to be able to reasonably ensure that revenue is being reported timely and that an estimate of incurred but unbilled services can be recorded at year end.	Associate Vice President, Business and Finance	*1.) What will be done to avoid the identified problems and issues in the future?* Management will develop a tracking system for hospital face sheets. *2.) How compliance and future good management and practice will be measured, monitored and assured?* Accounting will run a look-back report monthly to see if date of service of the face sheet(s) are received and entered in a timely manner. Along with the look back report accounting will compare the physician on call schedule with the monthly charge report. *3.) Who will be responsible and may be held accountable in the future if repeat or similar problems arise?* The Chair(s) of the department(s), and their administrator(s), respectively will be held accountable. *4.) When the measures will be taken and on what schedule compliance and good practice will be secured?* The development of the tracking system for hospital face sheets will be completed by January 31, 2015 and implementation of the system starting February 1, 2015. *5.) How compliance and performance will be documented for future audit, management and performance review?* Billing and Accounting will communicate to the Chairs(s) and the Administrator(s) the findings of the look-back	OPEN	12/4/2014

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							report(s) monthly.		
UNR	UNSOM Integrated Clinical Services, Inc. Financial Statements for FY 2014	Computer Applications	11/4/14 11/5/14	4	Grant Thornton recommends that management strengthen their IT segregation of duties controls by breaking out these responsibilities among various employees.	Associate Vice President, Business and Finance	*1.) What will be done to avoid the identified problems and issues in the future?* Management has segregated the duties of the Statewide Director of Accounting. *2.) How compliance and future good management and practice will be measured, monitored and assured?* The duties of security administration of MAS 200 will be turned over to the Information Technology Department. *3.) Who will be responsible and may be held accountable in the future if repeat or similar problems arise?* The Director of Information Technology and Controller will be held accountable for segregation of duties in the security administration of MAS 200. *4.) When the measures will be taken and on what schedule compliance and good practice will be secured?* The segregation of duties has taken place. The Information Technology will have policies and procedures in place December 1, 2014. *5.) How compliance and performance will be documented for future audit, management and performance review?* The department of Information Technology will have the responsibility for security administration of MAS 200. Therefore there will be proper	OPEN	12/4/2014

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							segregation of duties for the statewide Director of Accounting.		

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A-133 SINGLE AUDIT – External auditors									
DRI	2014 NSHE Single Audit Report- A133	Reporting	11/4/14 11/5/14	1	We recommend that the Institutions design and implement processes and controls to ensure FFATA reporting are communicated timely to those individuals responsible for reporting them under the FFATA requirements. Furthermore, when technological problems prevent timely reporting, we recommend these individuals document their attempts to report as well as their communications with sponsoring agencies.	Assistant Vice President/ Controller	*1) What will be done to avoid the identified problems and issues in the future?* Examination of the late reports revealed the following causes: 6310-647-3100 W81XWH1110438 Board of Regents/UNLV: Reported late- This was filed late in Dec. 2012 by the former Grants & Contracts Manager. G&C Manager is no longer with us, and we are unable to determine the circumstances of the late filing. We have made changes to our positions and reporting responsibilities and implemented new procedures. 6360-663-2327 83514801 Swisscontract Indonesia: Reported late- This sub-award was awarded in July 2012. G&C Manager in charge at the time is no longer with us and we are unable to determine the initial circumstances regarding this sub-award. However, the EPA did not report the grant to the FSRS site nor were they aware of their reporting responsibility making it impossible for DRI to submit a FFATA report. DRI referred the EPA to OMB M-09-19, guidance for Federal Agencies, and subsequently the EPA submitted the report to FSRS. DRI was then able to file the FFATA report. We will better document our efforts to get agencies to set up the award on the FFATA	OPEN	12/4/2014

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							site. 6300-647-3008 G11AP20092 Board of Regents/UNLV: Reported late- This award was initially issued in April, 2013 for an amount less than $25,000 which is the threshold for FFATA reporting. It was not clear that this award would exceed the $25,000 threshold. G&C Manager unexpectedly passed away & was the only person who had worked with FFATA. Notes indicated that sub-award was under $25,000 and not reportable. FFATA report was filed as soon as modification was made increasing total sub-award above threshold. *2) How compliance and future good management and practice will be measure, monitored and assured.* Monthly reports are reviewed to identify any and all awards that require FFATA reporting. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Assistant Vice President/ Controller directly supervises Grants and Contracts accounting and is responsible to ensure compliance. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* Measures and reports to help ensure timely filing of FFATA reports are in place and reinforced with requests for assistance from other personnel in a position to have early notice of sub-		

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							award activity. *5) How compliance and performance will be documented for future audit, management and performance review.* This will be an ongoing challenge as when monthly management reports are received indicating an award has exceeded the reporting threshold, the report may already be late. We are working with division business managers to assist us in detecting those awards with a reporting requirement sooner.		
UNR	2014 NSHE Single Audit Report- A133	Reporting	11/4/14 11/5/14	2	We recommend that the institutions design and implement processes and controls to ensure FFATA reporting are communicated timely to those individuals responsible for reporting them under the FFATA requirements. Furthermore, when technological problems prevent timely reporting, we recommend these individuals document their attempts to report as well as their communications with sponsoring agencies.	Associate Vice President, Business and Finance	*1) What will be done to avoid the identified problems and issues in the future?* When the Federal Funding Accountability Transparency Act (FFATA) reporting is completed it is logged by the Grants and Projects Analyst on the sub agreement log maintained in the office. The Grants and Projects Analyst runs a report at the end of each month for the Post Award Manager to review to assure all reporting has been completed. *2) How compliance and future good management and practice will be measure, monitored and assured.* The Post Award Manager reviews the sub agreement log monthly to assure all FFATA reporting has been completed. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.*	OPEN	12/4/2014

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							The Grants and Projects Analyst is responsible for making sure the FFATA reporting is completed in the month the sub award is issued. The Post Award Manager reviews the sub award log monthly to assure the reporting has been completed. If a report is not submitted timely the Post Award Manager will investigate and depending upon the circumstances appropriate disciplinary actions will be taken. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* When the FFATA reporting is completed it is logged by the Grants and Projects Analyst on the sub agreement log maintained in the office. The Grants and Project Analyst runs a report at the end of each month for the Post Award Manager to review to assure all reporting has been completed. *5) How compliance and performance will be documented for future audit, management and performance review.* The new process has been added to the FFATA written procedures.		
UNLV	2014 NSHE Single Audit Report- A133	Reporting	11/4/14 11/5/14	3	We recommend that the institutions design and implement processes and controls to ensure FFATA reporting are communicated timely to those individuals responsible for reporting them under the FFATA requirements.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	*1) What will be done to avoid the identified problems and issues in the future?* We understand the importance of timely reporting and have processes in place to assure reports are submitted in a timely fashion.	OPEN	12/4/2014

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					Furthermore, when technological problems prevent timely reporting, we recommend these individuals document their attempts to report as well as their communications with sponsoring agencies.		FFATA reporting is a relatively new requirement and we were diligently reporting on all external sub awards where the prime agreement included a clause indicating FFATA reporting was required. We now understand the requirement applies to all sub awards that meet the requirements regardless of whether or not the sponsor includes the appropriate clause and we have now reported on all eligible sub awards and will continue to do so in a timely manner. There was also confusion regarding Nevada System of Higher Education (NSHE) intra-institutional sub awards issued from one NSHE institution to another. All NSHE institutions operate under the same Tax ID number so we had not been completing FFATA reporting for the intra-institutional sub awards since we were in effect issuing awards to the same organization, albeit a different unit within NSHE. However, as indicated above, based on the audit findings we have now begun completing FFATA reporting on all sub awards that meet the requirements regardless of the interrelationships that exist within the various NSHE organizations. To assure future compliance is maintained a new requirement has been added to our internal check list for sub awards to identify if FFATA reporting is required		

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							and what the reporting deadlines are to assure Senior Research Accountants submit reports in a timely manner. In addition, our Associate Director of Post-Award will send monthly reminders to submit all FFATA reports. Both process changes have been fully implemented and all formerly missing FFATA reports have been submitted so we do not anticipate any future findings in this area. *2) How compliance and future good management and practice will be measure, monitored and assured.* Compliance will be measured by timely report filing by the Senior Research Accountants and monitored by the Associate Director of Post Award. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* Associate Director of Post Award and ultimately the Executive Director of Sponsored Programs is responsible for compliance with this requirement. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* The process changes have already been put in place and the Office of Sponsored Programs reviewed all subaward activity to ensure other missing FFATA reports that were not part of the audit sample have been completed and submitted.		

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							5) How compliance and performance will be documented for future audit, management and performance review. Report timeliness is reviewed as part of the annual A-133 audit cycle.		
UNLV	2014 NSHE Single Audit Report- A133	Reporting	11/4/14 11/5/14	4	We recommend that the institutions design and implement a process and controls to include a supervisory review of filing to ensure accurate reporting to the Federal agency.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	*1) What will be done to avoid the identified problems and issues in the future?* As indicated, two reports contained data entry errors that were the result of human error. In both cases, the errors were identified during subsequent reviews of the files and both reports were corrected/ revised during regularly occurring project reviews that occurred prior to the audit sampling. We believe this illustrates our commitment to accuracy in this area and for this reason, although the initial reports contained the data entry error, the errors did not result in questioned costs. While we will continue to strive for zero findings in this area, UNLV accountants complete hundreds of financial reports each year that require manual data input. However, to reduce the likelihood of future errors and to increase the opportunity to detect and correct errors that do occur, the Senior Research Accountants will continue to prepare and provide a reconciliation report on a quarterly basis to the Associate Director of Post-Award. In addition, the	OPEN	12/4/2014

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							accountants will begin providing the Associate Director with a copy of final invoices/ reports for a secondary review. Following the secondary review the Associate Director will initial the reconciliation report prior to report submission. *2) How compliance and future good management and practice will be measure, monitored and assured.* Associate Director review of the quarterly reconciliation reports and final invoices/ reports will assure compliance. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* Associate Director of Post Award and ultimately the Executive Director of sponsored Programs is responsible for compliance with this requirement. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* The above practices have already been implemented and, in conjunction with current processes, should result in fewer clerical errors and will continue to ensure that when errors do occur they will be quickly identified and corrected. *5) How compliance and performance will be documented for future audit, management and performance review.* The quarterly reconciliation reports will provide		

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							documentation of the above implemented procedure.		
DRI	2014 NSHE Single Audit Report- A133	Reporting	11/4/14 11/5/14	5	We recommend that the institutions design and implement a process and controls to include a supervisory review of filing to ensure accurate reporting to the Federal agency.	Assistant Vice President/ Controller	*1) What will be done to avoid the identified problems and issues in the future?* While we strive for 100% accuracy, minor errors such as those noted are difficult to detect in these complex reports. Material errors are more easily detected and corrected. We will implement a review process to help detect both types in the future. *2) How compliance and future good management and practice will be measure, monitored and assured.* We recently filled a vacant Grants and Contracts Accountant position which has been vacant for some time. This will allow a level of supervisory review not possible with constrained resources in the recent past and results of that review will provide the best measurement of improvement. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Assistant Vice President/ Controller directly supervises Grants and Contracts accounting and is responsible to ensure compliance. *4) When the measures will be taken and on what schedule compliance and good practice will be secured: and how compliance and performance will be documented for future audit,*	OPEN	12/4/2014

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							management and performance review. The new accountant began work in September and the extra hours will enable more time on each report and more opportunities for review of prepared reports.		
UNLV	2014 NSHE Single Audit Report- A133	Activities Allowed or Unallowable/ Allowable Costs/ Period of Availability	11/4/14 11/5/14	6	We recommend the institution train those responsible for compliance with above mentioned requirements to eliminate instances of noncompliance, adjust billings for these unallowable costs and evaluate the existence of these issues of noncompliance in the remaining population and remediate as necessary.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	*1) What will be done to avoid the identified problems and issues in the future?* The Senior Research Accountants have been reminded about the importance of requesting documentation in order to conduct a thorough review of travel, meals, and participant support costs. The supporting documentation will be thoroughly reviewed to determine allowability based on both the project period of performance and the overarching eligibility of the charges. In accordance with existing processes, if the question of allowability remains even after a review of the available supporting documentation, the accountant will communicate with the Principal Investigator to get additional information and/or documentation for a final determination. In addition, the Senior Research Administrators on our pre-award team will be reminded and begin education faculty during the proposal budget development phase regarding what constitutes appropriate charges for participant support. Furthermore, we have discussed this finding in detail	OPEN	12/4/2014

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							with our accountants and they have renewed their dedication to reviewing P-Card charges more thoroughly to assure unallowable charges are not charged to sponsored program accounts. Any unallowable charges will be immediately reassigned in accordance with existing policy. UNLV takes this finding very seriously and with the renewed emphasis on training, education, communication, and thorough reviews we do not anticipate future findings in this area. UNLV has already reassigned the ineligible charges to departmental unrestricted accounts and we have refunded the unallowable amounts to the sponsor. *2) How compliance and future good management and practice will be measure, monitored and assured.* Senior Research Accountants will request documentation for travel, meals and participant support costs and thoroughly review P-Card charges to assure unallowable costs are not charged to sponsored program accounts. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* Senior Research Accountants and ultimately the Executive Director of Sponsored Programs is responsible for compliance with this		

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							requirement. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* The above practices have already been implemented and the unallowable costs have already been reassigned to departmental unrestricted accounts and have refunded the unallowable amounts to the sponsor. *5) How compliance and performance will be documented for future audit, management and performance review.* Documentation of travel, meals and participant costs will be obtained and reviewed by the Senior Research Accountants and this documentation will be retained in the files for future audit and review.		
UNLV	2014 NSHE Single Audit Report- A133	Equipment and Real Property Management	11/4/14 11/5/14	7	We recommend the institution train those responsible for compliance with above mentioned requirements to eliminate instances of noncompliance and to correct the records for those errors noted above.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	*1) What will be done to avoid the identified problems and issues in the future?* In accordance with NSHE policy, each department has responsibility for all equipment within its custody. Each department is responsible for reporting all additions, deletions, and material changes in condition of equipment within their unit, to the respective Inventory Control Department. The assets that are the subject of this finding were reported to Inventory Control as lost by the responsible department as part of their annual inventory reconciliation.	OPEN	12/4/2014

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							Upon further investigation however, it was later indicated to Inventory Control that the assets were not lost, but moved without the department inventory coordinator being notified. It should be noted that all of the assets in question belonged to a single department. The Inventory Control unit is in the process of completing a further review of other equipment similarly reported to confirm that this is an isolated incident. In addition, the Inventory Control unit has added a follow-up procedure when annual inventories report assets as missing/ lost to better identify the disposition of assets at that time and reduce the likelihood of similar occurrences in the future. *2) How compliance and future good management and practice will be measure, monitored and assured.* The department head and dean of the college will be informed of this incident and provide refresher training for the department, equipment coordinator and PI's to reinforce the importance of accurate reporting. In addition, the Inventory Control unit has added a follow-up procedure when annual inventories report assets as missing/lost to better identify the disposition of assets at that time and reduce the likelihood of similar occurrences in the future. *3) Who will be responsible*		

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							and may be held accountable in the future if repeat or similar problems arise. In accordance with NSHE policy the department head is responsible for all equipment within their jurisdiction and they are responsible to ensure assets data is reported to Inventory Control. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* Departments are responsible for reporting any update in the location and status of equipment through the Archibus system. The method to ensure compliance and good practice is the annual inventory reconciliation that must be conducted by the department and documented with a signed certification and our follow-up procedures will collect information from departments that report assets missing as part of this process so that appropriate action may be taken as needed when this occurs. *5) How compliance and performance will be documented for future audit, management and performance review.* Compliance will be monitored by the department head during the annual physical reconciliation to ensure the PI and equipment coordinator are accurately reporting the location and status of equipment.		
UNLV	2014 NSHE	Cash	11/4/14	8	We recommend that UNLV	Associate Vice	*1) What will be done to avoid*	OPEN	12/4/2014

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	Single Audit Report- A133	Management	11/5/14		implement effective review controls and train those responsible for drawdown of federal funds to ensure that funds are only being requested for expenditures that have been paid for.	President, ICA/TMC Business Services, Auxiliary Financial Services	*the identified problems and issues in the future?* This finding occurred due to a singular and isolated incident involving an automated payment scheduling function within the accounts payable system. This function was utilized in FY14 for six property lease payments including the lease payment that is the subject of this finding. The system functionality records the transactions as current expenditures rather than encumbrances at the time the payment schedule is established in the system. The result led to the advanced drawdown of funds. The lease payment that is the subject of this finding is the only transaction involving a sponsored program account. Consequently, UNLV has determined that the scheduled payment functionality will not be used on any sponsored programs in the future and the department will initiate manual lease payments to assure we only drawdown funds based on incurred expenditures. Since we have already verified that this feature is not currently used on any other sponsored program activities and we have determined that it will not be used on any future sponsored programs, we can be certain this finding will not reoccur. *2) How compliance and future good management and*		

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							practice will be measure, monitored and assured. The scheduled payment functionality, which is used on a very limited basis and controlled within the Accounts Payable Office, will no longer be utilized on transactions involving sponsored program accounts. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Accounts Payable Office, under the responsibility of the Controller will ensure the scheduled payment functionality is not used on Sponsored Program accounts. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* The above practices have already been implemented. As noted, this functionality is utilized on a very limited basis and the use is centralized within the control of the Accounts Payable Office. *5) How compliance and performance will be documented for future audit, management and performance review.* The Accounts Payable Office maintains a listing of the limited number of property lease transactions that utilize the scheduled payment functionality and this listing can be monitored to ensure compliance.		
UNR	2014 NSHE	Allowable Costs	11/4/14	9	We recommend the institution	Associate Vice	*1) What will be done to avoid*	OPEN	12/4/2014

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	Single Audit Report- A133	and Cost Principles	11/5/14		implement a proper review process over allowable costs to prevent drawdown requests from containing unallowable costs.	President, Business and Finance	*the identified problems and issues in the future?* It was discovered and corrected prior to the end of the project and no overbilling occurred. An additional step has been added whereby the Post Award Manager reviews that the indirect cost is set up correctly at the time of the account set up and the Post Award Analysts reviews for allowable costs at the time of invoicing. *2) How compliance and future good management and practice will be measure, monitored and assured.* The Post Award Manager reviews the indirect cost at the time of the account set up to determine that it is set up correctly and the Post Award Analysts review for allowable costs at the time of invoicing. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Grants and Projects Officers are responsible for making sure the indirect cost is set up correctly when the award is received before it goes to account set up. The Post Award Analysts reviews for allowable costs at the time of invoicing. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* An additional step has been added whereby the Post Award Manager reviews that the indirect cost is set up correctly at the time of the account set up and the Post		

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							Award Analysts reviews for allowable costs at the time of invoicing. *5) How compliance and performance will be documented for future audit, management and performance review.* Our expenditure monitoring procedures have been updated to include a review for allowable costs.		
UNLV	2014 NSHE Single Audit Report- A133	Internal Control over Compliance	11/4/14 11/5/14	10	Management at UNLV should logically segregate duties and remove programmer's access to the production and test environments.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	*1) What will be done to avoid the identified problems and issues in the future?* UNLV understands the importance of adequate segregation of duties and the prevention of conflicting security authority within the PeopleSoft environments and applications. The users that are the subject of the finding are the System Security Administrator, Software Services Manager and two PeopleSoft Administrators. The four individuals are not programmers. Developers and their access to the two environments is needed to support the application within the scope of their job duties. Similarly, for one of the two users that has access to the financial aid application above 'read-only', that access is limited to maintain the batch utility while the financial aid staff controls the parameter values that result in processing activity so segregation occurs at the role level. For the second user that has access to the financial aid module above 'read-only'. This user is the	OPEN	12/4/2014

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							Security Administrator who periodically requires the use of a 'cloned' account in order to evaluate an issue. In order to improve the security around this process, the procedure for debugging a user account issue has been updated to remove 'cloned' account permissions as the issue being investigated is 'closed'. This will be documented within the job-tracking system. *2) How compliance and future good management and practice will be measure, monitored and assured.* UNLV understands the importance of segregation of duties and routinely reviews security role assignments to reduce the risk with inappropriate access. Due to resource limitations, not all conflicts can be avoided; however, roles are assigned to limit such situations to the greatest extent possible. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Software Engineering Services Manager has oversight of the PeopleSoft security administration. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* Existing procedures are already in place and continue to operate as designed, and a new procedure for issue resolution has already been implemented to remove 'cloned' account privileges		

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							upon resolution. *5) How compliance and performance will be documented for future audit, management and performance review.* Security administration procedures provide documentation of user access and profile reviews and are available for audit and review.		
UNR	2014 NSHE Single Audit Report- A133	Internal Control over Compliance	11/4/14 11/5/14	11	Management at UNR should logically segregate duties and remove programmer's access to the production and test environments. Management should also implement a naming convention for changes pushed to production to separate changes not requiring a ticket from those changes that do require a ticked.	Associate Vice President, Business and Finance	While there is room for improvement, UNR does not believe the findings adequately document what is currently in place in UNR Information Technology (IT) for ensuring proper controls and separation of duties. UNR IT has implemented a framework based on best practices for software change management methodologies but also accounted for the lean staffing resources available (one Supervisor, one System Administrator, and 2 Develop /Programmers). We leverage tools provided by NSHE/SCS (Quest Stat) to provide functional approval oversight (which are done outside of UNR IT); the programmers do not have the ability to promote code changes (after they have been approved) directly to Quality Assurance (QA) and Production (Prod). They do have read only accesses to QA and Prod to verify changes. Only the System Administrator, due to the scope of his job and the privileges related, has the ability to promote code	OPEN	12/4/2014

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							changes to QA and Prod. The System Administrator also has the ability to bypass Quest Stat and use native PeopleTools to deploy fixes provided by the vendor, NSHE, or other campuses, as well as other operational tasks requested by functional owners. All that are not supported by Quest Stat, and prior to promotion, the supervisor's approval is required. All the above are standard operating procedures for the UNR team. *1) What will be done to avoid the identified problems and issues in the future?* A. Regarding removing programmers' access to production and test environment, our programmers currently have full access to dev and test servers where there are no users, but they only have read access to QA and Prod servers. And only Prod servers have real time users and data. Programmers also do not have the ability to promote code changes to QA or Prod. Removing their access completely to QA and Prod will increase the time needed to debut and identify fixes, and should be approved by functional owners first. As for the ability of the System Administrator to promote code changes in all environments (dev, test, QA Prod), this is well within the capability of a PeopleSoft System Adminstrators role. Our System Administrator		

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							does not develop code. He only promotes. UNR however will implement a change where the Director of Enterprise Applications (who is the direct supervisor of this iNtegrate team) will also have the ability to promote code changes within all environments. The director will serve as a backup for the existing System Administrator. The Director already woks with the System Administrator to evaluate all existing promotions. The Director will also work with the UNR functional owners to identify the need and resources for a second System Administrator. B. Regarding a naming convention for code changes so that there is a structured way to identify those requiring tickets (Quest Stat approved) vs. no. UNR Integrate team will fully document the existing naming convention that is in use to identify those approved via Quest Stat (see #a below) and begin implementing a new convention to document those that are not (see #b below) will be deployed as soon as functional owners have approved, and will be used to identify all changes going forward. a. UNR_xx000 where ai. UNR_ represents UNR code changes that will go thru Quest Stat (with a ticket); aii. XX is a two character naming convention, representing the various functional groups		

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							(Admissions-AD, Student Records-SR, Financial Aid-FA, Student Financial-SF, Academic Advising-AA, etc.); aiii. 000 is a 3 digit number sequence in ascending fashion. b. UNRX_yyyyyyy where bi. UNRX_ represents all those non-code changes that UNR has that will not go through Quest Stat for approval (thus without a ticket); bii. "yyyyyyy" is a 30 character string that will provide additional information and background for this code change (vendor provided, NSHE provided, operational tasks such as queries, database tree structures, style sheets, etc.). *2) How compliance and future good management and practice will be measure, monitored and assured.* The Director of the Enterprise Applications will review and approve changes, if any, of all existing Standard Operating Procedures (SOP), in consultation with the functional owners. All existing SOP and updates will be properly documented and published on the staff intranet and the UNR IT "Policies and Procedures" site. The director, as the supervisor of the Integration team, will ensure staff is performing adequately according to their job descriptions. All appropriate levels of system logs, database logs and approval processes are documented and reviewed		

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							periodically, if necessary. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Integrate team is responsible for the development and implementation of all necessary integration and customizations within PeopleSoft Campus solution service, and governed by the various functional owners (Admission and Records, Financial Aid). Each team member has a specific job description and requirement, and has to follow team standard operating procedures (SOP). The Integrate team reports to the Director of Enterprise Applications, who is responsible for reviewing the SOP, ensuring that the staffs follow procedures, and works with functional owners directly. The director reports to the IT Chief Information Officer. IT has the overall accountability for the integrity and availability of the PeopleSoft Campus solution service on UNR campus and reports directly to the UNR Provost. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* New naming convention will be implemented as soon as possible, after receiving approval from functional owners, estimated no later than December 2014. Since the developers only		

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							have read-only accesses to QA and Prod today, removal of the accesses might have significant impact to issue resolution and will have to be approved by functional owners first. Discussion ongoing with resolution by December 2014. The Director will begin acting as a backup to the System administrator, effective November 2014. *5) How compliance and performance will be documented for future audit, management and performance review.* All standard operating procedures (SOP), including Quest Stat approval process, will be documented and published in the UNR IT's Intranet under "Policies and Procedures" section.		
CSN, TMCC, NSC, WNC	2014 NSHE Single Audit Report- A133	Internal Control over Compliance	11/4/14 11/5/14	12	Management at CSN, TMCC, NSC and WNC (the shared instance) should logically segregate duties and remove programmer's access to the production and test environments.	System Computing Services	*1) What will be done to avoid the identified problems and issues in the future?* Of the four users currently with access across all environments two are PeopleSoft Administrators who are responsible for installation, configuration, upgrades, and troubleshooting all the environments. The other two are responsible for managing security roles across all the environments. By nature of their job functions they are provided this access. As compensating controls, NSHE System Computing Services (SCS) has established an audit trigger that sends an email alert if	OPEN	12/4/2014

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							high level roles are added in Production (PRD). This alerting mechanism will be expanded to include Development (DEV) and Test (TST) environments and be sent outside of the PeopleSoft Security Administration group to the NSHE Information Security Office for additional oversight. Quarterly review of users assigned to privileged accounts will be performed to verify the alerting mechanism is functioning as desired. The additional PeopleSoft Administrator accounts in the DEV and TST environment are assigned to management personnel who are responsible for these environments. Developers/ Programmers do not have this access and therefore cannot promote code between DEV and TST, it requires an additional management step. Additionally, neither developers nor the developer/ test management personnel can promote code to the PRD environment. There are strict protocols in place for approval to put code in production and the movement of code throughout the development life cycle using HP's Project Portfolio Management system and the Quest STAT tool. *2) How compliance and future good management and practice will be measure, monitored and assured.* The NSHE Information Security Office will maintain		

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							documented alerts for any high level role added to any environment. Receiving such alerts will trigger a review with the PeopleSoft Security Team and SCS Management to assure appropriate privileges are being assigned and maintained. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* SCS management is responsible for assuring these changes are in effect. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* The changes to the audit trigger and alerting mechanism will be implemented no later than November 30, 2014. Quarterly review of privileged accounts will begin December 31, 2014 and be performed in March, June, September, and December in all subsequent years. *5) How compliance and performance will be documented for future audit, management and performance review.* The NSHE Information Security Office will maintain the documentation for quarterly reviews as well as any alerts and results from alert inquiries. The Portfolio and Project Management and Quest STAT documentation will be available for future audit review.		
NSC	2014 NSHE	Eligibility	11/4/14	14	We recommend NSC ensure	Senior Vice	*1) How compliance was*	OPEN	12/4/2014

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	Single Audit Report- A133		11/5/14		that PeopleSoft is using appropriate tuition amounts in the COA budgets based on level of enrollment.	President for Finance and Administration	*achieved.* The Office of Financial Aid has reprogrammed its Cost of Attendance (COA) formulas for the 2014- 2015 award year to utilize tuition/fee projections based on a student's actual enrollment level. Estimated projections for full-time, three-quarter-time, half-time and less-than half time have been created for state resident, non-resident, Good Neighbor and Western Undergraduate Exchange tuition and fee schedules. *2) What will be done to avoid the identified problems and issues in the future?* The Director of Financial Aid will coordinate with the Office of Admissions and Records and with the NSC Bursar to verify that actual level of enrollment is utilized for each classification of student. The Director of Financial Aid will verify that the information is accurate at the beginning of each term and will forward this verification to the Vice President for Finance and Business Operations as confirmation that this review has occurred. *3) How compliance and future good management and practice will be measured, monitored and assured.* The NSC Controller and Bursar will perform a sample audit each year to verify even further that budget amounts have been calculated appropriately and that students are not being over-awarded. The sample size		

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							will reflect acceptable audit standards and will increase in size if there is evidence of any miscalculations or over-awarding.		

will reflect acceptable audit standards and will increase in size if there is evidence of any miscalculations or over-awarding.
4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.
The Director of Financial Aid, has the responsibility for calculating Cost of Attendance appropriately and will be held accountable in the future for any issues which may arise.
5) When the measures will be taken and on what schedule compliance and good practice will be secured.
All appropriate measures have been implemented, and the process to utilize actual enrollment in the COA calculations was established in March 2014. These review processes will commence with the 2014-2015 award year.
6) How compliance and performance will be documented for future audit, management and performance review.
The Vice President for Finance and Business Operations now requires that the Director of Financial Aid verify in writing that appropriate steps have been taken to ensure that accurate enrollment information is being utilized each term, and he will ensure that a sample audit occurs each year to demonstrate further validity of financial aid awards. All information is available in the

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							PeopleSoft system, which will be accessed for each audit.		
TMCC	2014 NSHE Single Audit Report- A133	Eligibility	11/4/14 11/5/14	15	The COA amount used was incorrect due to personnel oversight during the processing of the noted student.	Vice President of Finance and Administrative Services	*1) What will be done to avoid the identified problems and issues in the future?* TMCC takes pride in ensuring compliance with federal regulations pertaining to financial aid awarding. However, we welcome the opportunity to improve our process. Given this one exception our of 60 cases, or less that a 2% error rate, TMCC will be implementing the following: We manually adjust COA when awarding non-Pell dollars, and in this one instance the adjustment was not made. We developed a query that will identify budget mismatches, where the student's FA term does no match their budget. *2) How compliance and future good management and practice will be measure, monitored and assured.* We will continue to monitor compliance by running the new query on a weekly basis during the already existing budgeting process; this will be an additional step. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Program Director for Student Services Systems, Student Loan Coordinator, Program Officer for Student Employment, Program Officer for Scholarships and The Director of Financial Aid are responsible and will monitor all compliance issues and	OPEN	12/4/2014

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							document as needed for future audit, management and performance review. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* We ran the new query against students currently enrolled and found no exceptions thus far. If exceptions are found, the student's budget will be adjusted appropriately. *5) How compliance and performance will be documented for future audit, management and performance review.* The changes to our procedures have been updated in the financial aid policy and procedures manual.		
WNC	2014 NSHE Single Audit Report- A133	Eligibility	11/4/14 11/5/14	16	We recommend that WNC ensure that PeopleSoft is using appropriate budgeted amounts in the COA budget based on revised levels of enrollment.	Controller	*1) What will be done to avoid the identified problems and issues in the future?* The WNC Financial Assistance Office has developed a query that identifies students that have the incorrect tuition amounts included in their COA. This query compares the tuition amount reported in COA data to the number of credits reported on a student's FA term. As part of the weekly ISIR loading process, the WNC FA Systems Coordinator now reviews this query and corrects any inaccurate COA amounts prior to awarding students. *2) How compliance and future good management and practice will be measure,*	OPEN	12/4/14

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							monitored and assured. Compliance will be assured by the WNC FA Systems Coordinator now reconciling COA inaccuracies on a weekly basis. To measure, monitor, and assure good management the Interim Associate Director of Financial Assistance will, at random, audit COA for 10% of awarded students each semester. The Interim Associate Director will keep record of each audited student. Inaccuracies or errors will be corrected immediately and the remaining population will be evaluated. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The WNC FA System Coordinator and Interim Associate Director are responsible and will be held accountable if similar problems arise. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* The WNC Financial Assistance Office developed the query in October 2014 and immediately began reviewing 2014-2015 COA amounts for any inaccuracies. The random COA audit began with the Fall 2014 semester. *5) How compliance and performance will be documented for future audit, management and performance review.*		

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							Compliance and performance will be documented by the FA Systems Coordinator saving the weekly query and the Interim Associate Director will document and save audited files. These documents will be available to management and staff for review in the office's shared files.		
CSN	2014 NSHE Single Audit Report- A133	Verification and Updating of Student Aid Application Information	11/4/14 11/5/14	17	We recommend that CSN enhance internal controls to ensure updating of student aid application information is accurate, implement training to ensure verification is being performed accurately and evaluate the existence of these issues of non-compliance in the remaining population and remediate as necessary.	Senior Vice President Finance and Administration	*1) What will be done to avoid the identified problems and issues in the future?* To avoid future instances, CSN has in place written policies that provide guidance on how all aspects of Federal Verification are to be performed and what changes need to be submitted for correction. Staff has strengthened verification processes in their Financial Aid Management system to help ensure accuracy and provide more system edit checks. The consulting firm has enhanced its quality assurance process to ensure that consultants are following proper procedures and are submitting corrections as required. In addition, the persons who made the errors were not made on the remaining population, all the verifications completed by the removed processors were rechecked to ensure their accuracy. *2) How compliance and future good management and practice will be measure, monitored and assured.* To ensure future compliance and good management/ practice, the consulting firm	OPEN	12/4/2014

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							hired to perform federal verification has enhanced its own quality assurance process to ensure that consultants are following proper procedures and are submitting corrections as required. *3) When the measures will be taken and on what schedule compliance and good practice will be secured. How compliance and performance will be documented for future audit, management and performance review:* Quality assurance measures are monitored monthly and the results are tracked electronically in their system. All verification processors will be checked monthly for compliance and the results will be tracked electronically in a separate system. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Director of Financial Aid is responsible for all aspects of student aid eligibility processing, including actions by third-parties performed on behalf of CSN.		
TMCC	2014 NSHE Single Audit Report- A133	Verification and Updating of Student Aid Application Information	11/4/14 11/5/14	18	We recommend that TMCC modify its verification policies and procedures to ensure that household size and number in college are verified by obtaining acceptable documentation from the applicant as well as evaluate the existence of these issues of non-compliance in the remaining population and remediate as necessary. Changes to an applicant's	Vice President of Finance and Administrative Services	*1) What will be done to avoid the identified problems and issues in the future?* TMCC dutifully follows federal regulations which do not prohibit removing extraneous family members from the household size number when verifying a student. In fact, a recent Federal Department of Education program review on financial policies and	OPEN	12/4/2014

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					FAFSA data should be supported by acceptable documentation that is maintained by the institution.		procedures, including verifications, found no compliance issues with federal regulations. However, we recognize that we were overly conservative in our policies and procedures, in an effort to provide good stewardship of federal dollars. Therefore, we have relaxed our procedures for verification of household size, and in cases where discrepancies occur, we will document our correspondence with the student. *2) How compliance and future good management and practice will be measure, monitored and assured.* We will continue to monitor compliance by cross-checking 30% of our verifications that are processed, by having staff forward their daily verifications to another staff member for review. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Financial Aid Coordinator for Compliance and the Director of Financial Aid are responsible and will monitor all compliance issues and document as needed for future audit, management and performance review. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* We have already completed our review of the affected students in both 13-14 and		

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							14-15 award years and made corrections where applicable; this took place in September and October of 2014. *5) How compliance and performance will be documented for future audit, management and performance review.* The changes to our procedures have been updated in the financial aid policy and procedures manual.		
WNC	2014 NSHE Single Audit Report- A133	Verification and Updating of Student Aid Application Information	11/4/14 11/5/14	19	We recommend that WNC enhance internal controls to ensure updating of student aid application information is accurate, implement training to ensure verification is being performed accurately and evaluate the existence of these issues of non-compliance in the remaining population and remediate as necessary.	Controller	Oversight and inadequate training were the cause for the findings. To ensure that these problems are nor prevalent throughout the population, WNC will validate all 2013-2014 verifications, make the appropriate corrections and return required funds to the U.S. Department of Education by January 31, 2015. *1) What will be done to avoid the identified problems and issues in the future?* WNC has increased training for the individuals that complete verifications to ensure that there is a proper understanding of the verification requirements and tax transcripts. Staff has attended verification training at the Nevada Association of Financial Aid Administrators State Conference and will be required to complete additional webinars to learn best practices for verification. WNC has also implemented a secondary check process on all corrected files for 2014-2015. The secondary check	OPEN	12/4/2014

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							is completed by a staff member that did not initially complete the original verification to ensure that student files have been properly verified. Lastly, the Interim Associate Director of Financial Assistance now completes random verification file audits to ensure compliance. This random audit began with the Fall 2014 semester. *2) How compliance and future good management and practice will be measure, monitored and assured:* WNC's commitment to a secondary review process of corrected verification files and random verification file audits strive for good practice, increase internal controls, and will reduce the opportunity for oversight. Secondary Review Process -Financial Assistance staff is now required to make a comment in PeopleSoft after the secondary review. This will help to monitor that each file has been through the secondary review process. -Financial Assistance staff completing the secondary review will make appropriate corrections to verified files with errors. -Financial Assistance staff will report any consistent errors to the Interim Associate Director of Financial Assistance. Those errors will be addressed and corrected with all individuals completing verification. Random Audit Process -The Interim Associate		

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							Director of Financial Assistance selects, at random, 10% of verified files each semester for an audit. -The Interim Associate Director of Financial Assistance is required to make a comment in PeopleSoft and keep track of each file audit to document this internal control. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise:* The WNC Financial Assistance staff completing verification and the Interim Associate Director will take responsibility and will be held accountable if similar problems arise. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* The WNC Financial Assistance Office has begun the secondary review process of all verified files for award year 2014-2015 and began the random audit with the Fall 2014 semester. Staff attended the Nevada Association of Financial Aid Administrators conference in Fall 2014 and will be required to complete additional webinars and trainings immediately. Additionally, WNC is in conversations regarding third party verification services for the 2015-2016 year. *5) How compliance and performance will be documented for future audit, management and*		

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							performance review: The secondary review and random audit process will serve as a compliance review processes. Additional sign-off in the myWNC comment section will serve as documentation for future audit, management and performance reviews.		
NSC	2014 NSHE Single Audit Report- A133	Verification and Updating of Student Aid Application Information	11/4/14 11/5/14	20	We recommend that NSC enhance internal controls to ensure updating of student aid application information is accurate, implement training to ensure verification is being performed accurately and evaluate the existence of these issues of non-compliance in the remaining population and remediate as necessary.	Senior Vice President for Finance and Administration	*1) How compliance was achieved:* In the absence of any questioned costs, The Office of Financial Aid has focused its efforts to demonstrate compliance and accuracy in the performance of "verification" of Free Application for Federal Student Aid (FAFSA) data through enhanced training and improving quality control with the use of peer reviews. *2) What will be done to avoid the identified problems and issues in the future:* A system of periodic peer review will be implemented to assist staff in identifying any processing errors and provide opportunity for further training. In order to demonstrate mastery of the body of knowledge related to verification, staff with primary responsibility for verification will receive training and earn credentials through the National Association of Student Financial Aid Administrators (NASFAA). The Director of Financial Aid will ensure that any staff performing verification obtain a NASFAA credential in the subject area by June 30,	OPEN	12/4/2014

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							2015, and that a quality control process is implemented by November 1, 2014. The Director will report on the progress of these activities quarterly to the Vice President for Finance and Business Operations. *3) How compliance and future good management and practice will be measured, monitored and assured.* All verified files will be in the potential population for review, including files selected for verification by the U.S. Department of Education, those that were institutionally selected, and files for students that self-selected to complete verification. Verification files will be peer reviewed by either another Financial Aid Counselor or Coordinator. Each reviewer will check files processed by someone other than themselves, and perform verification of the files using any documentation submitted by the applicant. Any discrepancies between the original and recalculated results will be discussed with the staff member who originally performed verification, before the reviewer transmits corrections to the U.S. Department of Education. Any adjustments to an applicant's award package based on the corrected verification results will be made prior to marking the file as completed. At least 30% of each of the following groups will be		

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							reviewed each time a selection is made: -V1 verification tracking group, -V3 verification tracking group, -V4 verification tracking group, -V5 verification tracking group, -V6 verification tracking group, -Files not selected by ED (select-selected or institutionally selected). *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Director of Financial Aid has the responsibility for conducting verification appropriately and will be held accountable in the future for any issues which may arise. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* Review of files for 2014/2015 will begin in October 2014. For future years, review will begin the week after the Office of Financial Aid begins to verify files for the term. Selections will be made and assigned every two weeks, except during semester opening periods. *6) How compliance and performance will be documented for future audit, management and performance review.* Each file that has been reviewed through the quality control process will be marked with a comment		

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							code, which will allow for querying within PeopleSoft for the purpose of auditing. Also, the spreadsheet generated each time a selection is pulled will be saved in the network, showing the files that were selected and the outcome of the review. The Director of Financial Aid will quarterly forward to the Vice President for Finance and Business Operations a report of these activities, which will include the number of total verifications compared to total reviews, along with the number of corrections required after review.		
UNR	2014 NSHE Single Audit Report- A133	Verification and Updating of Student Aid Application Information	11/4/14 11/5/14	21	We recommend that UNR enhance internal controls to ensure updating of student aid application information is accurate, implement training to ensure verification is being performed accurately and evaluate the existence of these issues of non-compliance in the remaining population and remediate as necessary.	Associate Vice President, Business and Finance	*1) What will be done to avoid the identified problems and issues in the future?* The verification team has already corrected the records in this finding and their financial aid awards remain unchanged. The Financial Aid Office has a training program and review process in place to assist new staff members performing verification on student's records. A team of Financial Aid Advisors performs a second review of all verifiable items in relation to the Quality Assurance Program. This ensures that the records are sent correctly to the Department of Education. *2) How compliance and future good management and practice will be measured, monitored and assured.* The Quality Assurance Program allows each school	OPEN	12/4/2014

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							who participates in the program to create their own verification criteria while adhering to the rules and regulations of Department of Education regarding documentation and procedures. Section 5 (f) and 5(d) refer to UNR's Verification Handbook created internally by the verification team regarding institutional verification procedures. Human error resulted in this oversight in the corrections being processed to the Department of Education. A team of financial aid advisors performs a second review of all verifiable items in relation to the Quality Assurance Program. This ensures that the records are sent correctly to the Department of Education. In addition to the second review of verification items, a series of queries in PeopleSoft has been created to track these items. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The lead Financial Aid Advisor on the verification team and Assistant Director of Compliance are responsible if similar problems arise. *4) When the measures will be taken and on what schedule compliance and good practice will be secured:* The verification team has already corrected the records in this finding and their financial aid awards remain		

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							unchanged. The Financial Aid Office has a training program and review process in place to assist new staff members performing verification on student's records. A team of Financial Aid Advisors performs a second review of all verifiable items in relation to the Quality Assurance Program. In addition to the second review of verification items, a series of queries in PeopleSoft has been created to track these items. *5) How compliance and performance will be documented for future audit, management and performance review:* A sample population will be selected on an annual basis from the verification pool and an audit performed on the selected verification files to ensure all documentation and corrections have been processed correctly to the Department of Education. In addition to the second review of verification items, a series of queries in PeopleSoft has been created to track these items.		
WNC	2014 NSHE Single Audit Report- A133	Special Tests and Provisions: Return of Title IV Funds for Withdrawn Students	11/4/14 11/5/14	22	We recommend that WNC reevaluate the time frame upon which final grades are submitted to the institution to allow adequate time for the Student Financial Aid staff to determine the last date of attendance of all applicable students to ensure compliance with the timeframe for withdrawal date determination as required by 34CFR	Controller	Due to the lag time between the last day of the semester and when final grades were posted for Fall 2013 and Spring 2014, Return of Title IV (R2T4) calculations were not completed within 30 days of the end of the term. However, the WNC Financial Assistance staff did completed R2T4 calculations within 30 days of final grades	OPEN	12/4/2014

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					668.22(j)(2). We recommend WNC implement a more comprehensive review process of return to Title IV calculations. Management should evaluate the existence of this issue of non-compliance in the remaining population and remediate as necessary.		posting. The WNC Financial Assistance staff recognized that there was a problem with the PeopleSoft R2T4 application related to the amount populating institutional charges. The system was populating institutional charges with incorrect information and was increasing institutional charges for students that had enrolled in a payment plan. Upon discovery of this issue, the WNC Financial Assistance staff reviewed and corrected all R2T4 calculations with this issue. Due to the lag time between the last day of the semester and when final grades were posted, funds for 3 of the students identified were returned after the 45 day requirement. The other 2 students had corrected R2T4 calculations due to incorrect institutional charges. *1) What will be done to avoid the identified problems and issues in the future?* With the support of the Vice President of Academic and Student Affairs, WNC will enforce specific timelines on submission of grades. Additional Financial Assistance staff has also been assigned to end of term R2T4 calculations to ensure a timely completion. To ensure correct institutional charges are being used, Financial Assistance staff is now comparing a student's account statement to the charges populated in the		

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							PeopleSoft R2T4 application. Staff members will be required to print each student's account statement to include with the R2T4 documentation. Additionally, each R2T4 calculation will be reviewed by a secondary staff member to reduce the chances of any oversights. Staff members will be required to initial the R2T4 documentation confirming the file has been reviewed. *2) How compliance and future good management and practice will be measure, monitored and assured.* Compliance will be measured by the institutions ability to complete R2T4 calculations and return funds within the required timeframe. To ensure good practice, the WNC Financial Assistance Office will begin completing R2T4 calculations within 2 days of the final grade due date. Assigning additional staff to R2T4 calculations increases the institutions ability to complete R2T4 calculations within the required 30 days and return funds within 45 days. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* WNC Financial Assistance staff responsible for R2T4 calculations and the Interim Associate Director of financial Assistance will be responsible and held accountable to ensure that repeat or similar problems don't arise.		

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							4) When the measures will be taken and on what schedule compliance and good practice will be secured. WNC Financial Assistance staff implemented the process to ensure appropriate institutional charges are being reported for 2014-2015 R2T4 calculations in September 2014. After training additional staff on R2T4 calculations, secondary checks on each R2T4 began in October 2014. WNC will begin the additional measures with Fall 2014 end of term R2T4 calculations in December 2014. *5) How compliance and performance will be documented for future audit, management and performance review.* Implementation of required account statements with each R2T4 calculation and a required review and signoff by a secondary staff member wills serve as documentation for future audit, management and performance reviews.		
TMCC	2014 NSHE Single Audit Report- A133	Special Tests and Provisions: Return of Title IV Funds for Withdrawn Students	11/4/14 11/5/14	23	We recommend TMCC implement a more comprehensive review process of return to Title IV calculations. Management should evaluate the existence of this issue of non-compliance in the remaining population and remediate as necessary.	Vice President of Finance and Administrative Services	*1) What will be done to avoid the identified problems and issues in the future?* TMCC developed a system resulting from last year's finding that would prevent further issues in this process. R2T4s calculated during January, for the previous fall, are calculated during one of our peak months. Our cross-checking system missed three of 120 students. We conducted our own mini-audit	OPEN	12/4/2014

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							of R2T4 in Spring, identified these students and made corrections, however they were outside of the 30 day window. We reviewed the remaining population and found no issues. *2) How compliance and future good management and practice will be measured, monitored and assured.* Since we missed three transactions as noted, we reviewed the process developed last year and modified as follows: In the future, we developed a query that compares the R2T4 calculated value with the amount that was returned COD. Compliance will be measured by weekly monitoring and any discrepancies will be corrected within a 30 day timeframe. Additionally, we will have staff check the amount returned that is recorded in COD on a weekly basis, to further identify potential errors. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Program Director for Student Services Systems, the Student Loan Coordinator, the Financial Aid Coordinator for Compliance and the Director will be responsible and held accountable. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* These measures will be		

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							implemented effective January 2015, for the fall 2014 semester. *5) How compliance and performance will be documented for future audit, management and performance review.* The weekly queries will be maintained to document compliance and performance.		
NSC	2014 NSHE Single Audit Report- A133	Special Tests and Provisions: Enrollment Reporting	11/4/14 11/5/14	24	We recommend that NSC develop policies and procedures to ensure student status changes are uploaded timely to NSLDS, to correct for known errors and evaluate if there are additional errors in the broader population.	Senior Vice President for Finance and Administration	*1) How compliance was achieved:* It was identified that not all of the enrollment reports submitted to Clearinghouse by NSC were successfully transmitted to NSLDS in a timely manner by Clearinghouse due to system error even when they were marked as Processed for NSLDS by Clearinghouse. To avoid this transmission gap, Nevada State College will submit Enrollment Reports approximately every 14 days to Clearinghouse. The Director of Institutional Research will ensure that any discrepancies between the data submitted to Clearinghouse and what is reported in NSLDS are researched and corrected. *2) What will be done to avoid the identified problems and issues in the future?* In collaboration with the Institutional Research team, the Director of Institutional Research will check the history of transmission from Nevada State College to Clearinghouse and from Clearinghouse to NSLDS, researching and correcting	OPEN	12/4/2014

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							any discrepancy. *3) How compliance and future good management and practice will be measured, monitored and assured.* Working with the Financial Aid Office, the Director of the Office of Institutional Research will ensure that Enrollment Reports are transmitted to NSLDS each month. Once this has been completed, the offices of Institutional Research and Financial Aid will collaborate to meet each month for an internal audit of a reasonable sample size. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Director of the Office of Institutional Research will be responsible for ensuring the new procedures are followed. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* The new reporting process which now includes internal audits of what is received by NSLDS will be in effect starting November 2014 and continue on a monthly basis. Once in effect, the new process will ensure that NLSDS always receives timely, most accurate and complete Enrollment Reports from Nevada State College. *6) How compliance and performance will be documented for future audit, management and performance review.* Once it has been confirmed		

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							that a report is successfully transmitted to NSLDS and the results have passed the internal audit, the Director of the Office of Institutional Research will ensure that a summary of the entire process is sent to the Director of Financial Aid, the Registrar, the Bursar and the Controller. The details (i.e. submitted reports along with their comparisons with what has been received by NSLDS, and audit reports) will be archived at the Office of Institutional Research.		
TMCC	2014 NSHE Single Audit Report- A133	Special Tests and Provisions: Enrollment Reporting	11/4/14 11/5/14	25	We recommend that TMCC develop policies and procedures to ensure student status changes are uploaded timely to NSLDS, to correct for known errors and evaluate if there are additional errors in the broader population.	Vice President of Finance and Administrative Services	*1) What will be done to avoid the identified problems and issues in the future?* TMCC takes pride in its commitment to comply with federal regulations and requirements. Appropriate procedures and internal control systems are put in place to assure compliance. Despite a low error rate reported in this finding (1 out of 90), TMCC welcomes the opportunity to continue to improve its processes. The National Student Clearinghouse had a number of months for which there were errors in file transmissions to NSLDS. We were not informed of these issues until September 2014, after the award year was over. The student in question withdrew effective 1/22/14, but per the NSLDS enrollment detail obtained this was not transmitted until 4/4/14. The change occurred in January, which	OPEN	12/4/2014

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							corresponds with one of the months that the Clearinghouse reported there were errors in file transmissions. While this change was effective during the time when the Clearinghouse acknowledged there were errors in transmission, it is still the institution's responsibility to determine that NSLDS was properly updated. *2) How compliance and future good management and practice will be measured, monitored and assured.* Beginning October 2014, the Assistant Director of Admissions and Records will track enrollment changes for loan students, and verify that changes are uploaded correctly to the Clearinghouse. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Student Loan Coordinator and the Director of Financial Aid will be held accountable. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* Compliance will be measured at the same time when the Assistant Director will send a sample of 10% of the affected students to the Student Loan Coordinator, who will verify that the changes were reported to NSLDS. *5) How compliance and performance will be documented for future audit,*		

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							management and performance review. The sample lists of students will be maintained to document compliance.		
UNLV	2014 NSHE Single Audit Report- A133	Special Tests and Provisions: Enrollment Reporting	11/4/14 11/5/14	26	We recommend that UNLV develop policies and procedures to ensure student status changes are uploaded timely to NSLDS, to correct for known errors and evaluate if there are additional errors in the broader population.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	*1) What will be done to avoid the identified problems and issues in the future?* UNLV is aware of the importance of accurate and timely reporting student status to the NSLDS. The four cases that are the subject of this finding were included in the enrollment status reporting file transmissions made from UNLV to the National Student Clearinghouse and from the clearinghouse to the NSLDS. These errors did not result from an oversight by UNLV personnel responsible for enrollment status reporting. Unfortunately, due to a processing issue between the Clearinghouse and the NSLDS that occurred during several reporting periods in early calendar year 2014, the change reporting for several students was not timely completed between the clearinghouse and NSLDS. The Clearinghouse notified clients of these processing delays and has provided the following information about their response to these issues: We implemented additional controls, which we continue to refine, to ensure timely receipt, processing, and tracking of SSCR error files, error file responses, and file receipt acknowledgements	OPEN	12/4/2014

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							for data submitted to NSLDS by the Clearinghouse. While we have confidence in the Clearinghouse's response to this matter, UNLV will implement an additional procedure to monitor the monthly reporting files by sampling the reported data and verifying status changes were successfully reported directly with NSLDS. *2) How compliance and future good management and practice will be measured, monitored and assured.* UNLV will monitor Clearinghouse reporting as explained above to provide reasonable assurance that data transmitted to the Clearinghouse is reaching NSLDS. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* Enrollment status reporting is the responsibility of Enrollment and Student services. File transmission and verification falls under the responsibility of the Executive Director of Enterprise Application. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* UNLV will monitor the Clearinghouse reporting on a monthly basis and this process is expected to be in place by the end of the fall term. *5) How compliance and performance will be documented for future audit,*		

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							management and performance review. UNLV already retains records of data transmitted to the Clearinghouse and will similarly retain records of verifications made with NSLDS.		
WNC	2014 NSHE Single Audit Report- A133	Special Tests and Provisions: Enrollment Reporting	11/4/14 11/5/14	27	We recommend that WNC develop policies and procedures to ensure student status changes are uploaded timely to NSLDS, to correct for known errors and evaluate if there are additional errors in the broader population.	Controller	WNC Financial Assistance had not previously updated the National Student Loan Database System (NSLDS) for enrollment, but rather relied on enrollment reports that were loaded from the National Student Clearinghouse (NSC) on a monthly basis. The National Student Clearinghouse receives enrollment reports twice a month from WNC Admissions and Records. This process relies on a third party (NSC), to make appropriate updates to NSLDS and there had not been a cross check process in place by the institution. *1) What will be done to avoid the identified problems and issues in the future?* WNC has implemented a process to cross check enrollment levels with the NSLDS. The WNC Financial Assistance Office will continue to use the process in place to update enrollment with NSC and NSLDS. To ensure that the process is working and enrollment changes are being reported in the required timeframe, the WNC Loan Coordinator now runs a monthly query that identifies students that have dropped below the half time	OPEN	12/4/14

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							level. The Loan Coordinator confirms that the enrollment status has been properly reported on NSLDS and manually updates those that have not been reported through the NSC file. *2) How compliance and future good management and practice will be measured, monitored and assured.* Compliance is reached by following a process to audit and ensure enrollment reporting is working correctly. To measure, monitor and assure good management, the less than half time enrollment query results will be saved monthly and the Loan Coordinator will sign off that each individual was cross checked with NSLDS. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Financial Assistance Loan Coordinator and Interim Associate Director of Financial Assistance will be held accountable if future or repeat problems arise. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* WNC Financial Assistance Office implemented the process in October 2014. *5) How compliance and performance will be documented for future audit, management and performance review.* Compliance and performance will be documented by the Loan Coordinator saving a		

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							monthly less than half time enrollment query and signing off that each individual was cross checked with NSLDS.		
WNC	2014 NSHE Single Audit Report- A133	Special Tests and Provisions: Disbursements To or On Behalf of Students	11/4/14 11/5/14	28	We recommend that the Institution enhance controls to ensure the required notifications are sent to students and all queries are operating as intended. Management should evaluate the existence of this issue of non-compliance in the remaining population and remediate as necessary.	Controller	The PeopleSoft communication process for notifications had not been correctly updated and had expired. The WNC Financial Assistance Office has resolved this issue and corrected the criteria in the underlying query. WCN will distribute 97 additional notifications to students that did not originally receive the appropriate communication in award year 2013-2014. *1) What will be done to avoid the identified problems and issues in the future?* The WNC Financial Assistance Office has corrected the query in the award and disbursement notification process and appropriately updated the communication tool in PeopleSoft. The WNC Financial Assistance Office is also in the process of implementing the Financial Aid Shopping Sheet. This consumer tool will improve the institution's ability to communicate and notify students of their financial aid package. The Financial Aid Shopping Sheet, developed by the U.S. Department of Education, provides an easy to read form outlining grants and scholarship amounts, net cost, graduation rates, loan default rates, median borrowing, and potential loan	OPEN	12/4/2014

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							payments after a student graduates. The Financial Assistance Office plans to implement this function by January 2015. *2) How compliance and future good management and practice will be measured, monitored and assured.* Compliance is assured by running the updated award and disbursement communication processes weekly. Good management and practice will be monitored by the FA Systems Coordinator and Interim Associate Director by reviewing query criteria and the communication set-up each semester. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The WNC FA Systems Coordinator and the Interim Associate Director are responsible and may be held accountable in the future if repeat or similar problems arise. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* The WNC Financial Assistance Office has already reviewed the award letter communication query and set-up for 2014-2015 to ensure compliance and good practice. Additionally, the disbursement notification letter has been revised and the FAO will begin using the updated letter in November 2014.		

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							5) How compliance and performance will be documented for future audit, management and performance review. Compliance and performance will be documented by storing communications in each student's myWNC communications center.		

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	UNR INTERNAL AUDIT REPORTS								
UNR	PeopleSoft Security	Security Administration- Roles and Permissions	9/23/14 10/22/14	1	We recommend that UNR develop narrative descriptions for both roles and permission lists. The narratives should provide information on the job functions supported, the data or pages they can access and the manner in which they are designed to access the data (display through correction).	Associate Vice President, Business and Finance	*1) How compliance was achieved.* Narrative descriptions are being developed that define job functions, roles, and permission lists for the undocumented roles and permissions lists. The narrative descriptions include what the permission lists can access and the manner of that access. This will be accomplished December 31, 2014 with annual reviews. *2) What will be done to avoid the identified problems and issues in the future?* As new roles and permissions lists are created, concise narrative descriptions are being added. *3) How compliance and future good management and practice will be measured, monitored and assured.* Roles and permission lists are reviewed annually. Updates are performed to the narrative descriptions as needed. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* Admissions and Records, Financial Aid and Student Financials Security Administrators in coordination with Campus Security Coordinator will be held accountable in the future if repeat or similar problems arise. *5) When the measures will be*	OPEN	12/4/2014

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							taken and on what schedule compliance and good practice will be secured. All measures are in progress and will be completed by December 31, 2014. *6) How compliance and performance will be documented for future audit, management and performance review.* Annual reviews of narrative descriptions of roles and permission lists are being documented.		
UNR	PeopleSoft Security	Security Administration- Roles and Permissions	9/23/14 10/22/14	2	We recommend that UNR evaluate any unassigned roles and permission lists to determine their need and eliminate any that are not necessary.	Associate Vice President, Business and Finance	*1) How compliance was achieved.* Unused roles and permission lists are in the process of review. *2) What will be done to avoid the identified problems and issues in the future?* We will audit unused roles and permissions lists and removed those which are no longer needed. *3) How compliance and future good management and practice will be measured, monitored and assured.* A yearly review of unused roles and permission lists will be completed and those that are no longer needed will be removed. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* Admissions and Records, Financial Aid and Student Financials Security Administrators in coordination with Campus Security	OPEN	12/4/2014

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							Coordinator will be held accountable in the future if repeat or similar problems arise. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* All measures are in progress and will be completed by December 31, 2014.		
UNR	PeopleSoft Security	Sensitive Data Access	9/23/14 10/22/14	3	We recommend that UNR adjust these users, as necessary, and conduct regular reviews of user roles to ensure role assignments and authorization levels are correct.	Associate Vice President, Business and Finance	*1) How compliance was achieved.* UNR reviewed the over-provisioning of user rights and the specific individuals have been adjusted accordingly. *2) What will be done to avoid the identified problems and issues in the future?* IT and Security Administrators are developing a written plan for quarterly review of user access that can modify student data in the system. Quarterly calendar reminders will trigger the review process. *3) How compliance and future good management and practice will be measured, monitored and assured.* In addition to the process noted previously, Student Services is working on making more expedited notifications of department changes and/or terminations to ensure those individuals are not retaining their access past their contractual end. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* Admissions and Records,	OPEN	12/4/2014

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							Financial Aid and Student Financials Security Administrators in coordination with Campus Security Coordinator will be held accountable in the future if repeat or similar problems arise. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* All measures are in progress and will be completed by November 30, 2014. *6) How compliance and performance will be documented for future audit, management and performance review.* The security plan review will be implemented on a quarterly basis for those with modifying access to the system.		
UNR	Housing	Cash Controls	3/31/14 10/24/14	4	We recommend that the department develop a process to ensure that employees who apply fees and record financial transactions for deposit in the student information system are independent of those employees who review and reconcile student accounts. We also recommend that the department determine whether it is feasible to develop a summary report of fee adjustment and reversals in the student information system. If this is feasible, we recommend that the information be reviewed by an independent staff member to determine that housing charges are reasonable and appropriate.	Associate Vice President, Business and Finance	An independent process has been developed that provides two levels of access to the system, only one of which will have the ability to modify changes. While the procedure is in place, the implementation is dependent upon final restructuring and hiring of positions, which is anticipated to be completed by November 30, 2014. **Update 1/16/15:** Housing has determined a process and will implement it once the new AAIII is hired. Expected completion date is January 31, 2015. We currently generate a report that compares charges on student	OPEN	12/4/2014

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							accounts in PeopleSoft with their current status in HMS. This report compares the two item types and their amounts and generates a report of any items that do not match. The Assistant Director of Resident Life, Student Operations generates the report and the AAIV review it and makes corrections as needed.		
UNR	Joe Crowley Student Union	Other – Key Issuance	7/7/10 1/28/11	5	We were informed that the university's policies for issuing keys and access cards and the requirements for signing issuance forms are in the process of being revised. We recommend the revisions be completed in a timely manner and that they address the issues mentioned above. We recommend the university's key policies be updated when the revisions are completed.	Vice President for Student Services	The committee has not yet completed its review and revision of the key policies.	OPEN	3/10/2011

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	UNLV INTERNAL AUDIT REPORTS								
UNLV	Hosting	Hosting Expenditures	9/19/14 10/20/14	6	We recommend the required approval be supported by a hosting form or an e-mail retained in the file.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	*1) What will be done to avoid the identified problems and issues in the future?* In addition to the verbal approval noted, the transactions were also 'pre-approved' by an authorization for a specific p-card holder to incur host expenses on the Dean's host account, and/or were approved by a delegate of the Dean (such as an Assistant/ Associate Dean, etc.) and the Dean is responsible for monitoring the activity in the Dean's host account such that in the unlikely event unauthorized activity would occur, the Dean would identify such timely. Nonetheless, we agree with the finding as the policy is clear with respect to required approvals and so we have discontinued the use of the 'pre-approval' on the p-card account form and the p-card user manual and training materials will be updated (as part of our regular, annual review and update of these materials) to specify that each hosting transaction be specifically approved and approval document by the host form or similar method (such as email approval) that captures both Dean (or above) approval and all required host documentation. Documented approval at the appropriate signature level is now being collected for each of the transactions that are the	OPEN	12/4/2014

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							subject of this finding and this is expected to be completed by the end of October. *2) How compliance and future good management and practice will be measured, monitored, and assured.* Documentation will be retained in the department p-card file for all p-card transactions and in the Accounts Payable department for all other transactions which are processed centrally. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* For p-card transactions, p-card holders and their reviewing supervisors are primarily responsible for transaction documentation, including appropriate signature authority. The p-card program administrator is responsible for updating the program manual and the adequacy of the training materials. For transactions processed through Accounts Payable, the Assistant Controller for Accounts Payable reviews all host transactions to assure policy compliance. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* Documented approval by the Dean is now being collected for each of the transactions that are the subject of this finding and this is expected to be completed by the end of October. The p-card user		

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							manual and training materials will be updated (as part of our regular, annual review and update of these materials) by January 2015. *5) How compliance and performance will be documented for future audit, management and performance review.* Documentation will be retained in the department p-card file for all p-card transactions and in the Accounts Payable department for all other (centrally processed) transactions.		
UNLV	Hosting	Hosting Expenditures	9/19/14 10/20/14	7	We recommend greater care be taken to ensure hosting expenditures are properly classified.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	*1) What will be done to avoid the identified problems and issues in the future?* We do wish to note that in each case the Pcard holder erred on the side of caution, which endured that expenditures were classified in the more restrictive manner. The instances noted in the finding are p-card transactions and as such, the account coding is not centrally reviewed. The p-card unit will be updating the program manual and training materials (as part of our regular annual review and update of these materials) to reinforce the proper classification of hosting transactions. In addition, the campus has expanded oversight of the p-card program with both targeted and random review of transaction activity by both p-card program staff and campus audit staff. The	OPEN	12/4/2014

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							additional oversight will provide an opportunity for sampled transactions to identify ongoing transaction classification issues that may require additional training updates in addition to providing the opportunity to correct any transaction classification errors that are identified. *2) How compliance and future good management and practice will be measured, monitored and assured.* The additional oversight mentioned above will provide opportunity to assess the effectiveness of p-card program training and departmental oversight. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* For p-card transactions, p-card holders and their reviewing supervisors are primarily responsible for the accuracy of transaction coding; however the p-card program administrator is responsible for adequacy of the program manual and training materials. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* The additional oversight procedures by the p-card unit and campus audit are already in place. Training materials are in process of being updated as part of our regular annual review and update of these materials which will be		

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							complete by January 2015. *5) How compliance and performance will be documented for future audit, management and performance review.* The p-card training program will be updated and the additional oversight mentioned above will provide opportunity to assess the effectiveness of p-card training and departmental oversight.		
UNLV	Police Services	Contracts	10/10/13 1/10/15	8	We recommend DPS work with UNLV Purchasing for placement and negotiation of contracts to ensure the proper format and language is included, such as identification of the Board of Regents as the contracting party, and inclusion of hold harmless clauses and other desired terms and conditions.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	UNLV legal counsel is working with Metro's legal counsel to resolve the issue. Due to the intricacies of these negotiations, UNLV legal counsel cannot provide an accurate date of completion. Updates will be provided to keep you informed on the matter. **Follow-Up 7/18/14:** The completion of this MOU has raised a substantive jurisdictional issue between UNLV Police and Las Vegas Metropolitan Police. These jurisdictional issues regard whether a UNLV detective can work off campus to investigate a case that originated on campus, a standing request by Metro for mutual aid by UNLV officers to conduct enforcement off campus during exigent circumstances and when Metro is not immediately available. The UNLV Police Chief will be working directly with the Sheriff to correct these issues. Additionally UNLV legal counsel is working with Metro's legal counsel to	OPEN	9/4/2014

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							resolve the issue. Due to intricacies of these negotiations, UNLV legal counsel has advised us that an estimated date of completion would not be practical. **Follow-Up 1/10/15:** The completion of the MOU is being finalized by UNLV Counsel. We anticipate having this completed by 03/31/2015.		
UNLV	Police Services	Contracts	10/10/13 1/10/15	9	We also recommend contracts be placed with proper signature authority.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	This recommendation will be completed as part of the implementation of the above recommendation. **Follow- Up1/10/15:** This recommendation will be completed as part of the implementation of the above recommendation. We anticipate having this process completed by 03/31/2015.	OPEN	9/4/2014
UNLV	Network Security	Network Server Testing – Novell Netware Server	7/30/11 1/10/15	10	We recommend that UNLV plan and implement a migration path away from the unsupported Netware system. In the meantime we recommend that UNLV implement configuration changes to the server as identified by the Novell security benchmark, if possible.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	Migration of the Provost Office is in progress. File services migration for faculty and staff will continue through 2014. We expect to have this recommendation fully implemented by 12/31/2014. **Follow-Up 1/10/15:** Progress on this issue was interrupted due to the migration from Lotus Notes to Google Apps. This migration required a good deal of time from OIT staff and also made it difficult to involve faculty and staff in the necessary planning. We expect to have this recommendation fully implemented by 06/30/2015.	OPEN	5/31/2012

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UNLV	Network Security	Network Server Testing – Novell Netware Server	7/30/11 1/10/15	11	We recommend that UNLV eliminate generic IDs and disable /remove user accounts for faculty and students that either terminated or are no longer actively enrolled. Further, a process needs to be developed to ensure that both student and faculty IDs are updated in a timely manner when status changes occur.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	The vendor for the identity management implementation has been selected and a purchase order has been processed. We are in the process of scheduling the work (for identity management implementation). We expect to have this recommendation fully implemented by 10/31/2014. **Follow-Up 1/10/15:** Generic IDs have been eliminated and Phase 1 of the identity management project is nearing completion and has provided an opportunity to eliminate many unused accounts. Business process changes need to be made in the Human Resources Management System to meet the deprovisioning recommendation. These changes will be made as part of the implementation of iNtegrate2. The new Human Resources module will not be available until 2016. We expect to have this recommendation fully implemented by 06/30/2016.	OPEN	5/31/2012
UNLV	Network Security	Wireless and VPN Access	7/30/11 1/10/15	12	We recommend that UNLV remove or shut down unauthorized wireless access points on their network.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	The vendor has been selected for the new wireless systems in the current public. This portion of the recommendation is expected to be fully implemented by August 2014. Over 75% of the indoor spaces at UNLV now have a secure wireless system available. A wireless policy regarding unauthorized wireless access points on the network has been approved and is being	OPEN	5/31/2012

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							implemented. Efforts to remove unauthorized access points continue. Exceptions where no authorized access points are available are being granted until such time as the UNLV secure wireless system can be installed. An additional 400 authorized wireless access points will be added to the wireless network by August 2014. We anticipate having the entire campus on a single wireless system and this recommendation fully implemented by 12/31/14. **Follow-Up 1/10/15:** The campus wireless overlay for indoor spaces with OIT-managed access points is approximately 80% complete. In keeping with the new wireless policy, the campus will continue to identify and remove unauthorized wireless access points from places where OIT-managed wireless coverage is available and will grant temporary exceptions to allow non-OIT managed access points in places without coverage so long as these access points can be reasonably secured. We anticipate having the campus on a single wireless system and this recommendation fully implemented by 06/30/2015.		
UNLV	Network Security	Policies, Procedures and Best Practices	7/30/11 1/10/15	13	We recommend that UNLV complete and adopt a comprehensive set of information security policies that are applicable across the university in	Associate Vice President, ICA/TMC Business Services, Auxiliary	The Acceptable Use policy was approved by the President on 12/18/2013. The Securities Responsibilities for System Administrators and the System	OPEN	5/31/2012

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					a timely manner.	Financial Services	Administrator Password policy remain under development. In reference to the Consultant Confidentiality Agreement, we have met with Associate General Counsel and explained the nature and uses of the document. The matter has been referred to Lead General Counsel for a ruling. We anticipate having this process completed by 12/31/14. **Follow-Up 1/10/15:** We met with General Counsel on the Consultant Confidentiality policy. As part of a review of the policy, General Counsel indicated that it is necessary to reconcile the consultant policy with other campus covering sensitive data (e.g., HIPAA Business Associates Agreements). The Responsibilities for System Administrators have been submitted to General Counsel for review before submission to the University Policy Committee. We anticipate having this process completed by 06/30/2015.		
UNLV	Network Security	Policies, Procedures and Best Practices	7/30/11 1/10/15	14	We recommend that UNLV perform a risk assessment so that a contingency plan can be created.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	A Cyber Security Team is proposed as part of the UNLV IT Master Plan. One of the charges of the team is to develop an annual risk assessment and mitigation report for review by newly proposed campus IT Governance Committees. We expect to have this recommendation fully implemented by December 31,	OPEN	5/31/2012

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							2014. **Follow-Up 1/10/15:** Through the work associated with the recommendations in this audit and other security efforts underway, OIT continues to identify items to remediate before a formal risk assessment would provide additional information about UNLV's security vulnerabilities. A plan for conducting a risk assessment will be completed by 06/30/15. We expect to have this recommendation fully implemented by 12/31/15.		
UNLV	Network Security	Policies, Procedures and Best Practices	7/30/11 1/10/15	15	We recommend that UNLV develop and implement a security awareness training program.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	The project proposal for a Security Awareness Campaign was approved by the Portfolio Review team. Activities began in March 2014. We are developing metrics to measure the success of the program. We expect to have this recommendation fully implemented by January 31, 2015. **Follow-Up 1/10/15:** As the campus faces a major transition from the current mail system to Google Apps for Education, and with the limited availability of communications staff, the official start of the cyber security outreach campaign has been delayed until after this transition. Planning for the campaign continues and we have identified the major topics for the initial campaign. We are in the process of developing surveys to assess student and employee's current level of	OPEN	5/31/2012

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							knowledge/awareness, to be conducted in the Fall semester, which will be used to develop campaign objectives and repeated after the campaign begins in order to assess the effectiveness of the campaign and messages. Additionally, we received an exception from the UNLV IRB in order to conduct fake phishing attempts against users as an educational tool and for quantitative assessment of the effectiveness of phishing-related messaging. An additional staff member was recruited on a temporary basis to help prepare and deliver campaign materials. We are preparing for the launch of the Security Awareness campaign in Spring 2015. We expect to have this recommendation fully implemented by 06/30/2015.		
UNLV	Network Security	Special Considerations for Non OIT Managed Resources	7/30/11 1/10/15	16	We recommend that UNLV develop system-wide policies and procedures that address the security administration and data security needs of the university. Alternately, critical computing resources could be brought under the control of the central IT function.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	The Acceptable Use policy was approved by the President on 12/18/2013. Many of the critical computing resources have been moved into central IT-managed Data Centers. Once the two Systems Administration policies remaining under development are approved, the security of the critical computing resources not housed in central IT-managed Data Centers will be managed by policy. We expect to have this recommendation fully	OPEN	5/31/2012

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							implemented by December 31, 2014. **Follow-Up 1/10/15:** The System Administration policy has been consolidated into a single policy with comprehensive associated procedures. The policy has been submitted to General Counsel in preparation for submission to the UNLV Policy Committee. We anticipate having this process completed by 06/30/2015.		

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CSN INTERNAL AUDIT REPORTS

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CSN	Special Course Fees	Course Fee Account Management	4/11/13 1/24/14	17	We recommend CSN consider further segregation for some course topics into separate accounts to provide greater transparency of account and course activity as they relate to Special Course Fees.	Senior Vice President Finance and Administration	As noted in the original response, CSN concurs with this recommendation. The separation of special course fees by discipline for the Hospitality Management and Information Systems will be implemented effective Summer 2014 term. **Follow-Up 1/15/15** The separation of special course fees by discipline for the Hospitality Management and Information Systems was intended to be implemented effective Summer 2014 term. However, the implementation was not addressed as anticipated. The timely implementation in order to effectively collaborate fee distributions, planning and budgeting should coincide with an academic year. In coordination with the Academic Affairs Vice President, this separation of the Hospitality Management and Information Systems programs will be effective in the fall of 2015. Appropriate documentation to the Registrar and Cashier's Office has been provided for implementation.	OPEN	2/28/2014

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WNC INTERNAL AUDIT REPORTS

| WNC | Associated Students of Western Nevada | Timesheets | 4/16/14 6/6/14 | 18 | We recommend the individuals noted be appropriately compensated for their work hours. We recommend greater care be taken to ensure work hours are reviewed for accuracy and overtime and are reported correctly to the payroll department. | Controller | *1) How compliance was achieved.* The timesheets and payroll summaries have been reviewed and the errors have been corrected related to the overpayments. In the case of the under payments, the ASWN Advisor is working with human resources to determine whether compensation can be made. However, one of the individuals is now deceased. Further, ASWN officers and members have been reminded to follow constitutional work hours as stated in their Policy & Procedures Manual, Section III. The advisor reviews each timesheet to ensure that employees are working the appropriate hours and that payroll is calculated correctly. *2) What will be done to avoid the identified problems and issues in the future?* The ASWN Advisor, or a delegate, will review the timesheets to ensure that employees are paid for the hours worked, that timesheets and payroll summaries are in agreement prior to submission and that payroll is calculated correctly. If an error is found, the advisor will report it to the student employee immediately for revision. In addition, student employees will be reminded to inform the advisor if such an error occurs on their paycheck so that necessary action can be taken. | OPEN | 9/4/2014 |

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							3) How compliance and future good management and practice will be measured, monitored and assured. The ASWN Advisor, or a delegate, will ensure that timesheets are reviewed for accuracy per WNC policy. Timesheets not in compliance will be rejected until appropriate revisions have been made. If an error occurs, students are encouraged to come to the advisor so that it can be corrected. Copies of all payroll records will be maintained by the advisor to ensure compliance. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Student Government Advisor has assumed responsibility for the timesheets and will be held accountable in the future for any issues which may arise. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* Appropriate measures have been taken and all timesheets will be reviewed for accuracy and completeness before being submitted. *6) How compliance and performance will be documented for future audit, management and performance review.* The advisor will maintain copies of all payroll related records as documentation for future audit, management and		

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							performance review.		
WNC	PeopleSoft Security Audit	Security Administration- Roles and Permissions	1/10/14 10/15/14	19	We recommend that WNC work with System Computing Services (SCS) and their fellow institutions to develop narrative descriptions for both roles and permission lists. The narratives should provide information on the job functions supported, the data or pages they can access and the manner in which they are designed to access the data (display through correction).	Controller	The existing documentation for roles and permission lists will become more obsolete as time passes. To have a system in place to update roles and permissions as operations and staff change is critical. This must first be addressed at the system level to ensure consistency among other institutions and then at the college level. *System Level Coordinated Effort* As part of the Shared Instance, WNC will coordinate documentation efforts to complement the work being done by System Computing Services. The Senior Security Analyst for System Computing Services has developed a plan and timeline for a re-architecture of the Shared Instance security infrastructure. The rebuild will impact how WNC will proceed with documenting roles and permission lists. *WNC Documentation* Narrative descriptions defining job functions for roles and permission lists including data accessible under these constructs and level of access will be developed in the following manner: WNC will begin documentation effort for WNC roles/permission lists that are not expected to change as a result of the Shared Instance rebuild.	OPEN	12/4/2014

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							WNC will create documentation for roles/ permission lists that will be rebuilt after System Computing Services migrates the role/permission lists to production. The iNtegrate Project Lead, in conjunction with the Module Leads from Admissions, Advising, financial Aid, Student Records, and Student Financials will facilitate the efforts above. WNC expects this project to begin upon commencement of the SCS coordinated effort. **Follow-Up Response:** WNC's Project Lead and the Module Leads from Admissions, Advising, Financial Aid, Student Records, and Student Financials are taking responsibility for this item. WNC continues to work with System Computing Services and the other Shared Instance institutions. Efforts are ongoing but will require additional time since total resolution is not merely a WNC issue. The completion date is August 2015.		
WNC	PeopleSoft Security Audit	Role and Permission List Usage and Design Philosophy	1/10/14 10/15/14	20	We recommend SCS work with WNC and their fellow institutions in the shared instance to evaluate the design of these components and begin a process of migrating roles and permission lists toward the design philosophy noted above.	Controller	As part of the Shared Instance, WNC will coordinate with SCS and the other institutions to implement a rebuild of security components in line with a new design philosophy. *System Level Rebuild* SCS has developed a re-architecture for the shared instance security infrastructure and an execution plan for the	OPEN	12/4/2014

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							re-architecture. The Senior Security Analyst for SCS, has met with the NSHE Internal Auditor, and they are in agreement with the execution of a plan around this philosophy. *WNC Migration to the Shared Instance Design Philosophy* As new roles/permission lists are developed by SCS, WNC will assist in testing and developing narratives as described in the audit finding above. This will be completed by the iNtegrate Project Lead and Module Leads from Admissions, Advising, Financial Aid, Student Records, and Student Financials. Migration to the Shared Instance design philosophy will be accomplished as follows: If the new roles/permission lists meet WNC security needs, WNC will replace the current security with that developed for the shared version. If the new shared version does not meet WNC security needs, WNC will build new roles/ permission lists that adhere to the shared instance design philosophy. The exact time frame for the project will depend on SCS and shared instance resources. **Follow-Up Response:** WNC's Project Lead and the Module Leads from Admissions, Advising, Financial Aid, Student Records, and Student		

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							Financials are taking responsibility for this item. WNC continues to work with System Computing Services and the other Shared Instance institutions. Efforts are ongoing but will require additional time since total resolution is not merely a WNC issue. The completion date is August 2015.		

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	GBC INTERNAL AUDIT REPORTS								
GBC	Mark H. Dawson Child and family Center	Letter of Appointments	8/6/14 10/22/14	21	We recommend the Center Director work with the GBC HR Office to determine the reason for the variances and whether there are additional employees that were under/overpaid during the audit period. We recommend any necessary payments be made to individuals that were underpaid.	Controller	1) To avoid the identified problems and issues in the future, the Center Director, with approval and support from Administration, has eliminated the use of time clocks for recordkeeping purposes. Only the GBC timesheet will be used for timekeeping purposes. 2) Compliance and future good management and practice will be measured, monitored and assured by the use of newly created electronic timesheets that provide time in/ time out fields specifically to track lunch breaks. Summary timesheets will no longer be accepted from departments, and all employees must submit an individual timesheet so that HR can determine the accuracy of hours documented. 3) The Child Center Director will be responsible and may be held accountable in the future if repeat or similar problems arise. 4) Implementation of the new measures were effective October1, 2014, once the new timesheet was created. Staff from both the Child Center and Human Resources are working together to resolve the reason for the variances and determine whether additional employees were under/overpaid during the audit period. The reviews will be concluded by December 1, 2014 and any necessary	OPEN	12/4/2014

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							payments to individuals will be completed by December 31, 2014. 5) Compliance and performance will be documented for future audit, management and performance review by ensuring the accuracy of timesheets by Child Center staff prior to being authorized for submission to HR for payment.		
GBC	Mark H. Dawson Child and family Center	Cash Controls	8/6/14 10/22/14	22	We recommend that deposits be made in accordance with the college's policy, which will assist the Center's cash flow and reduce the inherent risks of holding monies.	Controller	1) To avoid the identified problems and issue in the future, deposits are now made on a daily basis regardless of the dollar amount collected. 2) Compliance and future good management and practice will be measured, monitored and assured by notifications sent from Controller's Office staff to the Center Director and the VPBA when a daily deposit is not received. 3) The Child Center Director will be responsible and may be held accountable in the future if repeat or similar problems arise. 4) Implementation of the new measures were effective October 1, 2014. An additional measure created was to introduce a new procedure which will take effect January 1, 2015, eliminating the use of personal checks as a form of payment. This will further reduce delays in cash flow by eliminating the number of returned checks which are currently contributing to the cash flow issues. 5) Compliance and	OPEN	12/4/2014

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							performance will be documented for future audit, management and performance review by continuing the practice of recorded daily deposits and the elimination of acceptance of personal checks.		
GBC	PeopleSoft Security	Security Administration- Roles and Permissions	1/14/14 10/22/14	23	We recommend that GBC work with System Computing Services (SCS) and their fellow institutions to develop narrative descriptions for both roles and permissions lists. The narratives should provide information on the job functions supported, the data or pages they can access and the manner in which they are designed to access the data (display through correction).	Controller	Correction For the past two months, GBC has been working with SCS and our fellow institutions Student Financials Advisory Support Group on the security rebuild project. A better narrative description of roles and permissions will be developed as we proceed. _SCS Response_ SCS has developed a plan and timeline for re-architecture of the Shared Instance security infrastructure. Completion of the project is estimated to be sometime in the fourth quarter 2014. However, the various functional areas within the project will be completed in phases throughout the course of the year. The overall design and the reporting tools for the security rebuild project have been completed. SCS Security Administrators next will work with the institution Security Coordinators and the various functional Advisory Support Groups to further define their security needs. Prevention and Monitoring Not developed at this time due to the status of ongoing security rebuild project. **Follow-Up Response:**	OPEN	12/4/2014

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							SCS Update The security rebuild project is proceeding module by module. The AA module is in essence complete and in final testing. Excluding TMCC roles, security was reduced from twelve roles to five, supported by six permission lists reduced from twenty permission lists. It is expected that testing will be finished in the next two weeks with provisioning of the new roles planned to begin mid-October 2014. The SF module has finished with user analysis and SCS has begun prototyping and building the new security. Role count in the old security model was twenty-five roles. User analysis has reduced that count to seven roles, although it is likely that one or two more roles will be needed; this will be determined once testing begins. Prototyping and building of the new security is expected to complete in October with testing slated to start by November 1, 2014. Preliminary analysis is finished for the FA module. SCS will be meeting with the FA ASG at their next scheduled meeting in mid-October to begin the user analysis phase of the project. User analysis for the SF module took approximately two months, but we expect to shorten that time frame for the FA module based on lessons learned while working on the SF and AA modules. FA has twenty-two roles currently, so the prototyping and building of		

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							FA security should take a similar amount of time as the SF module. Assuming two months for the user analysis, FA should be building and prototyping by year end. The SR module encompasses curriculum management, student records, admissions, and recruiting. SR is the largest component of the rebuild, encompassing approximately eight roles. At this point SCS expects to begin preliminary analysis in December and to start meeting with the SR group in January. By year end SCS expects the rebuild project to be approximately 60% complete. (60% since we have already completed the mods, SQL, and reporting tools that were built at the beginning of the project.) SCS currently anticipates completion sometime in the second quarter of 2015. **Follow Up 12/31/14:** Continue to work with SCS and the other Shared Instance institutions on the Security Rebuild project. Academic Advising has completed their work and the new roles are being moved into Productions. Student Financials have begun testing of their new roles. The other areas are beginning the process. The anticipated completion of this project is June 30, 2015.		
GBC	PeopleSoft Security	Security Administration- Roles and Permissions	1/14/14 10/22/14	24	We recommend that GBC work with SCS and their fellow institutions and evaluate any unassigned roles to determine	Controller	<u>Correction</u> For the past two months, GBC has been working with SCS and our fellow institutions'	OPEN	12/4/2014

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					their need and eliminate any that are not necessary.		Student Financials Advisory Support Group on the security rebuild project. As we proceed through this project, an evaluation of unassigned roles to determine their need and necessary elimination will be conducted. <u>Prevention and Monitoring</u> Not developed at this time due to the status of ongoing security rebuild project. **Follow-Up Response:** *SCS Update* The security rebuild project is proceeding module by module. The AA module is in essence complete and in final testing. Excluding TMCC roles, security was reduced from twelve roles to five, supported by six permission lists reduced from twenty permission lists. It is expected that testing will be finished in the next two weeks with provisioning of the new roles planned to begin mid-October 2014. The SF module has finished with user analysis and SCS has begun prototyping and building the new security. Role count in the old security model was twenty-five roles. User analysis has reduced that count to seven roles, although it is likely that one or two more roles will be needed; this will be determined once testing begins. Prototyping and building of the new security is expected to complete in October with testing slated to start by November 1st. Preliminary analysis is finished for the FA module. SCS will		

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							be meeting with the FA ASG at their next scheduled meeting in mid-October 2014 to begin the user analysis phase of the project. User analysis for the SF module took approximately two months, but we expect to shorten that time frame for the FA module based on lessons learned while working on the SF and AA modules. FA has twenty-two roles currently, so the prototyping and building of FA security should take a similar amount of time as the SF module. Assuming two months for the user analysis, FA should be building and prototyping by year end. The SR module encompasses curriculum management, student records, admissions, and recruiting. SR is the largest component of the rebuild, encompassing approximately eight roles. At this point SCS expects to begin preliminary analysis in December and to start meeting with the SR group in January 2015. By year end SCS expects the rebuild project to be approximately 60% complete. (60% since we have already completed the mods, SQL, and reporting tools that were built at the beginning of the project.) SCS currently anticipates completion sometime in the second quarter of 2015. **Follow Up 12/31/14:** Continue to work with SCS and the other Shared Instance institutions on the Security Rebuild project. Academic		

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							Advising has completed their work and the new roles are being moved into Productions. Student Financials have begun testing of their new roles. The other areas are beginning the process. The anticipated completion of this project is June 30, 2015.		
GBC	PeopleSoft Security	Role and Permission List Usage and Design Philosophy	1/14/14 10/22/14	25	We recommend that SCS work with GBC and their fellow institutions in the shared instance to evaluate the design of these components and begin a process of migrating roles and permission lists toward the design philosophy noted above.	Controller	Correction GBC will work with SCS and our fellow institutions on the security rebuild project to better define roles and permissions. We will strive to achieve the proper balance in roles and permissions to ensure that employees are able to complete their job assignments keeping in mind that many roles and duties overlap. *SCS Response* SCS has developed a plan and a timeline for a re-architecture of the Shared Instance security infrastructure. Completion of the project is estimated to be sometime in the fourth quarter 2014. However, the various functional areas within the project will be completed in phases throughout the course of the year. The overall design and the reporting tools fro the security rebuild project have been completed. SCS Security Administrators next will work with the institution Security Coordinators and the various functional Advisory Support Groups to further define their security needs. Prevention and Monitoring Not developed at this time due	OPEN	12/4/2014

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							to the status of ongoing security rebuild project. SCS Response As was noted, the community colleges and state college share a single database for the implementation of PeopleSoft Campus Solutions software in this shared environment, SCS reviewed, in great detail, the documentation surrounding the shared instance implementation. From this research, it is clear that the implementation of this function of the shared instance is currently operating precisely as it was designed in that the data constituted "System" records and that they could be viewable and actionable from the various institutions of the shared database. Indeed, System legal counsel specifically reviewed and addressed the matter prior to implementation from the perspective of a single database that collectively constituted the records of the Nevada System of Higher Education as the owner entity. SCS subsequently contacted the University of Nebraska System, which implemented the PeopleSoft Campus Solutions software around the same time. They operate in a similar manner to NSHE within a shared database environment. In other words, the staff managing the data were employees of the System, and the students submitting the data were students of the System. In this		

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							particular module of Campus Solutions, the software operates in a single database and does not provide the capability to limit access to such data by institution, through security controls. Indeed, the University of Nebraska System had attempted to build such security controls. They early-on discovered numerous unintended consequences. The resulting institutional data silos were largely unworkable and the exceptions required and cost of maintenance were extraordinarily high. Moreover, such capabilities would likely preclude such activities as those currently under discussion among some of the NSHE institutions of the shared instance to operate combined back-office services. Security has many purposes and can be viewed from various perspectives. Security is maintained through many levels of control. The first line of defense in any system is to limit access to components of the system to only those who require access to specific data and hence have appropriate authorization. That level of control through authorization is necessarily at the campus level. **Follow-Up Response:** *SCS Update* The security rebuild project is proceeding module by module. The AA module is in essence complete and in final testing. Excluding TMCC roles,		

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							security was reduced from twelve roles to five, supported by six permission lists reduced from twenty permission lists. It is expected that testing will be finished in the next two weeks with provisioning of the new roles planned to begin mid-October 2014. The SF module has finished with user analysis and SCS has begun prototyping and building the new security. Role count in the old security model was twenty-five roles. User analysis has reduced that count to seven roles, although it is likely that one or two more roles will be needed; this will be determined once testing begins. Prototyping and building of the new security is expected to complete in October with testing slated to start by November 1, 2015. Preliminary analysis is finished for the FA module. SCS will be meeting with the FA ASG at their next scheduled meeting in mid-October to begin the user analysis phase of the project. User analysis for the SF module took approximately two months, but we expect to shorten that time frame for the FA module based on lessons learned while working on the SF and AA modules. FA has twenty-two roles currently, so the prototyping and building of FA security should take a similar amount of time as the SF module. Assuming two months for the user analysis, FA should be building and prototyping by year end.		

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							The SR module encompasses curriculum management, student records, admissions, and recruiting. SR is the largest component of the rebuild, encompassing approximately eight roles. At this point SCS expects to begin preliminary analysis in December and to start meeting with the SR group in January. By year end SCS expects the rebuild project to be approximately 60% complete. (60% since we have already completed the mods, SQL, and reporting tools that were built at the beginning of the project.) SCS currently anticipates completion sometime in the second quarter of 2015. **Follow Up 12/31/14:** Continue to work with SCS and the other Shared Instance institutions on the Security Rebuild project. Academic Advising has completed their work and the new roles are being moved into Productions. Student Financials have begun testing of their new roles. The other areas are beginning the process. The anticipated completion of this project is June 30, 2015.		
GBC	Network Security	Firewall Testing	8/31/10 12/31/14	26	We recommend that GBC create written policies and procedures for the administration and configuration of the firewall.	Controller	No progress has been made on this item. Still working on written procedures. **Follow Up 12/31/14:** This policy has been completed and is going through final approval.	OPEN	6/16/2011
GBC	Network Security	Wireless Network	8/31/10 12/31/14	27	We recommend that GBC require authentication to use their	Controller	Passcodes are being used to access the Wireless networks	OPEN	6/16/2011

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		Security			wireless network.		at this time. Currently working on a Radius Server for a more secure network. Testing will be done during Summer 2014. **Follow-Up 12/31/14:** The Radius Server is up and running and will authenticate with the newer access points using LDAP. This will allow users to use their computer login to the wireless network and restrict anyone without a login. We are still trying to get Radius to work with older legacy access points. If we can it should be in place before the Spring 2015 semester starts. We are also looking into the possibility of purchasing new access points to replace the legacy devices.		
GBC	Network Security	Policies, Procedures and Best Practice	8/31/10 12/31/14	28	We recommend that GBC update their policies and procedures to address the issues noted in items one and three, above.	Controller	Little progress due to staffing issues. The person that was assigned to help with this project left GBC for other employment in April 2014. So far we have not been able to fill the position. Since this position has not yet been filled, other employees have been having to cover his responsibilities beside their own. **Follow-Up 12/31/14:** GBC filled the vacant position in July 2014 with a less experienced technician and they have spent the last 6 months learning our platforms, systems, etc. GBC will be working with Frank Woodbeck and Pete Zipkin on this to see if we can standardize policies as the Northern Nevada Collaborative looks at Shared	OPEN	6/16/2011

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							Services within the area of Computer Services.		
GBC	Network Security	Policies, Procedures and Best Practice	8/31/10 12/31/14	29	We recommend that GBC consider performing an IT risk assessment and developing a contingency plan.	Controller	Little progress due to staffing issues. The person that was assigned to help with this project left GBC for other employment in April 2014. So far we have not been able to fill the position. Since this position has not yet been filled, other employees have been having to cover his responsibilities beside their own. **Follow-Up 12/31/14:** GBC filled the vacant position in July 2014 with a less experienced technician and they have spent the last 6 months learning our platforms, systems, etc. GBC will be working with Frank Woodbeck and Pete Zipkin on this to see if we can standardize policies as the Northern Nevada Collaborative looks at Shared Services within the area of Computer Services.	OPEN	6/16/2011
GBC	Network Security	Security Incident Process	8/31/10 12/31/14	30	We recommend that GBC develop an IT security incident policy and procedure.	Controller	Little progress due to staffing issues. The person that was assigned to help with this project left GBC for other employment in April 2014. So far we have not been able to fill the position. Since this position has not yet been filled, other employees have been having to cover his responsibilities beside their own. **Follow-Up 12/31/14:** GBC filled the vacant position in July 2014 with a less experienced technician and	OPEN	6/16/2011

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							they have spent the last 6 months learning our platforms, systems, etc. GBC will be working with Frank Woodbeck and Pete Zipkin on this to see if we can standardize policies as the Northern Nevada Collaborative looks at Shared Services within the area of Computer Services.		

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	UNR INTERNAL AUDIT REPORTS								
UNR	Parking and Transportation Services	Accounts Receivable	1/23/14 10/22/14	1	We recommend the department consider reducing the period in which printed billing statements are mailed, such as 12 months or less. We also recommend the department continue to review whether it is feasible to implement electronic billing statements.	Associate Vice President, Business and Finance	Corrective action was taken in March 2014 to reduce the period of time a citation will generate a collection letter. The department has worked with the software vendor and was able to successfully send out collection letters via email from the PowerPark Flex system as of July 1, 2014 and continues to do so each month.	CLOSED	12/4/2014
UNR	Housing	Resident Files	3/31/14 10/24/14	2	We recommend the department develop a procedure to ensure the Consent for Treatment form is completed and is properly maintained for all residents under the age of 18.	Associate Vice President, Business and Finance	The website was updated May 29, 2014. Consent for Treatment forms received in the Housing Office are forwarded to the Student Health Center.	CLOSED	12/4/2014
UNR	Housing	Expenditures	3/31/14 10/24/14	3	We recommend the department develop a process to ensure the signature authority of terminated employees is removed in a timely manner.	Associate Vice President, Business and Finance	The employee separation checklist was developed and put into use as of August 29, 2014 to ensure signature authority of terminated employees is removed in a timely manner.	CLOSED	12/4/2014
UNR	Housing	Equipment Inventory	3/31/14 10/24/14	4	We recommend the department contact BCN Purchasing to remove the items from the housing report and request the items be added to the correct location code for food services.	Associate Vice President, Business and Finance	The Property Transfer Form was submitted to BCN Purchasing on May 20, 2014.	CLOSED	12/4/2014
UNR	Kids University	Cash Controls	6/23/14 7/25/14	5	For improved control, we recommend fee adjustments be reviewed on a regular basis by an independent employee for reasonableness. We recommend the review be documented on the report with the employee's initials and date and that the report be	Associate Vice President, Business and Finance	*1. Describe how compliance was achieved.* As of March 2014 accounting staff started generating a "Manually Adjusted Invoice Items Summary Report" from Extended Studies (EXS) registration system C2K	CLOSED	9/4/2014

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					maintained in the department's files.		database. Accounting staff reviews the report to ensure any adjustments are valid and ensure all documentation has been accounted for. *2. Explain what will be done to avoid the identified problems and issue in the future.* Accounting staff ensures that all adjustments have been made correctly and in keeping with department procedures. The Accounting Manager reviews the report on a monthly basis to ensure any adjustments are valid and valid reasons have been entered in the system. The report is then signed and dated as proof of review and filed. Any discrepancies are discussed with the Enrollment Manager. *3. Describe how compliance and future good management and practice will be measured.* Accounting staff/Enrollment Manager reviews and ensures all adjustments have been made correctly and in accordance with department policy and procedures. Enrollment staff have been notified of these changes. *4. Explain who will be responsible and may be held accountable in the future if repeat or similar problem arise.* Accounting Manager and Enrollment Manager are responsible for ensuring compliance with policy. *5. Explain when the measures will be taken and on what schedule compliance and good practice will be secured.*		

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							This process was put in place during March 2014, Accounting staff produces the "Manually Adjusted Invoice Items Summary Report" monthly from Extended Studies registration system C2K database the accounting package and the Accounting Manager reviews, signs, and dates then files the document. *6. Describe how compliance and performance will be documented for future audit, management and performance review.* Accounting staff ensures that all adjustments have been made correctly and in keeping with department standards and procedures. The report then is submitted to the Accounting Manager for review and approval. The report is filed in a secure location.		
UNR	Kids University	Expenditures	6/23/14 7/25/14	6	We recommend that Kids University registration fees be used for instruction only, as required. We also recommend that hosting transactions be properly charged and documented on a host expense form.	Associate Vice President, Business and Finance	*1. Describe how compliance was achieved.* In accordance with University policy we have discontinued the staff appreciation lunches. For end of summer meetings the Program Director fills out hosting forms and appropriate hosting account is charged. *2. Explain what will be done to avoid the identified problems and issue in the future.* The Accounting Manager discussed hosting policy with Program Director. Per the University Administrative Manual we have discontinued the staff appreciation lunch. We will continue to have end of	CLOSED	9/4/2014

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							program meetings with Kids University (Kids U) staff. Program Director will complete hosting forms using the host account and submit paperwork for EXS Vice Provost, Extended Studies for approval. *3. Describe how compliance and future good management and practice will be measured.* Program coordinators and staff have been notified of this change. The Program Director will monitor for compliance. For any Kids U staff meeting where food is involved it will be charged to a host account with appropriate approval. *4. Explain who will be responsible and may be held accountable in the future if repeat or similar problems arise.* Kids U Program Director has the responsibility for these changes and will be held accountable in the future for any issues which may arise. *5. Explain when the measures will be taken and on what schedule compliance and good practice will be secured.* Since May 2014 we have implemented UNR Hosting Policy and Procedure, we also comply with policy by attaching a meeting agenda with the host form. *6. Describe how compliance and performance will be documented for future audit, management and performance review.* In accordance with University policy we have discontinued		

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							the staff appreciation lunch. The Program Director and staff have been notified of this change. Kids U program director completes a hosting form for any hosting charges which is charged to a host account and appropriate approval is obtained. The form is filed with the program documentation.		
UNR	Kids University	Student Timesheets	6/23/14 7/25/14	7	We recommend the student be compensated for the error noted.	Associate Vice President, Business and Finance	1. *Describe how compliance was achieved.* A payroll correction was submitted on June 30, 2014 to rectify the student's pay for the period of July 16-31, 2013. The student was paid on July 10, 2014. 2. *Explain what will be done to avoid the identified problems and issue in the future.* Supervisors and students were reminded to verify the accuracy of timesheets prior to submitting to EXS Human Resources (HR) for processing. 3. *Describe how compliance and future good management and practice will be measured.* Timesheets are reviewed semi-monthly by the Student, Supervisor, Personnel Technician and EXS HR Manager for proper completion and accuracy. 4. *Explain who will be responsible and may be held accountable in the future if repeat or similar problem arise.* EXS HR Manager is responsible for oversight and compliance. 5. *Explain when the measures*	CLOSED	9/4/2014

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							will be taken and on what schedule compliance and good practice will be secured. A payroll correction was submitted on June 30, 2014 to rectify the student's pay for the period of July 16-31, 2013. The student was paid on July 10, 2014. Supervisors and students were reminded to verify the accuracy of timesheets prior to submitting to EXS HR for processing. *6. Describe how compliance and performance will be documented for future audit, management and performance review.* A random sample of 5% timesheets will be audited yearly to ensure compliance to university policies. EXS HR Manager is responsible for oversight and compliance.		
UNR	Kids University	Leave Records	6/23/14 7/25/14	8	We recommend the necessary adjustments be made to the employee's leave record. We also recommend greater care be taken to ensure leave taken is correctly deducted from the leave balance.	Associate Vice President, Business and Finance	*1. Describe how compliance was achieved.* The employee's leave records and accumulated leave balance were corrected on June 24, 2014. *2. Explain what will be done to avoid the identified problems and issue in the future.* Effective January, 2014, Extended Studies HR changed its leave tracking process. The department implemented the leave tracking reports provided by Faculty Human Resources in an effort to streamline processes and eliminate errors as cited in this audit. *3. Describe how compliance and future good management*	CLOSED	9/4/2014

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							and practice will be measured. EXS HR Manager has reminded all employees and supervisors to verify accuracy of the quarterly leave report prior to signing it. EXS HR Manager oversees leave reports and ensure all leave is recorded in compliance with State of Nevada, NSHE and University policy. *4. Explain who will be responsible and may be held accountable in the future if repeat or similar problem arise.* EXS HR Manager has the responsibility for these changes and will be held accountable in the future for any issues which may arise and are responsible for oversight and compliance of policy. *5. Explain when the measures will be taken and on what schedule compliance and good practice will be secured.* The employee's leave records were corrected on June 24, 2014. Effective January 2014, Extended Studies HR changed its leave tracking process. The department implemented the leave tracking reports provided by Faculty Human Resources in an effort to streamline processes and eliminate errors as cited in this audit. *6. Describe how compliance and performance will be documented for future audit, management and performance review.* EXS HR staff ensures all leave is calculated correctly in the leave report. EXS HR Manger		

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							is responsible for oversight for these processes.		
UNR	Kids University	Sensitive Equipment	6/23/14 7/25/14	9	We recommend the disposition of this item be determined. If it cannot be located, we recommend greater care be taken in the future to dispose of equipment through the purchasing department. We also recommend the item be removed from the department's sensitive equipment inventory, if necessary.	Associate Vice President, Business and Finance	*1. Describe how compliance was achieved.* The printer was turned over to BCN for surplus when it was replaced. To avoid future issues with location of sensitive equipment items, the Extended Studies IT System Administrator has implemented new procedure for managing sensitive equipment. When equipment is sent to surplus the documentation is filed. *2. Explain what will be done to avoid the identified problems and issue in the future.* To avoid further issues with the location of sensitive equipment items, Extended Studies has implemented new procedures for managing sensitive equipment. These procedures include fully documenting serial numbers, descriptions and locations of all sensitive equipment items in a Microsoft Excel spreadsheet. We also file a copy of the submitted surplus sensitive equipment receipts. *3. Describe how compliance and future good management and practice will be measured.* To avoid future issues with the location of sensitive equipment items, EXS IT System Administrator has implemented new procedures for managing sensitive equipment. These procedures include fully documenting serial numbers, descriptions and locations of all	CLOSED	9/4/2014

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							sensitive equipment items in a Microsoft Excel spreadsheet. We also file a copy of the submitted surplus sensitive equipment receipts from Surplus property when the item was picked up. The accountant annually reviews the file to confirm that it is complete. *4. Explain who will be responsible and may be held accountable in the future if repeat or similar problems arise.* IT System Administrator is responsible to ensure that UNR Administrative inventory procedures are followed and sensitive equipment inventories are maintained. *5. Explain when the measures will be taken and on what schedule compliance and good practice will be secured.* As of June 2, 2014 IT System Administrator implemented new procedures for managing sensitive equipment. *6. Describe how compliance and performance will be documented for future audit, management and performance review.* To avoid future issues with the location of sensitive equipment items, Extended Studies has implemented new procedures for managing sensitive equipment. These procedures include fully documenting serial numbers, descriptions and locations of all sensitive equipment items in a Microsoft Excel spreadsheet we also file		

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							a copy of the submitted surplus sensitive equipment receipts from Surplus property when the item was picked up. The accountant annually reviews the file to confirm that it is complete.		
UNR	Kids University	Student Timesheets	6/23/14 7/25/14	10	We recommend the UNR Human Resources Office verify student enrollment during the summer terms. We also recommend this information be provided to the BCN Payroll Department to ensure that FICA/FARP deductions are processed correctly.	Associate Vice President, Business and Finance	*1. Describe how compliance was achieved.* The UNR Human Resources Office runs reports throughout the year to identify student employees that are not eligible for FICA exemptions during the fall, spring, and summer terms. At the time of the noted audit finding, the report of FICA eligible students was run once for the summer at the end of May. Beginning June 1, 2014, the UNR Human Resources Office is running the report on a monthly basis. The report is run on the 30th of each month and provided to Payroll. Payroll then makes the changes to the system coding to trigger FICA to be withheld. *2. Explain what will be done to avoid the identified problems and issue in the future.* A copy of the report, dated with the date the report is sent to payroll each month, are retained for a minimum of three years. Future plans for integration of the student and HR systems with iNtegrate2 will allow the systems to capture daily changes in enrollment and the potential for programing logic to automatically update the	CLOSED	9/4/2014

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							Payroll system with FICA deductions. This is currently a manual process that is completed in batch on a monthly basis. *3. Describe how compliance and future good management and practice will be measured.* The monthly reporting to Payroll is monitored by the Director HR systems. *4. Explain who will be responsible and may be held accountable in the future if repeat or similar problem arise.* The Director HR Systems is responsible for ensuring the completion of the report and will be held accountable in the future for any issues which may arise. *5. Explain when the measures will be taken and on what schedule compliance and good practice will be secured.* Appropriate measures have been implemented given current HR and student system limitations. Compliance with monthly reporting procedures are reviewed quarterly. *6. Describe how compliance and performance will be documented for future audit, management and performance review.* The copies of the monthly reports is retained on the UNR Human Resources shared server and are available for quarterly review by the Associate Vice President, Human Resources for performance evaluation and future audits.		

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UNR	Kids University	Leave Records	6/23/14 7/25/14	11	We recommend leave request forms be approved by a supervisor, as required.	Associate Vice President, Business and Finance	*1. Describe how compliance was achieved.* The Vice Provost, Faculty Affairs has been delegated authority to approve the employee's leave, and approved the five leave request forms that had not been signed. A copy has been place in the employee's leave record file, and a copy was sent to the employee for his records. *2. Explain what will be done to avoid the identified problems and issues in the future.* Effective April 1, 2014, the Provost's Office transferred leave records from paper to the iLeave electronic system. The new electronic system requires individuals with leave records maintained by the Provost's Office to submit their leave requests online. After the request is submitted online, an email is sent to the employee's supervisor, or designee, requesting the approval of the leave. The leave requests are posted immediately to the employee's leave record. Once the leave has been approved, the employee receives an email letting them know their leave has been approved, and the leave entry shows as approved in the employee's electronic leave record. This new system eliminates the requirement of having a supervisor, or designee, sign a paper leave request form, eliminates the hand posting of requests, and	CLOSED	9/4/2014

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							eliminates copying and mailing acknowledgements to employees. Supervisors with unapproved leave requests in the system for leave prior to July 1, have been contacted to request they approve or disapprove the pending leaves. All items have now been resolved, so that there are no unapproved leave requests prior to June 30, 2014. *3. Describe how compliance and future good management and practice will be measured, monitored and assured.* In addition to the conversion to electronic submission, approval, and posting of leave requests and the cleanup of unapproved leave prior to July 1, effective July 18, the Provost's Office will use a calendar feature in the iLeave system to verify all leave requests submitted are approved by the supervisors. This calendar will be printed on the last business day of every week, with any unapproved leave in the system being highlighted. If Provost's Office personnel finds leave requests in the system pending approval, supervisors will be contacted to inform them the leave needs their attention, either through approval or disapproval. *4. Explain who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Assistant to the Executive		

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							Vice President & Provost oversees leave records and ensures all leave is recorded and approved in compliance with State of Nevada, NSHE and University policies. *5. Explain when the measures will be taken and on what schedule compliance and good practice will be secured.* The Assistant to the Executive Vice President & Provost or delegate prints the calendar of approved and unapproved leaves on the last business day of each week. This calendar shows approved and unapproved leave requests for the next two weeks. The Administrative Assistant II, or delegate, contacts the supervisors to request that pending leave requests be approved or disapproved. *6. Describe how compliance and performance will be documented for future audit, management and performance review.* The calendars of approved and unapproved leaves are maintained in a file by the Assistant to the Executive Vice President & Provost. Supervisors are contacted regarding unapproved leaves as described above. In addition, at the time of printing each weekly report, the Assistant reviews the prior weekly reports to verify that any issues identified were taken care of, with any unresolved issues being brought to the attention of one		

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							of the Vice Provosts for their attention. Employees involved in this effort in the Provost's Office are evaluated on their performance in ensuring compliance, with adjustments to Work Performance Standards or Individual Performance Objectives being made, and yearly evaluations or appraisals addressing their performance in this regard.		
UNR	Kids University	Leave Records	6/23/14 7/25/14	12	We recommend the necessary adjustments be made to the employee's leave record.	Associate Vice President, Business and Finance	1. Describe how compliance was achieved. The missing leave was recorded on the employee's leave record and his balances have been corrected. Those corrections were made to the employee's iLeave balances. 2. Explain what will be done to avoid the identified problems and issues in the future. With the iLeave system, all leave is recorded and tracked electronically without the necessity of an employee having to enter the leave manually. The leave request posts automatically to the employee's record at the time it is requested, though it is marked pending and not deducted from leave balances. The system to ensure leave requests are approved in a timely manner is described above. Upon approval by the supervisor, leave is automatically posted by the system and deducted from the employee's leave balances, eliminating the possibility of an employee forgetting to record	CLOSED	9/4/2014

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							the leave in an employee's record. *3. Describe how compliance and future good management and practice will be measured, monitored and assured.* The adoption by the Provost's Office of the iLeave system, where requested and approved leaves are automatically posted and deducted from employee's leave balances, eliminates the need for human posting to an employee's records. The system ensures that leaves requested and approved through iLeave are recorded on the employee's leave record. *4. Explain who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Assistant to the Executive Vice President & Provost oversees leave records and ensures all leave is recorded and approved in compliance with State of Nevada, NSHE and University policies. *5. Explain when the measures will be taken and on what schedule compliance and good practice will be secured.* The iLeave system was implemented by the Provost's Office effective April 1, 2014, eliminating the human error factor from the recording of approved leave requests. Leave balance records were reviewed at that time to ensure balances transferred to iLeave correctly. Since April 1, 2014, the system has performed well		

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							with no errors being discovered. Employees, their supervisors and key Provost's Office personnel have constant access to leave balance records, and any failure in the system to accurately record leave would be evident. Provost's Office personnel continue to monitor employee leave records to ensure the system is operating correctly. *6. Describe how compliance and performance will be documented for future audit, management and performance review.* Employees, Provost Office key personnel and their supervisors have constant online access to leave records, with any failure of the system to accurately record leave being reported and rectified.		
UNR	Kids University	Leave Records	6/23/14 7/25/14	13	We also recommend greater care be taken to ensure leave taken is correctly recorded on the leave record and leave request forms are completed and maintained.	Associate Vice President, Business and Finance	*1. Describe how compliance was achieved.* The day of leave that was recorded in error on the employee's leave record has been removed. *2. Explain what will be done to avoid the identified problems and issues in the future.* This was a human error on the part of the Provost's Office leave keeper, the Administrative Assistant II. She recorded a day of leave on the employee's leave record when leave was not taken. With the adoption of the iLeave system as of April 1, 2014, all leave is recorded and tracked electronically and will not be	CLOSED	9/4/2014

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							deducted from an employee's leave balance until it is submitted and approved by the supervisor, eliminating errors of this type in the future. *3. Describe how compliance and future good management and practice will be measured, monitored and assured.* The adoption by the Provost's Office of the iLeave system, where only requested and approved leaves are automatically posted and deducted from employee's leave balances, eliminates the possibility of a Provost's Office employee manually posting incorrect leave to an employee's records. The system ensures that leaves requested and approved through iLeave are recorded on the employee's leave record. *4. Explain who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Assistant to the Executive Vice President & Provost oversees leave records and ensures all leave is recorded and approved in compliance with State of Nevada, NSHE and University policies. *5. Explain when the measures will be taken and on what schedule compliance and good practice will be secured.* The iLeave system was implemented by the Provost's Office effective April 1, 2014, eliminating the human error factor from the recording of		

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							approved leave requests. Leave balance records were reviewed at that time to ensure balances transferred to iLeave correctly. Since April 1, 2014, the system has performed well with no errors being discovered. Employees, their supervisors and key Provost's Office personnel have constant access to leave balance records, and any failure in the system to accurately record leave would be evident. Provost's Office personnel continue to monitor employee leave records to ensure the system is operating correctly. *6. Describe how compliance and performance will be documented for future audit, management and performance review.* Employees, Provost Office key personnel and their supervisors have constant online access to leave records, with any failure of the system to accurately record leave being reported and rectified.		
UNR	Lake Tahoe Music Camp	Nepotism	6/23/14 7/25/14	14	We recommend that established nepotism policies be followed.	Associate Vice President, Business and Finance	*1. Describe how compliance was achieved.* Duties have been split between the Camp Director and the Assistant Camp Director, and they report to the Assistant Director of Programming for the School of Arts. There is no direct line of authority between them. *2. Explain what will be done to avoid the identified problems and issues in the future.*	CLOSED	9/4/2014

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							We submitted a letter requesting an exception to policy to UNR Human Resources (HR) on July 11, 2014 for future camps. *3. Describe how compliance and future good management and practice will be measured, monitored and assured.* Compliance was measured by submitting the letter requesting exception to policy to HR on July 11, 2014. *4. Explain who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Assistant Director of Programming for the School of the Arts and the Manger of Human Resources for Extended Studies are responsible for monitoring compliance with policy. *5. Explain when the measures will be taken and on what schedule compliance and good practice will be secured.* The letter was submitted on July 11, 2014. The organizational chart was updated to reflect the lines of authority. *6. Describe how compliance and performance will be documented for future audit, management and performance review.* A copy of the approved exception letter will be included in the program file documenting the current exception.		
UNR	Lake Tahoe Music	Expenditures	6/23/14	15	We recommend that LTMC	Associate Vice	*1. Describe how compliance*	CLOSED	9/4/2014

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	Camp		7/25/14		registration fees be used only for instruction, as required. We also recommend that hosting transactions be properly charged and documented on a host expense form.	President, Business and Finance	*was achieved.* We were using the participant paid expense category incorrectly. We have since been using the extended studies hosting account to pay for these expenses. *2. Explain what will be done to avoid the identified problems and issues in the future.* As per board policy we have started using hosting funds for all hosting expenses. *3. Describe how compliance and future good management and practice will be measured, monitored and assured.* Camp Director and staff have been notified of the hosting policy. The Assistant Director of Programming for the School of the Arts is responsible to monitor for compliance. We have attached an agenda for the meeting in the course file (correct hosting account, form with appropriate signature will be filed in the course file). We will now use the extended studies hosting account for future hosting expenses. *4. Explain who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Assistant Director of Programming for the School of the Arts and Accountant for Extended Studies are responsible for monitoring compliance with hosting policy. *5. Explain when the measures will be taken and on what schedule compliance and good*		

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							practice will be secured. Staff have been reminded of the policy and the measures were implemented in June 2014. *6. Describe how compliance and performance will be documented for future audit, management and performance review.* Hosting forms are no completed and submitted for each hosting expense and are approved by the Vice-Provost, Extended Studies.		
UNR	Lake Tahoe Music Camp	Course File Review	6/23/14 7/25/14	16	We recommend sponsorship and fee waiver information be maintained in the program files.	Associate Vice President, Business and Finance	*1. Describe how compliance was achieved.* We met with the Enrollment Operations Manager and established a procedure for properly documenting the scholarship/sponsorship information in the course file. *2. Explain what will be done to avoid the identified problems and issues in the future.* We track the scholarship recipients for the camp by using an Excel spreadsheet and apply the fees to the student in the registration system. We will properly train the registration staff each year to maintain the records. *3. Describe how compliance and future good management and practice will be measured, monitored and assured.* The Assistant Director of Programming for the School of the Arts and the Manager of Enrollment Operations for Extended Studies are responsible for monitoring	CLOSED	9/4/2014

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							compliance with policy. *4. Explain who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Manager of Enrollment Operations for Extended Studies and the Assistant Director of Programming for the School of the Arts are responsible and accountable if repeat or similar problems arise. *5. Explain when the measures will be taken and on what schedule compliance and good practice will be secured.* Measures were implemented for the 2014 Lake Tahoe Music Camp. *6. Describe how compliance and performance will be documented for future audit, management and performance review.* The Assistant Director of Programming for the School of the Arts is responsible for approving any scholarship comps given by Lake Tahoe Music Camp via email, so there is a written record available.		
UNR	Hosting	Host Expenditure Review	3/8/13 1/16/15	17	We recommend the department that made the purchase be reminded of the policy.	Associate Vice President, Business and Finance	The policy proposal for a change to the BOR Handbook is scheduled to be approved by the Chancellor's Cabinet the week of July 14, 2014. After approval the changes to the Handbook should be approved at the September 2014 Board of Regents meeting. **Update 1/16/15**:	CLOSED	12/2/2013

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							The board of Regents Handbook was updated after approval of new policy. See Chapter 5, Section 1, Paragraph 3d.		

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UNLV INTERNAL AUDIT REPORTS

| UNLV | Hosting | Hosting Expenditures | 9/19/14 10/20/14 | 18 | We recommend receipts be obtained from vendors and maintained with the supporting documentation and meeting agendas be retained for department meetings. | Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services | *1) What will be done to avoid the identified problems and issues in the future?* One of the two instances noted was a p-card transaction with missing receipt documentation. The department has been notified and the cardholder's supervisor has reviewed the transaction information available from the p-card statement and the department has been reminded of our procedure that provides for documentation of a missing receipt with an 'Affidavit of Missing Receipt' which has been completed with appropriate approval and will be retained in the department p-card file. As noted previously, the p-card training program manual and training materials are being updated (as part of our annual review and update of these materials) to address the host audit findings and documentation requirements will be reviewed in this process. The second incident noted involved staff from two UNLV departments that held a hosted meeting but failed to include a copy of the meeting agenda in the host reimbursement request. The department has provided documentation of the subject matter of the meeting, but not a | CLOSED | 12/4/2014 |

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							specific meeting agenda. The Accounts Payable staff will ensure department meeting host activities are adequately documented with a meeting agenda. *2) How compliance and future good management and practice will be measured, monitored, and assured.* All host transactions paid through Accounts Payable are monitored for proper coding and documentation requirements in accordance with the host policy. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* For p-card transactions, p-card holders and their reviewing supervisors are primarily responsible for retaining transactions documentation. For transactions processed through Accounts Payable, the Assistant Controller for Accounts Payable reviews all host transactions to assure compliance. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* Transactions that are subject to this finding have been corrected as noted above and specific staff training to address this finding has already been completed. *5) How compliance and performance will be documented for future audit, management and performance review.*		

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							Accounts Payable documentation is reviewed as each transactions is processed and this documentation is retained in Accounts Payable for audit. Departments are responsible for retaining transaction documentation for all p-card transactions.		
UNLV	Presidential Exit	Leave Records	7/29/14 10/15/14	19	We recommend that annual and furlough leave be approved in advance and that sick leave be approved in a timely manner upon returning to work.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	*1) What will be done to avoid the identified problems and issue in the future?* We will review the records on a quarterly basis to ensure that compliance is maintained. *2) How compliance and future good management and practice will be measured and assured.* In order to ensure compliance and good management and practice, the department's Finance and Operation's Manager will review leave records on a quarterly basis. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems occur.* The Chief of Staff and Executive Assistant to the President will continue to be responsible for approving leave. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* Measures will be taken immediately, leave records will be reviewed quarterly. *5) How compliance and performance will be documented for future audit,*	CLOSED	12/4/2014

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							management and performance review. The quarterly review by the Finance and Operation's Manager will be documented to confirm our compliance with this issue.		
UNLV	Presidential Exit	Leave Records	7/29/14 10/15/14	20	We also recommend compensatory time be exhausted before use of annual leave as required by the Nevada Administrative Code.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	Annual leave was used before compensatory time so the employee would not lose accumulated annual leave (per subsection 2 of the NRS 284.350). According to statute and leave policy (Nevada Administrative Code, Chapter 284, section 2508), this is allowable. In calendar year 2013, an additional use of 1.5 hours of annual leave occurred. In calendar year 2014, the year-end annual leave balance for the single employee in question was 240 hours. As such, there was no similar issue in the most recent year of review and the issues in prior years were de minimus.	CLOSED	12/4/2014
UNLV	William S. Boyd School of Law Residency Determinations	Reclassification	2/7/14 10/25/14	21	We recommend the required supporting documentation, as identified on the UNLV Residency Application and in the BOR Handbook, be obtained and reviewed by the BSOL in order to complete the required verifications before granting reclassification of residency status. We also recommend these documents be retained to support proper completion of the residency status determinations.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	In all fifteen reclassification exceptions noted above, we collected and evaluated supporting documentation. In eight of those cases, due to human error we did not retain this supporting documentation. Since discovering this error last year, we have kept documentation in all cases. In the future, we will make a digitized copy of such documentation and retain it in each student's file. In the cases that we retained documentation we believed the documentation satisfied the	CLOSED	12/4/2014

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							intent of the rule, but we will be purposeful in the future to satisfy the exact rule requirements. For example, in the past a student who submitted proof of a checking or savings account at a Nevada bank and provided four bank statements showing a Nevada address and the same account number for four months (beginning and ending one year apart) was deemed to have satisfied the requirement. We will now collect all twelve consecutive months of statements in all cases. *1) What will be done to avoid the identified problems and issues in the future?* Complete documentation of all obtained data will be kept. *2) How compliance and future good management and practice will be measured and assured.* A complete audit trail of the process will be available. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems occur?* Responsibility for administering this process falls to the Director of Admissions, supervised by the Associate Dean for Students, who reports to the Dean of the Law School. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* We will begin performing the outlined steps effective Summer 2014. *5) How compliance and performance will be documented for future audit,*		

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							management and Performance review. Compliance and performance will be documented by complete supporting documentation being available for review. **Follow-Up Response:** The outlined steps were implemented as noted in the above response.		
UNLV	William S. Boyd School of Law Residency Determinations	Initial Residency Determination	2/7/14 10/25/14	22	We recommend BSOL obtain clear and convincing evidence to support students being classified as "in-state" residents for tuition purposes. We also recommend BSOL withhold the granting of "in-state" residency status until the required supporting documents are obtained, reviewed and verified to ensure compliance with BOR and institutional requirements.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	The law school's default position is to not grant instate residency until we receive supporting documentation. In the past, the BSOL has not collected high school diplomas from enrolling students and, instead, has relied on the student's statement on the admissions application that he or she graduated from a Nevada high school (and named the school). We will begin collecting diplomas from these high schools beginning this summer. In addition, we will ensure that all documents required to validate a claim of Nevada residency are on file prior to the start of classes. *1) What will be done to avoid the identified problems and issues in the future?* Complete documentation of all obtained data will be kept. *2) How compliance and future good management and practice will be measured and assured.* A complete audit trail of the process will be available. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems occur?* Responsibility for administering	CLOSED	12/4/2014

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							this process falls to the Director of Admissions, supervised by the Associate Dean for Students, who reports to the Dean of the Law School. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* We will begin performing the outlined steps effective Summer 2014. *5) How compliance and performance will be documented for future audit, management and Performance review.* Compliance and performance will be documented by complete supporting documentation being available for review. **Follow-Up Response:** The outlined steps were implemented as noted in the above response.		
UNLV	William S. Boyd School of Law Residency Determinations	Administrative Procedures	2/7/14 10/25/14	23	We recommend BSOL develop written desktop procedures for managing residency determinations to provide staff with guidance and to promote consistency in the performance of this function.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	*1) What will be done to avoid the identified problems and issues in the future?* The desk procedures will be reviewed on an annual basis and updated as necessary. *2) How compliance and future good management and practice will be measured and assured.* The annual review of the procedures will assure good practice in the future. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems occur?* Responsibility for this process falls to the Director of Admissions, supervised by the Associate Dean for Students, who reports to the Dean of the	CLOSED	12/4/2014

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							Law School. *4) When the measures will be taken and on what schedule compliance and good practices will be secured.* The procedures will be completed during the summer of 2014. *5) How compliance and performance will be documented for future audit, management and performance review.* The procedures will help admissions staff to perform their duties properly and promote a transparent and consistent process. **Follow-Up Response:** The desk procedures have been prepared and are in use at this time.		
UNLV	Human Resources	Staff Evaluations	6/11/14 7/20/14	24	We recommend the HR office notify the management of supervisors who have missed annual evaluations due for their classified staff, and request that they facilitate more timely completion and submittal of the evaluations to Employee Relations and Development. In our view, the completion of annual evaluations for classified staff benefits the staff member and the institution by providing feedback for meeting goals and expectations, clarifying numerical ratings for job rating elements, outlining future goals and expectations, and identifying plans and strategies for achieving career development. Annual evaluations also provide an objective basis to potentially aid in the resolution of personnel issues and grievances.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	*1. What will be done to avoid the identified problems and issues in the future.* As stated in the audit report, UNLV Human Resources currently provides advance notification to supervisors and departments of upcoming classified employee evaluations. The additional action to be taken by UNLV Human Resources will be in the form of after-the-fact reports provided to the appropriate Cabinet Officers detailing late and missing evaluations. *2. How compliance and future good management and practice will be measured, monitored and assured.* Missing evaluations will be monitored by Human Resources and reported to	CLOSED	9/4/2014

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							UNLV Cabinet Officers. This will allow campus management in each area to address the situation with their supervisory staff members. Continued bad practice will be reported by Human Resources up through the chain of command. *3. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* Supervisors and Cabinet Officers are responsible for timely completion of classified staff evaluations in their areas. *4. When the measures will be taken and on what schedule compliance and good practice will be secured.* These reports will occur quarterly and will begin immediately. *5. How compliance and performance will be documented for future audit, management and performance review.* Copies of each report will be maintained in UNLV Human Resources. With the upcoming iNtegrate2 plans for a replacement Human Resources system, we will investigate if the identified vendor product will permit additional improvement steps to occur.		
UNLV	Police Services	Information Technology	10/10/13 12/15/13	25	We recommend DPS investigate possible solutions for temperature control in the IDR room where the servers reside, or consider relocating these servers to one of the existing server room facilities	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	The server is now located in the OIT Data Center. The move was completed in May 2014. This recommendation is fully implemented at this time.	CLOSED	9/4/2014

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					on campus that are properly secured and temperature controlled.				
UNLV	Police Services	Information Technology	10/10/13 12/15/13	26	We recommend DPS investigate the possibility of daily backup of applications data residing on its servers to an off-site location, which could facilitate restoration of data that could potentially be lost or damaged due to a campus disaster.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	This process has now been in place since May 2014. This recommendation is fully implemented at this time.	CLOSED	9/4/2014
UNLV	Police Services	Information Technology	10/10/13 12/15/13	27	We recommend written IT procedures be completed for DPS to address both routine and disaster operations.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	The Disaster Recovery Plan was completed in May 2014. This recommendation is fully implemented at this time.	CLOSED	9/4/2014
UNLV	Differential Program and Special Course Fees	Course Listing	7/15/13 12/15/13	28	We recommend Special Course and Differential Program Fees be included in the class schedule, and at the correct amount, so students are aware of the fees that are due.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	This item has been corrected effective Fall 2014 semester (registration began April 14, 2014). A modification has been made to the "class search" in PeopleSoft to display both the differential fees and the special course fees associated with a class in separate fields. These fees are connected directly to the fee tables that Student Accounts maintain. Now that we have separate fields to display these fees, the Registrar's Office is working to remove all previous "class note" references to special fees to make sure we do not have conflicting or confusing information displayed in the notes and ensure students are aware of all the fees.	CLOSED	9/4/2014
UNLV	Differential Program and Special Course	Account Balances	7/15/13 12/15/13	29	We recommend Special Course and Differential Program Fees associated with the accounts be	Associate Vice President, ICA/TMC Business	**Differential Fee Programs** As a result of significant budget cuts and program	CLOSED	9/4/2014

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	Fees				reviewed to determine whether the fees are reasonable or need to be adjusted.	Services, Auxiliary Financial Services	eliminations, these programs were targeted for differential fee tuition due to the fact that they were high cost programs and/or high demand programs. Following the implementation of the differential fees in Spring 2012 and a poor local economic climate, we needed to see if there would be a decline in student enrollments due to these increases. It was very responsible for our program manager's to begin with conservative spending plans until we could determine a base revenue stream. Had we not taken this path and if enrollments declined, we would have been in a budget deficit which would have been unacceptable. As we now have two years of revenue history and student enrollment trends to base our budgets upon, we now believe we have a stable budget platform to support the hiring of faculty and commit to ongoing expenditures. However, we believe that we need the revenue of one semester as a rollover balance in order to react to unexpected enrollment declines. Informatively, some of the programs need to "bank" funds for the purchases of large equipment/lab upgrades i.e. Physical Therapy and Architecture, so balances at times will be higher with revenue and expense fluctuations between fiscal		

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							years. **Summary Program Expenditure Activity- Current and Future** <u>Architecture:</u> A. 2 Faculty, 1 Shop Technician Staff -1 faculty and 1 Shop Technician hired -1 position will be recruited and filled late Fall 2014 B. Student Employees to support increased student access for 5 technology labs -8-10 students hired to help manage labs and maintain services to students -3-5 Graduate Assistants (currently being finalized with Graduate College) C. Updating classroom and studios spaces -Two computer labs that serve as classrooms. Approved May 2014 as Project #ARC 1406 Rooms 172/179 Remodel =$197,000. -$9,366 spent in FY14 -$85,366.94 encumbered as of 7/29/14 in FY15 D. Updating lab equipment/state of the art labs -Install Central Vac in Wood Shop, initial project cost estimate 60-80K. Project approved May 2014 and in initial phase E. Equipment updates/ replacements, every 3-4 years, $350K <u>Nursing</u> A. 7 Faculty, 3 Student Success Support Staff, 2 Nursing Support Staff - 7 faculty hired -2 student success support		

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							staff hired; 1 active search to be filled Fall 2014 -2 Nursing support staff hired B. Increased Nursing faculty hiring using a specialty search firm C. Updating student computer classrooms -BHS 1410-451 Rm Upgrade Project $67,000 -FY15 shows $43,746.24 encumbered and $4,223 expensed, leaving a balance of $19,030.76 D. Equipment updates/ replacements, every 3-5 years, $2 million -FY14 $420,618.12 expensed in equipment and supplies -FY15 $230,000 budgeted for equipment and supply expenditures. Physical Therapy A. 3 Faculty, 1Student Success Support Staff, 1 Support Staff -2 faculty hired and 1 search active for faculty - 1 student success support staff hired - 1 support staff hired B. Student Travel- Present research at professional meetings -FY15 budgeted ($10,000) close to twice the FY14 expense C. Equipment updates/ replacements, every 3-5 years, $500K -FY14 $217,568.83 in equipment and supplies -FY15 $225,000 budgeted; $13,297.55 encumbered Master's Business Administration (MBA): A. 1 Faculty, 1 Career		

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							Services Coordinator, 1 Support Staff -1 visiting faculty hired and 1 support staff hired -1 active search to be filled Fall 2014 B. Marketing- Increase student enrollments -FY14 expended $9,703 in advertising -FY15 $30,000 budgeted C. Student Travel- Business conferences and competitions -FY14 expended $2,267 -FY15 $13,000 budgeted Social Work-Master's A. 4 Faculty -4 faculty hired and one additional visiting faculty member FY15 - Graduate Salaries and Student Wages budgeted FY15, total of $39,436 B. Computer replacements $20,000 in computer software/ license - FY15 budgeted $20,000 in computer software/license C. Field Liaisons hired for a total of $52,088 for FY15 D. Online Course Development, four online courses budgeted at $16,000 for FY15 We intentionally proceeded with caution in hiring faculty and staff for FY13 and FY14; filling instructional needs mainly by hiring visiting faculty and temporary support staff while recruiting for additional tenure-track faculty and support staff positions have been filled. However, as more of these budgets are absorbed with faculty and staff expenses,		

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							we must retain funding for future employee cost such as; faculty promotion, merit, step increases, COLA, increases in retirement plan contributions, health insurance premiums, and fringe benefits costs.		
							Special Course Fees- Expenditure Plans, Current and Long-Term Trend analysis reviews were completed for each of the accounts below to determine why the large balances accumulated and to determine appropriate expenditure plans to reduce these balances and prevent additional accumulation of excess funds. Note: Charges have stopped for one of the fees effective Summer 2014, and additional reviews of two more of these accounts is in progress for possible fee reductions for Spring 2015. Biology Lab Fees/ Life Sciences- Account 2221-260-640L A. Replace high end microscopes, spectrophotometers, anatomical models B. Software, equipment and biological specimens for dissections -FY15 $394,750 budgeted to spend; $72,747 encumbered -FY14 $237,420 spent C. Under review to determine which course fee reductions are appropriate for implementation, Spring 2015 -Discussions still occurring at the department level, Fall 2014		

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							Education-Field Course Study-Account 2221-253-4704 A. Pilot Teacher Residency Program (student internship/ student teaching) increased from one semester to one year (FY14) B. Increased course offerings for clinical and field experience -FY14 expensed $426,797 -FY15 budgeted $258,938 Physical Education (PEX)-Account 2220-262-670H, now 2221-262-670L A. Purchased new/ replacement equipment for various PEX classes -The department purchased general equipment ($30,152.09) for the PEX classes in FY14. -$14,560 is currently encumbered for the purchase of outdoor equipment. -Working on identifying space to house the fitness assessment lab. Once resolved, approximately $19,000 will be spent on equipment for the assessment room used by PEX students as part of the class curriculum. B. Implemented new supervision and oversight plan to expend funds each semester - The department tracks each purchase and allocates the expense to the appropriate class on a monthly basis. During this process, any items of concern are reported to the Director of Administration and Budget. At the end of the semester the expense report is reviewed by the Director of Administration and Budget and		

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							any areas of concern are immediately addressed with the Community2Campus Executive Director. Social Work-Account 2221-274-94DP A. Increased course offerings for clinical and field experience -FY14 expensed $34,760 FY15 budgeted $133,278 B. Under review to determine which course fee reductions are appropriate for implementation, Spring 2015 -Discussions still occurring at the department level, Fall 2014 Hotel Internship- Account 2220-258-574G A. Course fee was stopped, effective Summer Term 2014 B. Review and revise internship program to enhance the program and determine best use of existing funds previously collected - 6/30/14 ending balance $105,697 -No new fees -Projected FY15 expenses of $25,000 for production of internship books for both students and internship sites, travel to visit internship sites, internship program materials and supplies. -6/30/15 projected ending balance $80,697 -Plans to revise internship in progress FY15		
UNLV	Differential Program and Special Course Fees	Special Course Fees Over $50	7/15/13 1/10/15	30	We recommend the university submit documentation to the System Administration Office and the Board of Regents to support the course additions and changes, and request that the	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	Processes/Background Our review of the discrepancies revealed that all the fees had been properly approved by the Board at one time, if required. Most of these fees had	CLOSED	2/28/2014

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					Procedures and Guidelines Manual be updated with the correct information. We additionally recommend courses with inactive fees be removed from PeopleSoft.		changes made to them after the initial approval or at one time did not require Board approval. These changes were not communicated properly to NSHE for adjustment in the Procedures and Guidelines Manual (PGM). Below are the specifics regarding each individual fee. Regarding number one- courses cited by the auditor as being in the PeopleSoft fee tables but not in the PGM. 1. The BIO 350 course fee of $15 was approved by UNLV in March 1998. Later the course was re-designated as BIO 451 with a course fee of $60. No record is available to indicate that the $60 fee was approved by the Board of Regents. 2. In reference to the PEX courses (PEX 126 and PEX 169), the special fees had been created before special fees required approval for Educational Outreach courses. 3. The KIN 796 course requires department approval to enroll in a two-credit course. This is part of the Nutrition Sciences program. The Dean of the Graduate		

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							College at that time established this as a certificate program or a non-degree granting, self-supporting program. The PGM, Chapter 6, Section 13 says that "In cases where there is an absence of significant programmatic change, minimal impact to other NSHE institutions and clear adherence to approved institutional mission, institutions may seek approval through the Academic Affairs Council."		

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Correction
1. BIOL 451 will be re-submitted to the Regents at the next cycle (12/5-6/2014) for approval.
2. Two courses (PEX 126 and PEX 169) were approved at the 12/6/2013 BOR meeting and are currently listed in the PGM for the Fall 2014 semester.
3. The fourth course, KIN 796, does not fall under the criteria for special course fees (certificate programs less than

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							30 credits do not require BOR approval per the Procedures and Guidelines Manual, Chapter 6, Section 13). No additional action will be taken in reference to this course.		
							Processes/Background Regarding number two-three occurrences of special course fees differing in amounts in PeopleSoft and the PGM;		
							1. Four of the courses (PGM 301,311, 401,411) had the amounts changed in 2010 but the PGM did not accurately reflect this change. The BOR approved the correction to these amounts on 12/6/2013, and the deletion of inactive courses (PGM 311 and 411).		
							2. The third course (SW 719), the amount was changed in December 2011 from $225 to $15. Students were incorrectly charged the $225 in the Fall 2012 semester only.		
							Correction		

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							1. PGM 301 and PGM 401 had the amounts changed in 2010 but did not reflect this change. The BOR approved the correction to these amounts on 12/6/2013.		
							2. For the third course (SW 719), the amount was changed in December 2011 from $225 to $15. Students incorrectly charged the $225 amount for the Fall 2012 semester were reimbursed the difference.		
							Process/Background Regarding number three-fourteen inactive Special Course Fees remaining with in the PeopleSoft fee tables. Inactive courses are not necessarily permanently inactive. There are several reasons courses may become inactive. For example, the department may only teach a course one semester each year or there may be a temporary lack of an available teacher. In many cases these courses are reinstated in future semesters. Fees automatically stop being charged when a course is listed as inactive in PeopleSoft. However, we do not want to remove all of these courses from PeopleSoft. We want to		

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							maintain this historical information so the information is still contained in the tables if the course becomes active again. If they are removed it will require all the data be re-entered into PeopleSoft which increases workload and the possibility of errors. We do not see any control issues with maintaining the data. Correction We respectfully request that we be allowed to maintain the data in PeopleSoft. Prevention & Monitoring During the spring of each year the Program Officer in the Provost Office will compare the NSHE Procedures Guidelines Manual (PGM) fees to the UNLV Internal Master List spreadsheet to verify accuracy. The Program Officer will then send the verified list to the Student Account Manger to update and verify PeopleSoft fee tables as needed and appropriate. The Student Account Manger within Student Accounts and Cashiering Department, who makes the changes in PeopleSoft, will cross-check that the course fees are in fact included in the PGM while entering them into PeopleSoft. This process, jointly overseen by the Provost's Office and the Student Accounts and Cashiering Department, should minimize		

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							discrepancies between the PGM and PeopleSoft fee tables. Any noted discrepancies will be forwarded to NSHE for inclusion in the PGM. **Follow- Up 1/10/15:** All corrective actions were taken at the December Board of Regents Meeting. The BIOL 451 course fee was reduced to $50, and as such, no submission to the Board was necessary.		
UNLV	Office of Continuing Education	Registration System	2/1/14 1/10/15	31	We recommend OCE investigate the possibility of daily backup of their server data to an off-site location in order to facilitate restoration of data that could potentially be lost or damaged due to a campus disaster.	Associate Vice President, ICA/TMC Business Services, Auxiliary Financial Services	*1) What will be done to avoid the identified problems and issues in the future?* A new registration system will be purchased and one requirement of the system will be the ability to back up to an off-site location. *2) How compliance and future good management and practice will be measured and assured.* Once a new registration system has been purchased, our Application and Data Specialist will work with the vendor to ensure that daily off-sit backups are occurring. We are also working with UNLV Office of Information Technology (OIT) to ensure a smooth transition. *3) Who will be responsible and may be held accountable in the future if repeat or similar problems occur?* The Vice Provost will ensure that the new registration system is purchased and that the proper staffing is put in place to monitor the registration system.	CLOSED	12/4/2014

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							On a day-to-day basis, the Application and Data Specialist will be responsible for monitoring the registration system and will be responsible for reporting any issues to the Vice Provost. *4) When the measures will be taken and on what schedule compliance and good practice will be secured.* The department is currently working with Purchasing to identify a vendor and purchasing the registration system. UNLV OIT is part of this evaluation. It is expected that the new registration system will be in place by December 31, 2014. *5) How compliance and performance will be documented for future audit, management and performance review.* The Application and Data Specialist till be responsible for monitoring the registration system and will document and correct any issues as they relate to off-site backups of the data. **Follow-Up Response:** The RFP for the new system was cancelled and re-issued. We anticipate having the RFP process completed by March 31, 2015. **Follow Up Response 1/10/15:** Since the Division of Educational outreach started working on identifying a new registration system, our current vendor has released a new version of their software and we have chosen to upgrade to their latest version. We have worked with the vendor and		

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							identified an option for off-site backups. Additionally, all servers where the software is maintained is part of the UNLV network which is backed up daily according to their policies and provides an additional layer of security in the event of a data loss. On consultation with Purchasing, we have determined that we will not be purchasing a new registration system at this time.		

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	NSC INTERNAL AUDIT REPORTS								
NSC	Student Financial Aid	Cost of Attendance	2/7/14 10/23/14	31	We recommend NSC develop a process to show the actual enrollment in the COA to ensure the amount of financial aid issued to students is accurate and has not been over-awarded.	Senior Vice President for Finance and Administration	*1) How compliance was achieved.* The Office of Financial Aid has reprogrammed its Cost of Attendance (COA) formulas for the 2014-2015 award year to utilize tuition/fee projections based on a student's actual enrollment level. Estimated projections for full-time, three-quarter-time, half-time and less-than half time have been created for state resident, non-resident, Good Neighbor and Western Undergraduate Exchange tuition and fee schedules. *2) What will be done to avoid the identified problems and issues in the future?* The Director of Financial Aid will coordinate with the Office of Admissions and Records and with the NSC Bursar to verify that actual enrollment information is utilized for each student. The Director of Financial Aid will verify that the information is accurate and will forward this verification to the Associate Vice President for Finance and Administration as confirmation that this review has occurred. *3) How compliance and future good management and practice will be measured, monitored and assured.* In addition to the verification process noted previously, the NSC Controller and Bursar will perform a sample audit each award year to verify even further that	CLOSED	12/4/2014

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							budget amounts have been calculated appropriately and that students are not being over-awarded. The sample size will reflect acceptable audit standards and will increase in size if there is evidence of any miscalculation or over-awarding. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Director of Financial Aid has the responsibility for calculating Cost of Attendance appropriately and will be held accountable in the future for any issues which may arise. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* All appropriate measures have been implemented, and the process to utilize actual enrollment in the COA calculations was established in March 2014. These processes will commence with the 2014-2015 award year. *6) How compliance and performance will be documented for future audit, management and performance review.* The Associate Vice President for Finance and Administration now requires that the Director of Financial Aid verify in writing that appropriate steps have been taken to ensure that accurate enrollment information is being utilized each term, and he will ensure that a sample audit occurs each year to demonstrate further the validity of financial aid awards.		

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							All information is available in the PeopleSoft system, which will be accessed for each audit. **Follow Up Response:** The NSC Director of Financial Aid has taken responsibility for this item. PeopleSoft was successfully reprogrammed to enable the use of projected tuition and fees based on actual enrollment level in calculating Cost of Attendance for each fee schedule (resident, nonresident, Good Neighbor and Western Undergraduate Exchange). The Controller and Bursar are performing sample audits to verify budget amounts are being calculated appropriately and that students are not being over-awarded. This information is being verified and reported in writing to the NSC Vice President for Finance and Business Operations, and the data is auditable within the PeopleSoft system.		
NSC	Student Financial Aid	Federal Work-Study	2/7/14 10/23/14	32	We recommend drawdown requests be performed more frequently to comply with the reconciliation requirements.	Senior Vice President for Finance and Administration	1) *How compliance was achieved.* The Associate Vice President for Finance and Administration has directed the NSC Controller and the NSC Director of budgets and Sponsored Projects to complete monthly draws from the Department of Education to cover federal work-study aid, beginning with the 2014-2015 award year, utilizing the federal work-study advantage account designated by NSC. A monthly review process has also been established to ensure that timely draw of federal funds. 2) *What will be done to avoid*	CLOSED	12/4/14

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							the identified problems and issues in the future? The NSC Controller and the NSC Director of Budgets and sponsored Projects will perform a monthly review of the federal work-study account and will provide to the Associate Vice President for Finance and Administration a verification that all draws of federal work-study funds are being made in a timely manner and are in compliance with Department of Education. *3) How compliance and future good management and practice will be measured, monitored and assured.* Under the direction of the Associate Vice President for Finance and Administration, the NSC Controller will sample at random ten student payroll accounts each payroll period. The Controller will trace and agree the payroll to actual timesheets, federal work-study authorization, and Advantage Accounts. Any variances will be noted, and appropriate corrections will be made if needed. The sample size may be modified over time as appropriate. Subsequently, the Controller will forward to the Associate Vice President for Finance and Administration a report of the findings and a status of the federal work-study cash position to verify the accuracy of disbursements and the appropriate draw of federal funds. *4) Who will be responsible and may be held accountable in the future if repeat or similar*		

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							problems arise. The NSC Controller has assumed responsibility for the reconciliation of federal work-study earnings at the Advantage Account level and the appropriate draw of federal funds; and he will be accountable for any issues related to this draw. The Director of Financial Aid has assumed responsibility for reconciliation of federal work-study earnings to the authorized level as identified by the Financial Aid office, and she will be accountable for issues related to authorized versus actual accounts. The Controller and the Director of Financial Aid will also work with the Director of Human Resources to verify federal work-study earnings and the availability of federal funds before each draw., *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* All corrections, processes and procedures were made or established in March 2014. These processes will commence with the 2014-2015 award year. A review of each process and procedure will occur in the fall term of 2014 to ensure that all issues have been addressed appropriately and adequately. *6) How compliance and performance will be documented for future audit, management and performance review.* As previously mentioned, a sample audit of ten students federal work-study		

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							accounts will occur each payroll period to trace and agree payroll to timesheets, authorized federal work-study levels, and account balances. In addition, the Director of Budgets and Sponsored Projects will report to the Associate Vice President for Finance and Administration on a weekly basis the cash position of the federal work-study accounts to ensure that an appropriate draw of federal funds is occurring. **Follow-Up Response:** The NSC Controller and the NSC Director of Budgets and Sponsored Projects have taken responsibility for this item. They are performing monthly reviews of the Federal Work-study (FWS) account to ensure all draws of FWS funds are performed in a timely manner and in accordance with applicable federal regulations. The Controller is sampling at random ten student payroll accounts each payroll period, confirming agreement between the payroll to actual timesheets, FWS authorization, and Advantage Accounts, and forwarding to the Vice President for Finance and Business Operations a report of any findings. In addition, the Director of Budgets and Sponsored Projects reports to the Vice President for Finance and Business Operations on a weekly basis the cash position of the FWS accounts to ensure that an appropriate draw of federal funds is occurring. NSC		

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							intends to continue this review process into the Spring 2015 term to ensure that all issues have been addressed appropriately and adequately, after which time, the reviews will occur quarterly.		
NSC	Student Financial Aid	Federal Work-Study	2/7/14 10/23/14	33	We recommend the college develop a process to track students' FWS hours, to help ensure payments are not disbursed in excess of FWS award amounts.	Senior Vice President for Finance and Administration	*1) How compliance was achieved.* NSC has now implemented the Federal Work-Study Modification within the PeopleSoft system to track federal work-study earnings. This tracking will be utilized beginning with the 2014-2015 award year. This modification is currently in use at UNLV, UNR and TMCC, and it allows the Human Resources Management System to switch automatically form federal work-study funding to institutional work-study accounts once a student's federal work-study award is exhausted. *2) What will be done to avoid the identified problems and issues in the future?* The modification to the PeopleSoft system will significantly enhance the monitoring and control of federal work-study earnings. As previously stated, a random sample of ten federal work-study students will be audited by the Controller and will help identify any issues which may arise in spite of this enhancement. In addition, the Director of Human Resources will also take a more active role in the monitoring of all student employment, including federal work-study recipients. *3) How compliance and future*	CLOSED	12/4/2014

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							good management and practice will be measured, monitored and assured. Under the direction of the Associate Vice President for Finance and Administration, all reviews and reports from the Director of Financial Aid, Controller, Director of Budgets and Sponsored Projects, and Director of Human Resources will be reviewed in a timely manner and will be utilized to identify any occurrence of over-awarding or any potential concerns which may arise. As students near the maximum award, communication will be made with the student and with the appropriate NSC department, and, as previously mentioned, student wages over and above the authorized federal work-study limit will be charged to the appropriate departmental operating budget. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Associate Vice President for Finance and Administration has assumed overall responsibility for this issue and will be accountable for any findings in the future. The Director of Financial Aid, Controller, Director of Human Resources and the Director of Budgets and Sponsored Projects will report to the Associate Vice President on a regular basis to ensure the proper functioning of the module and overall process, and they will report any anomalies to System Computing Services.		

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							5) *When the measures will be taken and on what schedule compliance and good practice will be secured.* Processes and procedures have been established, and the modifications to the PeopleSoft module have occurred. All improvements are effective with the 2014-2015 award year. *6) How compliance and performance will be documented for future audit, management and performance review.* As noted previously, all reports from the Director of financial Aid, Controller, Director of Human Resources, and Director of Budgets and Sponsored Project Administration will be submitted to the Associate Vice President for Finance and Administration for review, appropriate action and retained for future audit, management and performance reviews. The Associate Vice President meets regularly with these directors both individually and as a team, and ongoing review and evaluation of this issue will occur; and all decisions or modifications will be documented and retained by the Associate Vice President. **Follow-Up Response:** The Director of Financial Aid has taken responsibility for this item. The Federal Work-Study earnings has been implemented and is being used beginning with the 2014-2015 award year. Queries of the system indicate the FWS Modification is correctly tracking earnings of need-based student		

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							employment to prevent overpayments of these awards. An audit of the results will be performed at the end of the Fall 2014 term to verify the modification's records match the official payroll, at which time any anomalies will be researched with NSHE System Computing Services.		
NSC	Nevada State Student Alliance	Club and Organization Files	9/24/13 1/13/14	34	We recommend instituting a follow-up process with clubs to pursue submittal of their required monthly items, and revising the By-Laws related to submission of financial statements to reflect the expectation for annual submission.	Senior Vice President for Finance and Administration	The NSSA Business Manager has taken responsibility for this item. The NSSA Clubs & Organizations By-Laws have been updated by NSSA members under the advisement of the NSSA Business Manager. These documents were approved by the NSSA Joint Board on April 11, 2014. And by the NSC student body during an election held April 28-30, 2014. The documents have been approved by NSHE legal counsel, and have been sent through the remainder of the approval process. This includes approval from the NSC President and the NSHE Chancellor.	CLOSED	9/4/2014

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DRI INTERNAL AUDIT REPORTS									
DRI	Libraries	Contracts	5/23/14 7/10/14	35	We recommend the department contact the vendor to request that future agreements be provided in advance of the contract term. We also recommend that contracts be signed by all parties prior to the effective date of the agreements.	Assistant Vice President/ Controller	*1. What will be done to avoid the identified problems and issues in the future?* Subscription service contracts are standard agreements provided by the vendor and the institution has no control over the timing of that delivery. However, every effort to get agreements signed prior to the performance period will be made. *2. How compliance and future good management and practice will be measured, monitored and assured:* As mentioned above, individual institutions are unable to control the timing of the document delivery from large publishing firms for these type of contracts but to control when payment is made. Therefore any risk relating to services that may pre date the completion of the binding contract accrues exclusively to the vendor as no payment is due or made to the vendor until the contract is signed, an invoice is received, and delivery has commenced. In subscription agreements it is nearly always after the beginning of the performance period. *3. Who will be responsible and may be held accountable in the future if repeat or similar problems arise:* The Assistant Vice President/ Controller is always responsible for any payment problems or risk related to financial	CLOSED	9/4/2014

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							practices. *4. When the measures will be taken and on what schedule compliance and good practice will be secured;* Proper payment practices as described above have been and will continue to be in place. *5. How compliance and performance will be documented for future audit, management and performance review.* The key performance metric is to ensure that all requirements for payment are met before any public funds are disbursed. That is and will continue to be measured and monitored. It was properly done in this case and will continue to be so through this oversight.		
DRI	Libraries	Expenditures	5/23/14 7/10/14	36	We recommend that expenditures be approved by authorized personnel.	Assistant Vice President/ Controller	*1. What will be done to avoid the identified problems and issues in the future:* The individuals who approved the transactions were the appropriate designees in the absence of the primary approving official but had not been formally delegated. Letters of delegation have been updated. *2. How compliance and future good management and practice will be measured, monitored and assured:* Updated letters of delegations will ensure these individuals are authorized while a paper based process is in place. In the future, pre-approved workflow authorizations will ensure only authorized approvers even have access to the process.	CLOSED	9/4/2014

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							3. Who will be responsible and may be held accountable in the future if repeat or similar problems arise: The Assistant Vice President/ Controller is always responsible for any payment problems or risk related to financial practices. *4. When the measures will be taken and on what schedule compliance and good practice will be secured:* Updated delegations were immediately done upon receiving the audit and are in place. *5. How compliance and performance will be documented for future audit, management and performance review:* Automated workflow as planned in the Integrate2 initiative will make this issue obsolete but in the interim emphasis will be made to ensure all transaction approvers are properly delegated approval authorization.		
DRI	Libraries	Expenditures	5/23/14 7/10/14	37	We recommend employees be reimbursed for work related expenses only.	Assistant Vice President/ Controller	*1. What will be done to avoid the identified problems and issues in the future:* The employee had been scheduled to work those days and forgot they had been absent when completing their mileage reimbursement request. The library director will compare time sheets to travel claims in the future. *2. How compliance and future good management and practice will be measured, monitored and assured:*	CLOSED	9/4/2014

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							Oversight and comparison of travel claims and timesheets for hourly employees should ensure compliance. *3. Who will be responsible and may be held accountable in the future if repeat or similar problems arise* The Library Director is charged with proper approval of travel claims for library employees. *4. When the measures will be taken and on what schedule compliance and good practice will be secured:* The overpayment of $12.40 has been collected. The Library Director began requiring timesheets to accompany the requests for reimbursement in the future effective in May. *5. How compliance and performance will be documented for future audit, management and performance review:* Payroll and travel disbursements are well documented and comparing those records are the best assurance. This is likely an excellent candidate for the automated auditing capabilities that will be delivered with the Integrate2 initiative.		
DRI	Libraries	Timesheets	5/23/14 7/10/14	38	We recommend supervisory review and approval of timesheets be performed after the last shift is completed.	Assistant Vice President/ Controller	*1. What will be done to avoid the identified problems and issues in the future:* In order to be able to invoice sponsors in a timely manner, DRI accounting requires the timesheets with original signatures to be posted at month end. With geographically separated operations it isn't	CLOSED	9/4/2014

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							always possible to review and approve timesheets in time to make the posting deadlines with the current paper based system and some precertification is often required at month end. The electronic approval systems that will be part of the Integrate2 solution will remove those logistic limitations. Until that is implemented, we believe that timely accounting is more important than the timing of the timesheet review and so we are unable to completely comply with the recommendation until our paper based process is replaced. *2. How compliance and future good management and practice will be measured, monitored and assured:* As noted above, logistical limitations often require approval of time sheets before the end of the pay period but supervisors are alert to the need for adjustments when there are unforeseen variations in the planned schedule. *3. Who will be responsible and may be held accountable in the future if repeat or similar problems arise:* The Assistant Vice President/ Controller is always responsible for any payment problems or risk related to financial practices. *4. When the measures will be taken and on what schedule compliance and good practice will be secured:* While the period of pre certified work is always kept to a minimum, the only logistically		

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							possible solution is an electronic certification system as envisioned with the Integrate2 solution scheduled to be implemented over the next 24-36 months. *5. How compliance and performance will be documented for future audit, management and performance review:* The first line of defense for accurate time and attendance is the employee's supervisor. This review occurs at least monthly. These records are thoroughly documented for subsequent review.		
DRI	Facilities Department	Key Card System Administration	9/10/13 7/1/14	39	We recommend the server be properly administered so it is updated with this information as it becomes available.	Assistant Vice President/ Controller	The system was decommissioned on schedule, and the server was disconnected from the DRI network on June 30, 2014.	CLOSED	5/30/2014

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CSN INTERNAL AUDIT REPORTS									
CSN	Utilization of Instructional Space	Other-Utilization Reporting	6/10/14 7/11/14	40	We recommend the NSHE Finance Department issue additional guidance to the institutions regarding the requirements for reporting non-credit course data for the IUR. We recommend this data be included for the next biennial submission cycle scheduled to occur in 2015, in order to facilitate the consistency of data reported by the participating NSHE institutions, and to best reflect actual utilization of instructional space.	Senior Vice President Finance and Administration	The new Space Study requirements were developed by a working group which consisted of representatives from each institution. All representatives were aware of the new standards and were given a final copy of the "Summary of Board of Regents Deliverables and Recommendations by Working Group" which was created by the working group and approved by the Board of Regents in September of 2010. Item #11 of the document states that "The Utilization Report must be expanded to include instructional space associated with short-term, non-credit courses, including Business and Industry workshops, public service courses, and school district partnerships. *1. What will be done to avoid the identified problems and issues in the future?* The NSHE Finance Department will provide additional guidance to the institutions to reiterate the requirement for non-credit course space utilization data and require that non-credited course space utilization data be provided to the Finance Department separate from the credited course data so that it will be evident that non-credit course data has been provided. *2. How compliance and future good management and*	CLOSED	9/4/2014

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							practice will be measured, monitored and assured? The NSHE Finance Department will verify that two utilization files are provided by each institution; one file for non-credit course and another for credited courses. *3. Who will be responsible and may be held accountable in the future if repeat or similar problems arise?* The NSHE Finance Department will be held accountable in the future if a non-credit course utilization data file is not provided by each institution that delivers non-credit courses. *4. When the measures will be taken and on what schedule compliance and good practice will be secured?* The measures will be taken beginning with the preparation of next Space Study which will be provided to the Board of Regents in FY16. *5. How Compliance and performance will be documented for future audit, management and performance review.* Space Study data utilization files are saved for future reference by System Computing Services. The existence of utilization files for credited courses and non-credit courses which matches the final reports submitted to the Board of Regents will document that the required data was collected from the institutions. In instances where a data file is not provided for		

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							either credit course or non-credit courses by an institution(s), it will be clearly stated on the space study utilization report provided to the Board of Regents as part of the biennial space study.		
CSN	Police Department	Evidence Controls	11/15/13 1/16/14	41	We recommend the inspections and inventory of the evidence room be conducted as required by departmental policy.	Senior Vice President Finance and Administration	As noted in the initial response, a police supervisor not directly related to the evidence control process conducted an unannounced inspection of the police evidence room on Friday, June 20, 2014, 10 days prior to the June 30, 2014 deadline. This supervisor confirmed that the check-in log had the new updated evidence tracking form in it and that it was being properly utilized and correctly completed. The supervisor also confirmed 98% of the logged in evidence was located and properly recorded into the evidence room. The two percent of evidence that could not be located is known to have been logged in a number of years ago under a paper-based system that was being utilized at the time. Either the paper trail indicated evidence that could not be located or the paper trail could not be verified for items that were housed in the evidence room. The missing evidence is related to misdemeanor offenses and is long-past the stature of limitations for such infractions. Following initial research, the supervisor conducting the inspection noted that the	CLOSED	9/4/2014

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							evidence room contained evidence that should have been destroyed since the related case file charges and their stature of limitations have expired. The inspecting supervisor recommended that the evidence room technicians purge any outdated records and evidence in the manner and at the time as prescribed by law. The evidence supervisor and technician complied and have completed this task. This evidence has been identified, compiled and set aside, and marked for disposal or destruction. After conferring with CSN General Counsel's Office, the department technicians contacted the local District Attorney's office and the state Attorney General's office requesting the exact format and documentation they require for verification prior to the disposal and destruction of this outdated evidence. Once the Attorney General's office has verified their requirements, the evidence supervisor will oversee the disposal or destruction process. We anticipate that this will be accomplished within the next few months, dependent upon when the Office of the Attorney General provides their verification requirements to the CSN Police Department.		
CSN	PeopleSoft Security Audit	Security Administration-Roles and	10/20/13 1/24/14	42	We recommend that CSN work with System Computing Services (SCS) and their fellow institutions	Senior Vice President Finance and Administration	System Computing Services (SCS) continues to work on the re-architecture of the shared	CLOSED	9/4/2014

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		Permissions			to develop narrative descriptions for both roles and permission lists. The narratives should provide information on the job functions supported, the data or pages they can access and the manner in which they are designed to access the data (display through correction).		instance security infrastructure. SCS is nearing completion of the academic advising module and has started the work on the financial aid and student financial modules. SCS's timeline for the completion of the remaining modules is presently unknown.		
CSN	PeopleSoft Security Audit	Role and Permission List Usage and Design Philosophy	10/20/13 1/24/14	43	We recommend CSN work with SCS and their fellow institutions to evaluate the design of these components and begin a process of migrating roles and permission lists toward the design philosophy noted above.	Senior Vice President Finance and Administration	System Computing Services (SCS) continues to work on the re-architecture of the shared instance security infrastructure. SCS is nearing completion of the academic advising module and has started the work on the financial aid and student financial modules. SCS's timeline for the completion of the remaining modules is presently unknown.	CLOSED	9/4/2014
CSN	PeopleSoft Security Audit	Sensitive Data Access	10/20/13 1/24/14	44	We recommend that CSN adjust these users as necessary and conduct regular reviews of user roles to ensure role assignments and authorization levels are correct.	Senior Vice President Finance and Administration	CSN staff in Student Records has completed the review of the security roles and has made the necessary adjustments to standardize the definitions. The adjustments were applied when necessary and all roles are consistent with their respective defined position.	CLOSED	9/4/2014
CSN	PeopleSoft Security Audit	Student Administration and Contributor Relations (SACR) Security	10/20/13 1/24/14	45	We recommend that CSN work with SCS to research and implement SACR parameters and settings to prevent cross institution data changes.	Senior Vice President Finance and Administration	System Computing Services (SCS) continues to work on the re-architecture of the shared instance security infrastructure. SCS is nearing completion of the academic advising module and has started the work on the financial aid and student financial modules. SCS's timeline for the completion of the remaining modules is presently unknown.	CLOSED	9/4/2014

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WNC INTERNAL AUDIT REPORTS									
WNC	Intercollegiate Athletics	Cash Controls	10/2/14 10/24/14	46	For improved control, we recommend the ticket sales be recorded on the sales form so this information can be reconciled to the amount of receipts collected.	Controller	*1) How compliance was achieved.* The college has developed a sales form with a clearly identifiable field for the ticket sequence. The starting ticket number and ending ticket number will be a required part of the form. The field manager for each game will insure that this form is completed properly and the coaches will review the forms prior to submission to the business office. *2) What will be done to avoid the identified problems and issues in the future?* The field managers have been trained on the proper procedure for completing the sales form. Coaches will sign off on each completed sales form. The business office monitors compliance and will return any incomplete forms. *3) How compliance and future good management and practice will be measured, monitored and assured.* All sales forms will include the beginning and ending ticket numbers. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The field managers have assumed responsibility for completing the sales forms properly. They will be held accountable to the coaches for the proper completion of the forms. *5) When the measures will be*	CLOSED	12/4/2014

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							taken and on what schedule compliance and good practice will be secured. All measures are effectively implemented and will begin to take place for the upcoming 2014-2015 spring sports calendar. *6) How compliance and performance will be documented for future audit, management and performance review.* Sales forms will be completed properly and kept with the cash receipt document for future audit, management and performance review.		
WNC	Intercollegiate Athletics	Cash Controls	10/2/14 10/24/14	47	We recommend the form be updated to include a signature line to document the individual who completed the form and prepared the sales receipt for deposit.	Controller	*1) How compliance was achieved.* The ticket sales form has been updated to include a signature line for the person completing the form and for the appropriate coach. *2) What will be done to avoid the identified problems and issues in the future?* The field managers have been trained on the proper procedure for completing the sales form. Coaches will sign off on each completed sales form. The business office monitors compliance and will return any incomplete forms. *3) How compliance and future good management and practice will be measured, monitored and assured.* All sales forms will be properly completed and will include signatures from the person preparing the form. *4) Who will be responsible and*	CLOSED	12/4/2014

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							may be held accountable in the future if repeat or similar problems arise. The field managers have assumed responsibility for completing the sales forms properly. They will be held accountable to the coaches for the proper completion of the forms. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* All measures are effectively implemented and will begin to take place for the upcoming 2014-2015 spring sports calendar. *6) How compliance and performance will be documented for future audit, management and performance review.* Sales forms will be completed properly and kept with the cash receipt document for future audit, management and performance review.		
WNC	Intercollegiate Athletics	Expenditures	10/2/14 10/24/14	48	We recommend that purchase orders be completed in advance as required by NSHE purchasing guidelines.	Controller	*1) How compliance was achieved.* In the future, purchases will not be made that violate purchasing procedure. No purchase orders are to be approved unless completed in advance. Additionally, the coaches and managers have been made aware of the purchasing procedures. *2) What will be done to avoid the identified problems and issues in the future?* Purchase orders will be completed in advance to	CLOSED	12/4/2014

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							receive approval and follow proper procedures. *3) How compliance and future good management and practice will be measured, monitored and assured.* All purchase orders will be completed in advance and comply with purchasing procedures. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The coaches have assumed responsibility for insuring that all purchase orders are completed in advance and comply with purchasing procedures. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* Measures will be taken immediately to ensure that purchase orders are now being completed in a timely manner. No purchase orders are approved after-the-fact. *6) How compliance and performance will be documented for future audit, management and performance review.* Purchase documents are maintained in the business office for future audit, management and performance review.		
WNC	Intercollegiate Athletics	Expenditures	10/2/14 10/24/14	49	We recommend employees be reminded that vendors should not be charging sales tax. If the payment of sales tax cannot be avoided at the time of purchase or	Controller	*1) How compliance was achieved.* Coaches have been reminded that vendors should not be charging sales tax. The	CLOSED	12/4/2014

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					is not noticed until a later date, the employee should request a credit from the vendor and provide an explanation on the supporting documentation.		business office is monitoring this, performing random audit procedures on Pro Card purchases and requesting that the employee request a credit from vendors when sales tax is charged. *2) What will be done to avoid the identified problems and issues in the future?* Coaches will alert vendors in advance that sales tax should not be charged. In the event that sales tax cannot be avoided at the time of purchase, the purchase will not be made. *3) How compliance and future good management and practice will be measured, monitored and assured.* The business office will continue to monitor compliance and assure that sales tax is not paid to vendors through purchase orders or Pro Card purchases. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The coaches have assumed responsibility to ensure sales tax will not be charged. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* The measures have been taken immediately as they are aware that they should not be charged tax on transactions. *6) How compliance and performance will be documented for future audit, management and performance*		

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							review. Proper supporting documentation for each purchasing transaction will be obtained for future audit, management and performance review.		
WNC	Intercollegiate Athletics	Expenditures	10/2/14 10/24/14	50	We recommend Independent Contractor Agreement forms be completed and approved in advance.	Controller	*1) How compliance was achieved.* As this agreement was very time sensitive in nature, it did not obtain all the signatures by the time the contract was set to begin. All of the authorizations were obtained shortly thereafter. *2) What will be done to avoid the identified problems and issues in the future?* Independent Contractor agreement forms will be completed in their entirety before the contract period is set to begin. *3) How compliance and future good management and practice will be measured, monitored and assured.* Personnel have been made aware that contracts need to be executed in advance on the services that are to be performed. Additionally, if the contract cannot be fully executed ahead of time, the services should be delayed or rescheduled until the contract is authorized. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The employee initiating and coordinating the agreement/contract will	CLOSED	12/4/2014

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							assume responsibility and may be held accountable. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* This recommendation has been completed. All appropriate measures have been taken and implemented. *6) How compliance and performance will be documented for future audit, management and performance review.* A review of independent contractor agreements will be done by the Assistant to the Vice President of Legal and Administrative Services on a quarterly basis.		
WNC	Intercollegiate Athletics	Expenditures	10/2/14 10/24/14	51	We recommend that host forms be completed as required.	Controller	*1) How compliance was achieved.* Proper host procedures have been discussed with the athletics staff. *2) What will be done to avoid the identified problems and issues in the future?* Host expense claims will be processed only with the completed host forms. *3) How compliance and future good management and practice will be measured, monitored and assured.* All hosting expenses will be accompanied by the proper paperwork in order to be processed. Claims that are not correctly completed will be sent back for corrections prior to reimbursement or payment. *4) Who will be responsible and may be held accountable in the*	CLOSED	12/4/2014

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							future if repeat or similar problems arise. The coaches have assumed responsibility for completing the proper paperwork related to hosting transactions. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* The measures are effective immediately and all host expense processing will require the necessary completed host forms. *6) How compliance and performance will be documented for future audit, management and performance review.* All host expenditure backup will be maintained in the business office for future audit, management and performance review.		
WNC	Intercollegiate Athletics	Volunteers	10/2/14 10/24/14	52	We recommend an agreement form be completed before volunteers are allowed to begin working.	Controller	*1) How compliance was achieved.* Effective immediately, all volunteers will complete the required paperwork prior to their first day of work. *2) What will be done to avoid the identified problems and issues in the future?* The WNC coaches will ensure that no volunteer works until the required paperwork is completed. *3) How compliance and future good management and practice will be measured, monitored and assured.* No volunteer will work until the required paperwork is submitted to the proper offices.	CLOSED	12/4/2014

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							The coaches will need to confirm that the paperwork is complete before scheduling the person for work. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The coaches are responsible and may be held accountable for ensuring that volunteer paperwork has been properly completed. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* All current volunteers have completed the required paperwork. Additionally, effective immediately, any new volunteer will complete the required documents in advance of the scheduled work. *6) How compliance and performance will be documented for future audit, management and performance review.* The required paperwork kept on file will serve as the documentation for future audit, management and performance review.		
WNC	Intercollegiate Athletics	Volunteers	10/2/14 10/24/14	53	We recommend volunteer agreement and sexual harassment acknowledgement form be properly completed for each volunteer assignment and that the forms be submitted to the BCN Workers' Compensation Office as required.	Controller	*1) How compliance was achieved.* Effective immediately, all volunteers will complete the required paperwork prior to their first day of work. All paperwork has since been completed. *2) What will be done to avoid the identified problems and issues in the future?*	CLOSED	12/4/2014

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							The WNC coaches will ensure that no volunteer works until the required paperwork is completed. *3) How compliance and future good management and practice will be measured, monitored and assured.* No volunteer will work until the required paperwork is submitted to the proper offices. The coaches will need to confirm that the paperwork is complete before scheduling the person for work. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The coaches are responsible and may be held accountable for ensuring that volunteer paperwork has been properly completed. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* All current volunteers have completed the required paperwork. Additionally, effective immediately, any new volunteer will complete the required documents in advance of the scheduled work. *6) How compliance and performance will be documented for future audit, management and performance review.* The required paperwork kept on file will serve as the documentation for future audit, management and performance review.		

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WNC	Intercollegiate Athletics	Contracts	10/2/14 10/24/14	54	We recommend contracts be signed before the commencement of work or services as required.	Controller	*1) How compliance was achieved.* WNC obtained all the proper signatures and discussed the issue with all personnel involved with contract approval. *2) What will be done to avoid the identified problems and issues in the future?* In the future, contracts will not be entered into unless all signatures are obtained prior to the start of the contract. *3) How compliance and future good management and practice will be measured, monitored and assured.* Compliance and future good management will be measured by ensuring that each contract is fully executed before the start date. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Vice President of Administrative and Legal Services will ensure that signatures are obtained prior to the contract start date. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* Effective immediately, the measures have been implemented. *6) How compliance and performance will be documented for future audit, management and performance review.* The current contract routing sheet contains a field in which the contract period is entered.	CLOSED	12/4/2014

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							This should be fully completed each time a new contract is reviewed. This will ensure that contracts are not entered into prior to the start date.		
WNC	Intercollegiate Athletics	Intercollegiate Athletic Council	10/2/14 10/24/14	55	We recommend the IAC meet each semester, as required, or that the by-laws be amended to reflect current practice.	Controller	*1) How compliance was achieved.* The Intercollegiate Athletic Council board bylaws have been amended to read "meet once an academic year" instead of "once an academic semester". *2) What will be done to avoid the identified problems and issues in the future?* Amending of the bylaws will help to prevent this problem in the future. *3) How compliance and future good management and practice will be measured, monitored and assured.* Future good management will be measured, monitored and assured by conducting the meetings as specified in the bylaws. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Athletic Director will be held responsible in the future if repeat problems arise. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* The bylaws have effectively been amended. *6) How compliance and performance will be documented for future audit, management and performance*	CLOSED	12/4/2014

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							review. Evidence of minutes of meeting held according to the bylaws will be documented for future audit, management and performance review.		
WNC	Intercollegiate Athletics	Timesheets	10/2/14 10/24/14	56	We recommend timesheets be completed in their entirety and maintained in accordance with the WNC Student Employment Handbook. We also recommend the department take steps to ensure work hours are properly reported to the payroll department and that the student employee mentioned in item three be compensated for the time worked.	Controller	*1) How compliance was achieved.* The timesheets and payroll summaries have been reviewed and corrected as necessary. Additionally, the Athletic Director and the coaches have resolved the issue in the third finding. *2) What will be done to avoid the identified problems and issues in the future?* The coaches will review the timesheets to ensure that employees are paid for the hours worked, that timesheets and payroll summaries are in agreement prior to submission and that payroll is calculated correctly. If an error is found, the coach will report it to the student employee immediately for revision. In addition, student employees will be reminded to inform the coach if such an error occurs on their paycheck so that necessary action can be taken. Additionally, WNC will be implementing electronic timesheets for all student employees. We anticipate this to be effective for the Spring 2015 semester. *3) How compliance and future good management and practice will be measured, monitored and assured.* The coach, or a delegate, will	CLOSED	12/4/2014

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							ensure that timesheets are reviewed for accuracy. Timesheets not in compliance will be rejected until appropriate revisions have been made. If an error occurs, students are encouraged to come to the coach so that it can be corrected. Copies of all payroll records will be maintained by the coaches to ensure compliance. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The coaches have assumed responsibility for the timesheets and will be held accountable in the future for any issues which may arise. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* Appropriate measures have been taken and all timesheets will be reviewed for accuracy and completeness before being submitted. *6) How compliance and performance will be documented for future audit, management and performance review.* The coaches will maintain copies of all payroll related records as documentation for future audit, management and performance review.		
WNC	Intercollegiate Athletics	Timesheets	10/2/14 10/24/14	57	We recommend student employees be reminded that, in accordance with the WNC Student Employment Handbook, they are not to work during class	Controller	*1) How compliance was achieved.* All student employees have been reminded that they are not to be working during class	CLOSED	12/4/2014

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					time. If this does occur, we recommend they be instructed to provide an explanation on their timesheet.		hours. *2) What will be done to avoid the identified problems and issues in the future?* The coaches have instructed their employees that they must accurately reflect their actual hours worked, and if they worked while they were supposed to be in class, they must note the reason on their timesheet. The reason must be due to class cancellation or another instructor based decision. *3) How compliance and future good management and practice will be measured, monitored and assured.* The coaches will have class schedules for all their employees to ensure there is not a conflict with class time and work hours. The coaches will review timesheets against the class schedules. If a conflict is found, the timesheet will be rejected until appropriate revisions and/or explanations have been made. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The coaches have assumed responsibility for the timesheets and will be held accountable in the future for any issues which may arise. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* All corrections have been made and all appropriate measures have been taken and all		

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							timesheets will be reviewed for accuracy and completeness before being submitted. *6) How compliance and performance will be documented for future audit, management and performance review.* The coaches will maintain payroll summaries, timesheets and class schedules as documentation for future audit, management and performance review.		
WNC	Intercollegiate Athletics	Leave Records	10/2/14 10/24/14	58	We recommend the error be corrected and the employee made aware of the correct annual leave balance.	Controller	*1) How compliance was achieved.* Human Resources has made the correction to the employee's leave record and notified the employee and their supervisor of the correction. *2) What will be done to avoid the identified problems and issues in the future?* Human Resources conducts annual audits of employee leave records to ensure accuracy. Human Resources also implemented an electronic leave-tracking system on July 1, 2014. This system eliminates manual posting of employee leave requests and is anticipated to result in significant time savings to the Human Resources department and increased accuracy of employee leave records. *3) How compliance and future good management and practice will be measured, monitored and assured.* Human Resources will continue to conduct annual audits of employee leave records to	CLOSED	12/4/2014

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							ensure accuracy. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* Human Resources personnel will be held responsible to maintain employee leave records. Employees and their supervisors are also encouraged to track and audit their personal leave records to ensure that leave has been submitted. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* Annual audits of employee leave records are completed in January of each year. The electronic leave-tracking system was successfully implemented on July 1, 2014. *6) How compliance and performance will be documented for future audit, management and performance review.* Human Resources document the auditing of employee leave records indicating that an audit has been completed.		
WNC	Intercollegiate Athletics	Other-Cash Controls	10/2/14 10/24/14	59	For improved control and to promote consistency across the campus, we recommend a cash handling policy be developed and included in the WNC Policy Manual. We recommend the policy address the manner in which receipts should be handled and accounted for from collection to deposit.	Controller	*1) How compliance was achieved.* The Controller has developed a cash handling procedure that has been published on the Business Office web page. *2) What will be done to avoid the identified problems and issues in the future?* Approval of the cash handling document will mitigate further issues.	CLOSED	12/4/2014

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							3) How compliance and future good management and practice will be measured, monitored and assured. Compliance with the approved document will promote future good management. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Controller is responsible for developing the procedural document and for future updates. Adherence to the document is the responsibility of each department. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* The cash handling procedure has been published on the web and is effective immediately. *6) How compliance and performance will be documented for future audit, management and performance review.* Compliance and performance will be documented with the acceptance of a new cash handling procedure.		
WNC	Intercollegiate Athletics	Statement of Revenues and Expenditures	10/2/14 10/24/14	60	We recommend a review of the gift accounts be performed and that an adjusting entry be made to bring the account balances to zero.	Controller	*1) How compliance was achieved.* The correcting entry has been made within the financial accounting system and the account balance is now accurately stated. *2) What will be done to avoid the identified problems and issues in the future?* Accounts will be reviewed at the beginning of each fiscal	CLOSED	12/4/2014

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							year to identify any accounts that did not roll over properly from year to year. Additionally, the Controller has started a review of all accounts on a monthly basis to identify accounts have a deficit balance. If a deficit balance is discovered, the Controller will discuss this with the signature authority on the account and come to a resolution on how to clean up the balance and appropriate action will be taken. *3) How compliance and future good management and practice will be measured, monitored and assured.* Compliance will be measured and monitored by reviewing the year end roll over and reviewing account balances throughout the year for reasonableness and making any necessary corrections. *4) Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Business Office will assume responsibility for ensuring that accounts properly roll each year. Additionally, departments will be held responsible for deficit accounts and will work with the Business Office to rectify any overspending. *5) When the measures will be taken and on what schedule compliance and good practice will be secured.* All corrections have been made and the measures to review deficit balances have already		

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							been implemented. *6) How compliance and performance will be documented for future audit, management and performance review.* The Business Office will run an Advantage report at year end that will show the ending appropriation balances. A second report will be run at the beginning of the fiscal year to compare the ending and beginning balances to ensure that balances rolled forward properly. In the event that some accounts did not, they would be corrected at that time. Additionally, a monthly focus report is provided to the Controller to review for negative balances. These reports are save electronically with notes on accounts that have been corrected, etc.		
WNC	PeopleSoft Security Audit	Sensitive Data Access	1/10/14 10/15/14	61	We recommend that WNC adjust these users, as necessary, and conduct regular reviews of user roles to ensure role assignments and authorization levels are correct.	Controller	The Security & Student Records Module Leads have begun efforts to adjust security access with a plan to have this recommendation completed by April 2014. Role adjustments have been completed for four of the six individuals. One role requires a modification to be completed by System Computing Services. The modification will eliminate the ability to change data in other modules for two individuals that are over provisioned. Prevention & Monitoring The Security Coordinator and	CLOSED	12/4/2014

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							Module Leads complete monthly user role audits, however, authorization levels to make changes to data had been overlooked for two roles during the implementation of PeopleSoft. The Security Coordinator and Module Leads will include a review of authorization levels in monthly audits to ensure users are not over provisioned. Roles and permission list assignments based upon duties will be clearly defined upon completion of the documentation and re-architecture. This will complement the monthly user role audits. **Follow-Up Response:** As of October 15, 2014, this recommendation has been implemented. WNC Security Coordinator has taken responsibility for this item. One role could not be adjusted for one individual due to system limitations. A concerted effort with SCS and the entire Shared Instance would be necessary to determine if the system could be modified. The Module Leads have established a standardized set of security roles and apply them to defined positions within the institution. An approved process to address requests that fall outside of this set has been developed and implemented, and appropriate documentation is maintained in the WNC Security Coordinators office.		
WNC	PeopleSoft	Student	1/10/14	62	We recommend that WNC work	Controller	The Student Record Module	CLOSED	12/4/2014

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	Security Audit	Administration and Contributor Relations (SACR) Security	10/15/14		with SCS to research and implement SACR parameters and settings to prevent cross institution data manipulation.		Lead has, and will continue to , work with SCS to research and implement SACR security parameters and settings to prevent cross institution data changes. SCS Response As was noted, the community colleges and state college share a single database for the implementation of PeopleSoft Campus Solutions software in this shared environment, SCS reviewed, in great detail, the documentation surrounding the shared instance implementation. From this research, it is clear that the implementation of this function of the shared instance is currently operating precisely as it was designed in that the data constituted "System" records and that they could be viewable and actionable from the various institutions of the shared database. Indeed, System legal counsel specifically reviewed and addressed the matter prior to implementation from the perspective of a single database that collectively constituted the records of the Nevada System of Higher Education as the owner entity. SCS subsequently contacted the University of Nebraska System, which implemented the PeopleSoft Campus Solutions software around the same time. They operate in a similar manner to NSHE within a shared database environment. In other words, the staff managing the data were employees of the System,		

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							and the students submitting the data were students of the System. In this particular module of Campus Solutions, the software operates in a single database and does not provide the capability to limit access to such data by institution, through security controls. Indeed, the University of Nebraska System had attempted to build such security controls. They early-on discovered numerous unintended consequences. The resulting institutional data silos were largely unworkable and the exceptions required and cost of maintenance were extraordinarily high. Moreover, such capabilities would likely preclude such activities as those currently under discussion among some of the NSHE institutions of the shared instance to operate combined back-office services. Security has many purposes and can be viewed from various perspectives. Security is maintained through many levels of control. The first line of defense in any system is to limit access to components of the system to only those who require access to specific data and hence have appropriate authorization. That level of control through authorization is necessarily at the campus level. **Follow-Up Response:** As of October 15, 2014 this recommendation has been implemented. WNC Student Records Module Lead has		

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							taken responsibility for this item. The established SACR security parameters and settings are in place and are controlling the integrity of WNC student records. The Lead continues to monitor and manage this area in a proactive manner and is confident that the matter is totally resolved.		
WNC	Associated Students of Western Nevada	Association Meetings	4/16/14 6/6/14	63	We recommend that action only be taken on items that are designated for action on the agenda, as required by the Nevada Open Meeting Law.	Controller	*1. How compliance was achieved.* In order to achieve compliance, AWSN will ensure that in the future, action will not be taken on an item if it is not listed as an action item on the agenda. Additionally, the newly elected ASWN President has been instructed to follow the open meeting law. *2. What will be done to avoid the identified problems and issues in the future.* ASWN will not take action on items unless they are up for approval on the agenda. The ASWN board will recommend that the discussed item be placed on a future agenda for future action to be taken. *3. How compliance and future good management and practice will be measured, monitored and assured.* The ASWN President and Student Government Advisor will properly lead the meetings to monitor and assure that only action items may be approved. Additionally, they will review the agenda and minutes to ensure that it is being followed. The advisor will continue to	CLOSED	9/4/2014

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							educate the student government to avoid violating the open meeting law. Any action taken will be considered null and void if not listed on the agenda as such. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Student government Advisor and ASWN President have assumed responsibility for the action items and will be held accountable in the future for any issues which may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* These measures will commence with the 2014-2015 Student Government body to ensure that this finding is addressed and that good practice will be secured. *6. How compliance and performance will be documented for future audit, management and performance review.* Each agenda and meeting minutes will serve as the documentation for future audit, management and performance review.		
WNC	Associated Students of Western Nevada	Association Meetings	4/16/14 6/6/14	64	We recommend the ASWN follow NRS 241.0120, section 6.03, which recommends that the person posting the agendas complete a signed certificate stating the time and locations each agenda is posted. We recommend the certificate be retained with the meeting records	Controller	*1. How compliance was achieved.* In order to achieve compliance, the Advisor has developed a new procedure that will require members to send an email to the advisor and the ASWN executives that will confirm when and where the agenda	CLOSED	9/4/2014

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					as evidence the posting requirements were satisfied.		was posted. *2. What will be done to avoid the identified problems and issues in the future.* The members will now be required to send an email that will confirm that all locations have been properly posted within the timeframe specified. If the Advisor cannot be assured that all of the posting have been made properly, then meetings will be cancelled. *3. How compliance and future good management and practice will be measured, monitored and assured.* The Advisor will maintain the electronic documentation so that the future good management and practice can be measured, monitored and assured. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Student Government Advisor and ASWN President have assumed responsibility for the action items and will be held accountable in the future for any issues which may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* These measures will commence with the 2014-2015 Student Government body to ensure that this finding is addressed and that good practice will be secured. *6. How compliance and performance will be documented for future audit,*		

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							management and performance review. These emails will be saved electronically as documentation that the agendas were properly posted for future audit, management and performance review.		
WNC	Associated Students of Western Nevada	ASWN Constitution and Policies and Procedures Manual	4/16/14 6/6/14	65	We recommend the organizational chart in the Policies and Procedures of the ASWN be updated to reflect the correct number of officers and senators.	Controller	*1. How compliance was achieved.* Compliance was achieved for this finding by updating the Policies and Procedures to address this. *2. What will be done to avoid the identified problems and issues in the future.* In the event that the structure of ASWN is changed, the Advisor will ensure that the organizational chart is also changed to reflect the new structure. *3. How compliance and future good management and practice will be measured, monitored and assured.* The Advisor will review the organizational chart on an annual basis to measure, monitor and assure that the document properly reflects the current structure. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Student Government Advisor has assumed responsibility for the maintenance of the organizational chart and will be held accountable in the future for any issues which may arise. *5. When the measures will be*	CLOSED	9/4/2014

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							taken and on what schedule compliance and good practice will be secured. All corrections have been made to ensure that the document has been updated. However, on an annual basis the document will be reviewed for accuracy. *6. How compliance and performance will be documented for future audit, management and performance review.* Any changes to the organizational chart or structure of the ASWN officers and senators will be documented by either college council minutes or ASWN minutes. This documentation will serve as the rationale and provide support for future audit, management and performance reviews.		
WNC	Associated Students of Western Nevada	ASWN Constitution and Policies and Procedures Manual	4/16/14 6/6/14	66	We recommend a policy be included in the Policies and Procedures of the ASWN that addresses adequate representation of WNC campuses, as stated in the constitution.	Controller	*1. How compliance was achieved.* Compliance was achieved for the finding by updating the Policies and Procedures manual to address this. A statement was added to address adequate representation at the Carson, Fallon and Douglas campuses. *2. What will be done to avoid the identified problems and issues in the future.* The Policies and Procedures document will be reviewed on an annual basis to ensure that the ASWN officers and senators, and the program in general, are working in accordance with stated	CLOSED	9/4/2014

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							policies. *3. How compliance and future good management and practice will be measured, monitored and assured.* The Advisor will review the manual on an annual basis to measure, monitor and assure that the document properly reflects the current procedures and will request revisions if needed. Additionally, ASWN will monitor activities and events to ensure that there is adequate representation at all campuses, including continuing recruiting efforts at the rural campuses and ensuring that any events held at the Carson campus will also be held at the Fallon Campus when reasonable to do so. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Student Government Advisor has assumed responsibility for the maintenance of the Policies and Procedures Manual and will be held accountable in the future for any issues which may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* All corrections have been made and the document has been updated. However, on an annual basis the document will be reviewed for accuracy. *6. How compliance and performance will be documented for future audit,*		

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							management and performance review. Any changes to the policies and procedures will be documented by either college council minutes or ASWN minutes. This documentation will serve as the rationale and provide support for future audit, management and performance reviews.		
WNC	Associated Students of Western Nevada	ASWN Constitution and Policies and Procedures Manual	4/16/14 6/6/14	67	We recommend the revision of the ASWN Policies and Procedures Manual be completed and approved by the Senate. We also recommend the manual include the information noted above.	Controller	*1. How compliance was achieved.* ASWN has revised their policies and procedures to include compensation of student officers and senators, procedures for processing expenditure transactions, and procedures for processing receipts collected by student clubs and organizations. *2. What will be done to avoid the identified problems and issues in the future.* The Policies and Procedures document will be reviewed on an annual basis to ensure that the ASWN officers and senators, and the program in general, are working in accordance with stated policies. *3. How compliance and future good management and practice will be measured, monitored and assured.* The Advisor will review the manual on an annual basis to measure, monitor and assure that the document properly reflects the current procedures of ASWN and the college and will request revisions if needed. *4. Who will be responsible and*	CLOSED	9/4/2014

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							may be held accountable in the future if repeat or similar problems arise. The Student Government Advisor has assumed responsibility for the maintenance of the Policies and Procedures Manual and will be held accountable in the future for any issues which may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* All corrections have been made and the document has been updated. However, on an annual basis the document will be reviewed for accuracy. *6. How compliance and performance will be documented for future audit, management and performance review.* Any changes to the policies and procedures will be documented by either college council minutes or ASWN minutes. This documentation will serve as the rationale and provide support for future audit, management and performance reviews.		
WNC	Associated Students of Western Nevada	Accounts- Student Clubs and Organizations	4/16/14 6/6/14	68	We recommend that ASWN work with the WNC Controller's Office to establish the accounts.	Controller	*1. How compliance was achieved.* Upon notification of the accounts that had not been established, the Business Office created the three missing accounts. *2. What will be done to avoid the identified problems and issues in the future?* The Advisor and the Controller	CLOSED	9/4/2014

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							are now aware that all student clubs must have an established gift account in addition to the club operating account. ASWN will ensure that each time a new club account is requested, that a corresponding gift account is also requested. See Section VI, Item III of Policy and Procedure Manual. *3. How compliance and future good management and practice will be measured, monitored and assured.* The Advisor will review accounts on a quarterly basis to ensure that all the proper accounts have been set up for any new clubs. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Advisor and Controller will share responsibility to ensure that accounts are properly established. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* All corrections have been made and the accounts have been established. Effective immediately, any club accounts that are created will need to have a corresponding gift account established. *6. How compliance and performance will be documented for future audit, management and performance review.* The Advisor will monitor accounts through the business office and keep accurate		

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							records.		
WNC	Associated Students of Western Nevada	Accounts-Student Clubs and Organizations	4/16/14 6/6/14	69	We recommend that the department review these accounts to determine whether they are associated with active student clubs and/or organizations and are still necessary. If so, we recommend the clubs and/or organizations are included on the ASWN website. If the clubs and/or organizations are no longer active, we recommend the accounts be deactivated.	Controller	*1. How compliance was achieved.* ASWN reviewed the website and accounts for accuracy and made all necessary changes. The website and corresponding accounts are now current and up to date. *2. What will be done to avoid the identified problems and issues in the future.* Each semester, ASWN will review the website and accounts and make updates as appropriate. *3. How compliance and future good management and practice will be measured, monitored and assured.* ASWN will continue to monitor the web pages and corresponding accounts of the student clubs. ASWN will review this information each semester and update accordingly. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Student Government Advisor has assumed responsibility for the maintenance of the website and will be held accountable in the future for any issues which may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* All corrections have been made and all appropriate measures have been implemented. This	CLOSED	9/4/2014

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							process will continue with the review being done each semester. *6. How compliance and performance will be documented for future audit, management and performance review.* Clubs now must submit all necessary documentation prior to being charted by ASWN, See Section VI, Item I of the ASWN Policy and Procedure Manual.		
WNC	Associated Students of Western Nevada	Expenditures	4/16/14 6/6/14	70	We recommend that expenditures be approved by authorized personnel.	Controller	*1. How compliance was achieved.* The four purchases in question, which were made on the purchasing card, have since been reviewed and approved by the proper signature authority on the account. *2. What will be done to avoid the identified problems and issues in the future?* All pro card users have been notified via email that when making purchases for other departments, that account authority must also be obtained in addition to their supervisor's approval. *3. How compliance and future good management and practice will be measured, monitored and assured.* Pro card holders will ensure that the proper signatures will be obtained when making purchases and performing the reconciliation. Supervisors should also thoroughly review the reconciliation to be sure the second signatures are obtained if necessary.	CLOSED	9/4/2014

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							4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise. Each individual pro card holder will be held accountable for purchases made that do not have the appropriate authority. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* The recommendation has been completed. All pro card holders have been notified of this finding and the measures are to be taken immediately. To ensure compliance and good practice, the Business Office will perform sample audits each month. Cardholders can be suspended or lose card privileges if policy is violated. *6. How compliance and performance will be documented for future audit, management and performance review.* A sign-off will be done on the pro card statements that are audited each month by the Business Office and used as documentation for future audit, management and performance review.		
WNC	Associated Students of Western Nevada	Expenditures	4/16/14 6/6/14	71	We recommend that the independent contractor agreement form be completed and approved prior to the performance of services. We also recommend the form be completed in its entirety.	Controller	*1. How compliance was achieved.* As this agreement was very time sensitive in nature, it did not obtain all the signatures by the time the contract was set to begin. All of the authorizations were obtained shortly thereafter.	CLOSED	9/4/2014

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							2. What will be done to avoid the identified problems and issues in the future? Independent Contractor Agreement forms will be completed in their entirety before the contract period is set to begin. *3. How compliance and future good management and practice will be measured, monitored and assured.* Personnel have been made aware that contracts need to be executed in advance of the services that are to be performed. Additionally, if the contract cannot be fully executed ahead of time, the services should be delayed or rescheduled until the contract is authorized. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The employee initiating and coordinating the agreement/contract will assume responsibility and may be held accountable. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* This recommendation has been completed. All appropriate measures have been taken and implemented. *6. How compliance and performance will be documented for future audit, management and performance review.* A review of Independent Contractor Agreements will be		

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							done by the Assistant to the Vice President of Legal & Administrative Services on a quarterly basis.		
WNC	Associated Students of Western Nevada	Timesheets	4/16/14 6/6/14	72	We recommend time cards be reviewed and signed by a supervisor as required by the college's student employment policies.	Controller	*1. How compliance was achieved.* ASWN officers and members have been reminded to follow constitutional work hours as stated in their Policy & Procedures Manual, Section III. Additionally, the advisor reviews each timesheet to ensure that employees are working the appropriate hours and that payroll is calculated correctly. *2. What will be done to avoid the identified problems and issues in the future?* The ASWN advisor, or a delegate, will ensure that timesheets are signed per WNC Policy. If timesheets are out of compliance they will be rejected until appropriate revisions have been made. *3. How compliance and future good management and practice will be measured, monitored and assured.* Timesheets will be collected and properly reviewed. Copies of the timesheets will be maintained by the advisor to assure compliance. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Student Government Advisor has assumed responsibility for the timesheets and will be held accountable in the future for any issues which	CLOSED	9/4/2014

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							may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* All appropriate measures have been taken and all timesheets will be reviewed for accuracy and completeness before being submitted. *6. How compliance and performance will be documented for future audit, management and performance review.* The advisor will maintain copies of all timesheets for future audit, management and performance review.		
WNC	Associated Students of Western Nevada	Timesheets	4/16/14 6/6/14	73	We recommend that officers and senators be reminded that, in accordance with the WNC Student Employment Handbook, they are not to work during class time. If this does occur, we recommend they be instructed to provide an explanation on their timesheet.	Controller	*1. How compliance was achieved.* ASWN officers and members have been reminded to follow constitutional work hours as stated in their Policy & Procedures Manual, Section III. *2. What will be done to avoid the identified problems and issues in the future?* The advisor has instructed ASWN that they must accurately reflect their actual hours worked, and if they worked while they were supposed to be in class, they must note the reason on their timesheet. The reason must be due to class cancellation or another instructor based decision. *3. How compliance and future good management and practice will be measured, monitored and assured.* The ASWN advisor will have	CLOSED	9/4/2014

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							class schedules for all the members to ensure there is not a conflict with class time and work hours. The advisor will review timesheets against the class schedules. If a conflict is found, the timesheet will be rejected until appropriate revisions and/or explanations have been made. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Student Government Advisor has assumed responsibility for the timesheets and will be held accountable in the future for any issues which may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* All corrections have been made and all appropriate measures have been taken and all timesheets will be reviewed for accuracy and completeness before being submitted. *6. How compliance and performance will be documented for future audit, management and performance review.* The advisor will maintain payroll summaries, timesheets and class schedules as documented for future audit, management and performance review.		
WNC	Associated Students of Western Nevada	Timesheets	4/16/14 6/6/14	74	We recommend the individual be reminded of the work hour guidelines that have been established in the Policies and	Controller	*1. How compliance was achieved.* ASWN officers and members have been reminded to follow	CLOSED	9/4/2014

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					Procedures of the ASWN. We also recommend that student officer and senator work hours be monitored by the department for compliance.		constitutional work hours as stated in their Policy & Procedures Manual, Section III. *2. What will be done to avoid the identified problems and issues in the future?* To prevent this from happening again, at the beginning of the fall semester 2013, the ASWN advisor informed all members of their constitutional work hours and gave them each an estimation of how much money would be paid out over the course of the school year. Continual monitoring of timesheets has been implemented. However, there may be occurrences where students work over their normal hours. See Section III under Duties and Responsibilities of the Policy and Procedures Manual. Students exceeding hours must obtain approval by the advisor and provide an explanation on their timesheet or via an activity log. If no explanation or activity log is provided, timesheet will be rejected until the appropriate revisions have been made. *3. How compliance and future good management and practice will be measured, monitored and assured.* The ASWN advisor will review timesheets and any applicable pre-approvals. If a conflict is found, the timesheet will be rejected until appropriate revisions and/or explanations have been made. *4. Who will be responsible and may be held accountable in the future if repeat or similar*		

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							problems arise. The Student Government Advisor has assumed responsibility for the timesheets and will be held accountable in the future for any issues which may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* All recommendations have been completed and all appropriate measures have been taken. Timesheets will be reviewed for accuracy and completeness before being submitted. *6. How compliance and performance will be documented for future audit, management and performance review.* The advisor will maintain payroll summaries, timesheets and any other pertinent information as documented for future audit, management and performance review.		
WNC	Associated Students of Western Nevada	Timesheets	4/16/14 6/6/14	75	We recommend that officers and senators be instructed to take a half-hour unpaid break when their shift exceeds six hours.	Controller	*1. How compliance was achieved.* Student employees have been counseled regarding the policy of working over 6 hours and how to properly record their shift to reflect unpaid breaks as required by the WNC Student Employment Handbook. *2. What will be done to avoid the identified problems and issues in the future?* The ASWN advisor continues to monitor the timesheets for accurate completion of recorded hours in order to	CLOSED	9/4/2014

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							prevent violating policies of the Student Employment Handbook. Timesheets will be rejected until appropriate revisions have been made. *3. How compliance and future good management and practice will be measured, monitored and assured.* The ASWN advisor will review timesheets and any applicable pre-approvals. If a conflict is found, the timesheet will be rejected until appropriate revisions and/or explanations have been made. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Student Government Advisor has assumed responsibility for the timesheets and will be held accountable in the future for any issues which may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* This recommendation has been completed and all appropriate measures have been taken. Timesheets will be reviewed for accuracy and completeness before being submitted. *6. How compliance and performance will be documented for future audit, management and performance review.* The advisor will maintain payroll summaries, timesheets and any other pertinent information as documented for future audit, management and		

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							performance review.		
WNC	Associated Students of Western Nevada	Timesheets	4/16/14 6/6/14	76	For improved record keeping, we recommend work hours be properly identified on the time sheet as occurring in either the morning or evening.	Controller	*1. How compliance was achieved.* ASWN was unaware of the importance of designating AM/PM on the timesheets. They have been instructed to include this and the advisor pays close attention to ensure it is done. *2. What will be done to avoid the identified problems and issues in the future?* The advisor will review all timesheets to ensure designation of AM/PM. Timesheets will be rejected until appropriate revisions have been made. *3. How compliance and future good management and practice will be measured, monitored and assured.* The ASWN advisor will review timesheets for completeness. If a conflict is found, the timesheet will be rejected until appropriate revisions and/or explanations have been made. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Student Government Advisor has assumed responsibility for the timesheets and will be held accountable in the future for any issues which may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* This recommendation has been completed and all appropriate	CLOSED	9/4/2014

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							measures have been taken. Timesheets will be reviewed for accuracy and completeness before being submitted. *6. How compliance and performance will be documented for future audit, management and performance review.* The advisor will maintain payroll summaries, timesheets and any other pertinent information as documented for future audit, management and performance review.		
WNC	Associated Students of Western Nevada	Telephones	4/16/14 6/6/14	77	We recommend employees who are authorized to make long distance calls be issued separate PINs and that the codes are kept confidential. We recommend the PIN issued to the employee noted above be cancelled and that a new PIN be requested from the WNC Facilities Office.	Controller	*1. How compliance was achieved.* There was a change in the policy to allow members of ASWN to be issued their own long distance PINs. The advisor has been issued a new PIN. *2. What will be done to avoid the identified problems and issues in the future?* To prevent this issue in the future, designated ASWN members will be issued their own long distance PIN. The advisor will also inform the students that this information should be kept confidential. Long distance calls are monitored and approved on a monthly basis. *3. How compliance and future good management and practice will be measured, monitored and assured.* With each new ASWN Board election, newly elected officers will be provided their own PIN. Upon termination, the PINs will be deactivated. Additionally,	CLOSED	9/4/2014

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							the long distance calls are to be approved monthly by the user who is issued the PIN. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Student Government Advisor has assumed responsibility for this item and will be held accountable in the future for any issues which may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* All corrections have been made and the measures taken have been immediate to ensure compliance. *6. How compliance and performance will be documented for future audit, management and performance review.* The facilities department maintains the log of issued PINs and approved long distance calls.		
WNC	Associated Students of Western Nevada	Cash Fund	4/16/14 6/6/14	78	For proper accountability, we recommend the change fund be deposited and that a new fund be established through the Controller's Office.	Controller	*1. How compliance was achieved.* The issued funds were returned to the business office to be properly reissued and maintained on out log. *2. What will be done to avoid the identified problems and issues in the future?* In prior years, there has never been a log or tracking system to manager issued funds. The Business Office has maintained a log for over two years now and continues to maintain this	CLOSED	9/4/2014

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							to track funds. *3. How compliance and future good management and practice will be measured, monitored and assured.* Each time a department, club or organization request a change fund; the request will be evaluated for reasonableness and issued to the responsible party in charge of the event/department. When the check is issued, the funds issued will be recorded on the log so that a reconciliation to the balance sheet can be done and to indicate who is responsible for turning in the funds at the end of their use. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Business Office is responsible for maintenance of the log, issuing funds and performing the reconciliation. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* All corrections have been made, the recommendation has been completed and the maintenance of the log will continue. *6. How compliance and performance will be documented for future audit, management and performance review.* Change funds are reviewed monthly as each department turns in reconciliation. The Business Office will ensure that each department is turning in		

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							these reconciliations in order to comply with policy and to provide documentation for future audit, management and performance review.		
WNC	Associated Students of Western Nevada	Statement of Revenue and Expenditures	4/16/14 6/6/14	79	We recommend a review of the account be performed and that an adjusting entry be made to correct the balance.	Controller	*1. How compliance was achieved.* The correcting entry has been made within the financial accounting system and the account balance is now accurately stated. *2. What will be done to avoid the identified problems and issues in the future?* Accounts will be reviewed at the beginning of each fiscal year to identify any accounts that did not roll over properly from year to year. *3. How compliance and future good management and practice will be measured, monitored and assured.* Compliance will be measured and monitored by reviewing the year end roll over and reviewing accounts for reasonableness and making any necessary corrections. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Business Office will assume responsibility for ensuring that accounts properly roll each year. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* The measures will be taken with the current year fiscal year end.	CLOSED	9/4/2014

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							6. How compliance and performance will be documented for future audit, management and performance review. The Business Office will run an Advantage report at year end that will show the ending appropriation balances. A second report will be run at the beginning of the fiscal year to compare the ending and beginning balances to ensure that balances rolled forward properly. In the event that some accounts did not, they would be corrected at that time.		
WNC	Associated Students of Western Nevada	Statement of Revenues and Expenditures	4/16/14 6/6/14	80	We recommend a review of the account be performed and that an adjusting entry be made to bring the account balance to zero.	Controller	*1. How compliance was achieved.* The account has been reviewed and the deficit balance has since been corrected. *2. What will be done to avoid the identified problems and issues in the future?* The Controller has started a review of all accounts on a quarterly basis to determine fi any accounts have a deficit balance. If a deficit balance is discovered, the Controller will discuss this with the signature authority on the account and come to a resolution on how to clean up the balance and appropriate action will be taken. *3. How compliance and future good management and practice will be measured, monitored and assured.* Compliance will be measured and monitored by conducting the review of accounts on a	CLOSED	9/4/2014

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							regular basis and following up and correcting accounts as needed. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The advisor to ASWN will review each account and the estimated spending for each and identify any accounts that are of concern. At that time, the advisor will meet with the Business Office to have this corrected and/or conduct any planning for the accounts in question. Additionally, the controller will be responsible for reviewing all college accounts on a quarterly basis. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* All corrections have been made and the measures will be taken immediately by both the advisor and the controller by reviewing accounts for the end of May 2014. Meetings will be conducted to resolve any variances and a quarterly review will be conducted thereafter. *6. How compliance and performance will be documented for future audit, management and performance review.* Compliance will be documented by the review and sign off of the electronic reports that are generated. Once the report is reviewed, the Controller of Accountant will make a notation that it has		

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							been reviewed and any additional comments that are important to note on the accounts.		
WNC	Presidential Exit	Expenditures	5/3/14 7/21/14	81	We recommend proper purchasing policies be followed.	Controller	*1. How compliance was achieved.* WNC has corrected the process by which institutional memberships are paid and will be processed in accordance with NSHE policy. Communication has been made to the Assistant to the President and to Business Office personnel to follow proper procedures when processing a payment of this type. *2. What will be done to avoid the identified problems and issues in the future?* All invoices will be properly processed and will follow NSHE policy. The Assistant to the President is aware of the policies and procedures. *3. How compliance and future good management and practice will be measured, monitored and assured.* The Assistant to the President will ensure that any invoices on behalf of the institution are processed properly. In the event that there are questions, further inquiry about the processes will be required. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Assistant to the President and the Business Office Accountant have assumed	CLOSED	9/4/2014

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							responsibility for the action item and will be held accountable in the future for any issues which may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* Effective immediately, the measures have been implemented. *6. How compliance and performance will be documented for future audit, management and performance review.* All transactions over $2,000 will be submitted to BCN, as required, and each transaction will have the appropriate documentation attached. Additionally, WNC is seeking to streamline the process and is pursuing the same $5,000 threshold limit as UNR.		
WNC	Presidential Exit	Expenditures	5/3/14 7/21/14	82	We recommend the vendor be notified that it should not be charging sales tax on purchases.	Controller	*1. How compliance was achieved.* WNC's purchasing agent contracted the specific vendor to reiterate that WNC is a tax exempt entity. The vendor is working to update the tax-exempt status in their system and tax should not be charged in the future. *2. What will be done to avoid the identified problems and issues in the future?* In the future this finding should not reoccur with this vendor as they are updating the status in the system. *3. How compliance and future good management and practice will be measured,*	CLOSED	9/4/2014

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							monitored and assured. Upon receipt of the monthly statement from the vendor, the accountant will review the receipts to ensure that tax was not charged and will not pay the tax when remitting payment to the vendor. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Business Office Accountant will be held responsible for reviewing the bill prior to payment and ensuring that tax is not being paid. If tax is charged, communication will be made to the vendor so that a credit to the account can be issued. Additionally, if the vendor continues to charge tax, business with them will be terminated. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* The recommendations will be taken immediately as the policy has been reiterated with the Business Office staff. *6. How compliance and performance will be documented for future audit, management and performance review.* Proper supporting documentation for each payment to this vendor will be obtained for future audit, management and performance review.		
WNC	Presidential Exit	Expenditures	5/3/14	83	We recommend the hosting form	Controller	*1. How compliance was*	CLOSED	9/4/2014

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			7/21/14		be completed in its entirety.		*achieved.* WNC has properly completed the form, reviewed the process by which the host forms are completed and will be processed in accordance with NSHE policy. Communication has been made to the Assistant to the President and to Business Office personnel to follow proper procedures when completing this form. *2. What will be done to avoid the identified problems and issues in the future?* All host forms will be fully completed and will follow NSHE policy. The individuals responsible are aware of the policies and procedures. *3. How compliance and future good management and practice will be measured, monitored and assured.* The Assistant to the President will ensure that all host documents are properly completed on behalf of the President's Office before being submitted to the Business Office for processing. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Assistant to the President has assumed responsibility for the action item and will be held accountable in the future for any issues which may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* Effective immediately, the measures have been		

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							implemented. *6. How compliance and performance will be documented for future audit, management and performance review.* Properly completed host documentation for each transaction will be obtained for future audit, management and performance review.		
WNC	Presidential Exit	Expenditures	5/3/14 7/21/14	84	We recommend that established hosting policies be followed.	Controller	*1. How compliance was achieved.* Communication has been made to the Assistant to the President and to the Business Office personnel to follow proper procedures when completing and processing host forms. *2. What will be done to avoid the identified problems and issues in the future?* All host forms will be fully completed and will follow NSHE policy. Additionally, if the employee ratio is exceeded, documentation will be obtained and attached. The individuals responsible are aware of the policies and procedures. *3. How compliance and future good management and practice will be measured, monitored and assured.* The Assistant to the President will ensure that all host documents are properly competed on behalf of the President's office before being submitted to the Business Office for processing. *4. Who will be responsible and may be held accountable in the*	CLOSED	9/4/2014

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							future if repeat or similar problems arise. The Assistant to the President has assumed responsibility for the action item and will be held accountable in the future for any issues which may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* Effective immediately, the measures have been implemented. *6. How compliance and performance will be documented for future audit, management and performance review.* Properly completed host documentation for each transaction will be obtained for future audit, management and performance review.		
WNC	Presidential Exit	Expenditures	5/3/14 7/21/14	85	We recommend expenditures be approved by authorized personnel.	Controller	*1. How compliance was achieved.* Approval has been obtained and communication has been made to the employee who made the purchase and informed them that proper approval must be obtained for each purchasing transaction. *2. What will be done to avoid the identified problems and issues in the future?* Proper authorization and approvals will be obtained for all transactions made. *3. How compliance and future good management and practice will be measured, monitored and assured.* Each employee who conducts purchasing will ensure that	CLOSED	9/4/2014

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							proper signatures are obtained for each purchase. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* Each employee who handles purchasing duties will be held accountable in the future if repeat or similar problems arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* Effective immediately, the measures have been implemented. *6. How compliance and performance will be documented for future audit, management and performance review.* Transactions are to be reviewed by each purchasing agent and signatures are to be obtained on each transaction of Pro card reconciliation.		
WNC	Presidential Exit	Expenditures	5/3/14 7/21/14	86	We recommend greater care be taken to ensure expenditures are charged to the correct accounts.	Controller	*1. How compliance was achieved.* As the expenditure occurred in a prior year that has now been closed, a correcting entry will not be made. WNC has discussed this with the Assistant to the President. *2. What will be done to avoid the identified problems and issues in the future?* Communication has been made to the Assistant to the President that a review of the President accounts will be made on a monthly basis to ensure that erroneous charges	CLOSED	9/4/2014

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							are not present. *3. How compliance and future good management and practice will be measured, monitored and assured.* Compliance and future good management will be measured by correcting any erroneous transactions and ensuring that charges are appropriate. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Assistant to the President has assumed responsibility for the action item and will be held accountable in the future for any issues which may arise. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* Effective immediately, the measures have been implemented. *6. How compliance and performance will be documented for future audit, management and performance review.* The Assistant to the President will maintain records that the accounts have been reviewed.		
WNC	Presidential Exit	Contracts	5/3/14 7/21/14	87	We recommend contracts be signed before the commencement of work or services.	Controller	*1. How compliance was achieved.* WNC obtained all the proper signatures and discussed the issue with all personnel involved with contract approval. *2. What will be done to avoid the identified problems and issues in the future?* In the future, contracts will not be entered into unless all	CLOSED	9/4/2014

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							signatures are obtained prior to the start of the contract. *3. How compliance and future good management and practice will be measured, monitored and assured.* Compliance and future good management will be measured by ensuring that each contract is fully executed before the start date. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Vice President of Administrative and Legal Services will ensure that signatures are obtained prior to the contract start date. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* Effective immediately, the measures have been implemented. *6. How compliance and performance will be documented for future audit, management and performance review.* The current contract routing sheet contains a field in which the contract period is entered. This should be fully completed each time a new contract is reviewed. This will ensure that contracts are not entered into prior to the start date.		
WNC	Presidential Exit	Equipment	5/3/14 7/21/14	88	We recommend the college complete and submit the required documentation to the BSN Purchasing Department so the item can be removed from the	Controller	*1. How compliance was achieved.* The NSHE attorney who negotiated the retirement agreement between NSHE and	CLOSED	9/4/2014

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					President's Office inventory.		the past president has been notified of this finding and has been asked to forward the required information to BCN. BCN has received this notification and will be updating the appropriate fixed asset reports. This information was not originally provided to the department to be able to handle the removal of the asset from the list. *2. What will be done to avoid the identified problems and issues in the future?* In the future, confidential agreements that include fixed asset transfers should be provided to the department and BCN so that the asset is properly disposed of. *3. How compliance and future good management and practice will be measured, monitored and assured.* Appropriate information will be provided to BCN in the event a confidential agreement is made that involves fixed assets. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The parties' privy to the agreement will be held accountable to provide the proper documentation to the department and BCN. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* Action has already been taken to correct this finding. *6. How compliance and performance will be*		

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							documented for future audit, management and performance review. Annually, the fixed assets reports are reviewed and edits are made as necessary. These reports serve as the documentation for future audit, management and performance review. Additionally, this was a unique and extremely rare situation as the severance agreement was confidential and not released to the department responsible for the asset.		
WNC	Presidential Exit	Sensitive Equipment	5/3/14 7/21/14	89	We recommend the disposal of surplus equipment be processed through the BCN Purchasing Department.	Controller	*1. How compliance was achieved.* The appropriate paperwork was located indicating that the sensitive equipment was processed through the BCN purchasing department. *2. What will be done to avoid the identified problems and issues in the future?* The sensitive equipment list will be reviewed and appropriate documentation will be kept with the sensitive equipment listing. *3. How compliance and future good management and practice will be measured, monitored and assured.* All salvaged equipment will be processed through the BCN purchasing department. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* The Assistant to the President will be responsible for notifying computing services and the business office when salvaged	CLOSED	9/4/2014

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							equipment is listed on the sensitive equipment list without being provided a copy of the BCN surplus property pickup form. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* The measures have immediately been implemented. *6. How compliance and performance will be documented for future audit, management and performance review.* BCN's surplus property pickup form will be kept with the salvaged equipment request for future audit, management and performance review.		
WNC	Presidential Exit	Deficit Accounts	5/3/14 7/21/14	90	We recommend the college develop a procedure for reviewing and correcting deficit account balances.	Controller	*1. How compliance was achieved.* All accounts were reviewed and corrected in the accounting system. *2. What will be done to avoid the identified problems and issues in the future?* The Controller has started a review of all accounts on a quarterly basis to determine if any accounts have a deficit balance. If a deficit balance is discovered, the Controller will discuss this with the signature authority on the account and come to a resolution on how to clean up the balance and appropriate action will be taken. *3. How compliance and future good management and practice will be measured,*	CLOSED	9/4/2014

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							monitored and assured. Compliance will be measured and monitored by conducting the review of accounts on a regular basis and following up and correcting accounts as needed. *4. Who will be responsible and may be held accountable in the future if repeat or similar problems arise.* Each individual department is responsible for the accounts that they oversee. Additionally, the Controller will be responsible for reviewing all college accounts on a quarterly basis. *5. When the measures will be taken and on what schedule compliance and good practice will be secured.* All corrections have been made and the measures will be taken immediately by the controller by reviewing accounts as of the year end for fiscal 2014. Meetings and communications will be conducted to resolve any variances and a quarterly review will be conducted thereafter. *6. How compliance and performance will be documented for future audit, management and performance review.* Compliance will be documented by the review and sign-off of the electronic reports that are generated. Once the report is reviewed, the Controller of Accountant will make a notation that it has been reviewed and any additional comments that are		

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							important to note on the accounts.		

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	GBC INTERNAL AUDIT REPORTS								
GBC	Mark H. Dawson Child and family Center	Letter of Appointments	8/6/14 10/22/14	91	We also recommend the Center calculate minutes to the hundredth as required.	Controller	1) To avoid the identified problems and issue in the future, the Center will no longer round minutes to quarter hour increments. 2) Compliance and future good management and practice will be measured, monitored and assured by a new timesheet that will automatically do the calculation of the minutes properly. 3) The Child Center Director will be responsible and may be held accountable in the future if repeat or similar problems arise. 4) Implementation of the new measures were effective October 1, 2014, once the new timesheet was created. 5) Compliance and performance will be documented for future audit, management and performance review by ensuring the accuracy of timesheets by Child Center staff prior to being authorized for submission to HR for payment.	CLOSED	12/4/2014
GBC	Mark H. Dawson Child and family Center	Letter of Appointments	8/6/14 10/22/14	92	We recommend hourly employees that work in excess of a six hour shift take at least a 30 minute lunch break in accordance with the NAC.	Controller	1) To avoid the identified problems and issue in the future, employees have been reminded about the importance of recording lunch breaks on their timecards to ensure time has been recorded correctly. The newly created electronic timesheet provides time in/ time out field specifically to	CLOSED	12/4/2014

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							track lunch breaks. 2) Compliance and future good management and practice will be measured, monitored and assured by verifying that lunch breaks are recorded on timesheets when an employee works a shift in excess of six hours. Timesheets also list a reminder that if you are working a consecutive 4-hour work period a 15 minute break with pay must be provided, and if you are working over a consecutive 6-hour work period a 30 minute meal period without pay must be provided. 3) The Child Center Director will be responsible and may be held accountable in the future if repeat or similar problems arise. 4) Implementation of the new measures were effective October 1, 2014, once the new timesheet was created. 5) Compliance and performance will be documented for future audit, management and performance review by ensuring the accuracy of timesheets by Child Center staff prior to being authorized for submission to HR for payment.		
GBC	Mark H. Dawson Child and family Center	Letter of Appointments	8/6/14 10/22/14	93	We recommend greater care be taken to ensure employees on LOA contracts without benefits do not exceed the work hour limitations.	Controller	1) To avoid the identified problems and issue in the future, employees have been reminded that they are not allowed to work in excess of 19.5 hours per week or 79.5 hours per month. 2) Compliance and future good management and practice will be measured, monitored and	CLOSED	12/4/2014

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							assured by verifying hours submitted for approval and periodic reminders of working hour restrictions. 3) The Child Center Director will be responsible and may be held accountable in the future of working hour restrictions. 4) Implementation of the new measures were effective October 1, 2014, once the new timesheet was created. 5) Compliance and performance will be documented for future audit, management and performance review by ensuring the accuracy of timesheets by Child Center staff prior to being authorized for submission to HR for payment.		
GBC	Mark H. Dawson Child and family Center	Letter of Appointments	8/6/14 10/22/14	94	We recommend the employees be appropriately compensated for their work hours and that overtime be reported correctly to the GBC HR Office.	Controller	1) To avoid the identified problems and issue in the future, all time will be recorded as worked. Employees with a variable work schedule will complete a variable work schedule form, which will be kept in the employee file. 2) Compliance and future good management and practice will be measured, monitored and assured by verifying hours submitted for approval are correctly recorded and periodic reminders to employees of the importance in submitting accurate timesheets. 3) The Child Center Director will be responsible and may be held accountable in the future if repeat or similar problems arise. 4) Implementation of the new measures were effective	CLOSED	12/4/2014

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							October 1, 2014, once the new timesheet was created. 5) Compliance and performance will be documented for future audit, management and performance review by ensuring the accuracy of timesheets by Child Center staff prior to being authorized for submission to HR for payment.		
GBC	Mark H. Dawson Child and family Center	Personnel Activity Reports	8/6/14 10/22/14	95	We recommend that the distribution of time reported on PARs reflect all employee activities, not just those spent on the grant.	Controller	1) To avoid the identified problems and issue in the future, supervisors have been advised of the situation and a closer review will be conducted to ensure the correct allocation of activity is being reported. 2) Compliance and future good management and practice will be measured, monitored and assured by reviewing PARs prior to submittal for accuracy in reporting requirements. 3) The appropriate supervisor will be responsible and may be held accountable in the future if repeat or similar problems arise. 4) Implementation of the new measures were effective immediately. Revisions will be made to the PAR in question to reflect the accurate percentages devoted to the grant and other activities. 5) Compliance and performance will be documented for future audit, management and performance review by reviewing PARs prior to submittal for accuracy in reporting requirements. Periodic reminders to individuals paid from the grant	CLOSED	12/4/2014

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							will continue emphasizing the importance of accurately recording percentages spent on grant activities.		
GBC	Mark H. Dawson Child and family Center	State Regulations- Employee Records	8/6/14 10/22/14	96	We recommend the Center retain records required by the NAC, such as tuberculosis tests and training certifications, in employees' files for a minimum of one year after employment is terminated.	Controller	1) To avoid the identified problems and issue in the future, the Center has reviewed the requirements for retention of employee records and implemented new procedures that include retraining an employee's file for a period of three years, which exceeds the current recommendation. 2) Compliance and future good management and practice will be measured, monitored and assured by transferring files for terminated employees to the HR Department for storage and safekeeping. Documentation including expired tests, certifications, and licenses for current employees will be retained for historical and reference purposes. 3) The Child Center Director will be responsible and may be held accountable in the future if repeat or similar problems arise. 4) Implementation of the new measures were effective October 1, 2014. 5) Compliance and performance will be documented for future audit, management and performance review by conducting periodic file reviews to ensure employee files are correctly maintained.	CLOSED	12/4/2014
GBC	Mark H. Dawson Child and family Center	Sensitive Equipment	8/6/14 10/22/14	97	We recommend the disposal and transfer of equipment be supported with documentation to	Controller	1) To avoid the identified problems and issue in the future, procedures for disposal	CLOSED	12/4/2014

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					identify the persons authorizing the transactions and the date they occurred. We recommend the disposal of equipment be coordinated through the Business Center North (BCN) Purchasing Department, as required. We also recommend the Center confirm the disposition or transfer of these items and update the sensitive equipment list accordingly.		and transfer of equipment will be periodically reviewed with current staff and new hires. 2) Compliance and future good management and practice will be measured, monitored and assured by reviewing the sensitive equipment list on a regular basis, annually at a minimum, and updating the list as new equipment is disposed of or transferred to another department. 3) The Child Center Director will be responsible and may be held accountable in the future if repeat or similar problems arise. 4) Implementation of the new measures were effective October 1, 2014, and procedures were reviewed at that time. Center staff confirmed the disposition of the items in question and the sensitive equipment list was updated accordingly. 5) Compliance and performance will be documented for future audit, management and performance review by coordinating disposals and transfers through the Business Affairs Department. Sensitive equipment will be recorded immediately with details on the method of disposal, the date of disposal, and who was informed. The Business Affairs Department is the main contact with the BCN Purchasing Department and corresponds frequently with BCN to coordinate disposals, transfers, and sales of GBC-owned		

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							equipment.		
GBC	Mark H. Dawson Child and family Center	Sensitive Equipment	8/6/14 10/22/14	98	We recommend the department determine the disposition of the equipment. If it was disposed of or salvaged, we recommend the item be removed from the sensitive equipment list and that greater care be taken to process these types of transactions through the BCN Purchasing Department.	Controller	1) To avoid the identified problems and issue in the future, procedures for disposal and transfer of equipment will be periodically reviewed with current staff and new hires. 2) Compliance and future good management and practice will be measured, monitored and assured by reviewing the sensitive equipment list on a regular basis and updating the list when equipment is relocated to a new location or transferred to another department. 3) The Child Center Director will be responsible and may be held accountable in the future if repeat or similar problems arise. 4) Implementation of the new measures were effective October 1, 2014. The item in question was an older printer that was no longer in operating condition and was therefore disposed of. The printer disposition has been updated on the sensitive equipment list to reflect the disposal. BCN Purchasing Department has provided Great Basin College written authorization to dispose of broken printers with additional instructions to note the method and date of disposal. 5) Compliance and performance will be documented for future audit, management and performance review by performing periodic reviews, annually at a	CLOSED	12/4/2014

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							minimum, of the sensitive equipment list and immediately recording the disposition of sensitive equipment with the details on the method of disposal, the date of disposal, and who was informed. Other past methods of disposal included scrap sales and transfers to the Computer Services Department to use for spare parts for similar equipment in current operating condition.		
GBC	Mark H. Dawson Child and family Center	Sensitive Equipment	8/6/14 10/22/14	99	We recommend the sensitive equipment list be updated to accurately reflect the equipment.	Controller	1) To avoid the identified problems and issue in the future, procedures for disposal and transfer of equipment will be periodically reviewed with current staff and new hires. 2) Compliance and future good management and practice will be measured, monitored and assured by reviewing the sensitive equipment list on a regular basis and updating the list when equipment is relocated to a new location or transferred to another department. 3) The Child Center Director will be responsible and may be held accountable in the future if repeat or similar problems arise. 4) Implementation of the new measures were effective October 1, 2014. Procedures were reviewed with staff on the importance of updating their sensitive equipment list when new equipment is purchased or acquired from another department, and when equipment is transferred or	CLOSED	12/4/2014

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							disposed of. The sensitive equipment list was updated and the computer has now been properly recorded. 5) Compliance and performance will be documented for future audit, management and performance review by performing periodic reviews, annually at a minimum, of the sensitive equipment list and immediately recording the disposition of sensitive equipment with the details on the method of disposal, the date of disposal, and who was informed.		
GBC	Student Accounts-PeopleSoft	Student Account Testing	10/15/13 1/23/14	100	We recommend that college personnel work with System Computing Services (SCS) to resolve this problem and prevent it from recurring in the future.	Controller	The Student Accounts Manager was successful in creating a query which identifies students that have been purged along with their account balances. Procedures were also documented and a timeline was created identifying the dates that purges will occur.	CLOSED	9/4/2014
GBC	Student Accounts-PeopleSoft	Student Account Testing	10/15/13 1/23/14	101	We recommend the fees be posted to students' accounts to provide a complete record of fee assessments within the PeopleSoft application.	Controller	Beginning May 1, graduation applications fees will be posted to students' accounts. The Student Accounts manager met with the Nursing Department to discuss the recommendation of adding CAN testing fees to student accounts beginning in April 2014. Two separate fees will be assessed; one for the written portion of the test and the second for skills testing. For non-NSHE students who do not have a Student ID, testing fees will continue to be collected and posted via a departmental receipt.	CLOSED	9/4/2014

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