Appendix Materials - November 2018 Quarterly Board Meeting

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ACADEMIC AFFAIRS & STUDENT SUCCESS

AUDIT

Academic Quality Metrics

First Time Students in Top 10% of High School Class

First Time Students in Top 11-25% of High School Class

Percentage FTE Teaching Faculty Who Are Tenured/Tenure Track

Legend:
- Texas State University
- Texas Tech University
- The University of Texas at Arlington
- The University of Texas at Dallas
- The University of Texas at El Paso
- The University of Texas at San Antonio
- University of Houston
- University of North Texas

Student Access & Success Metrics
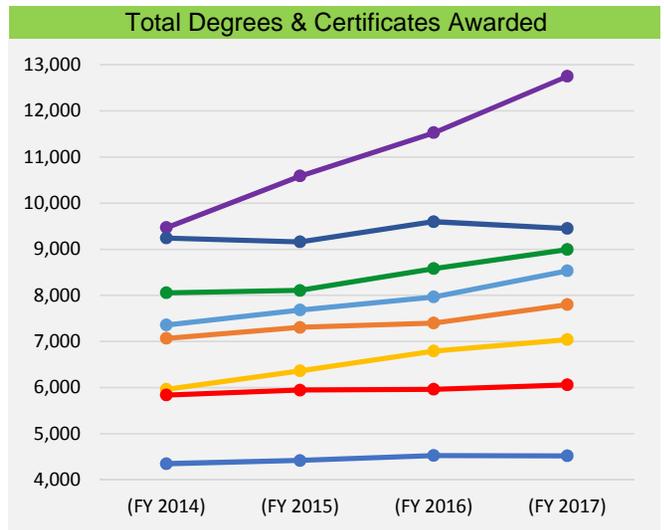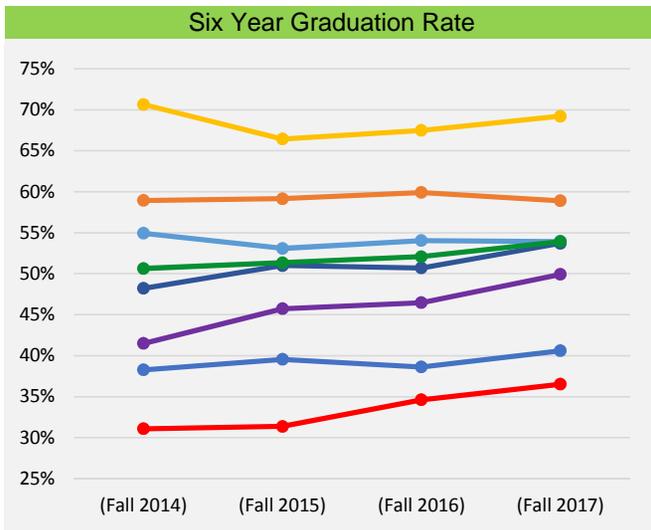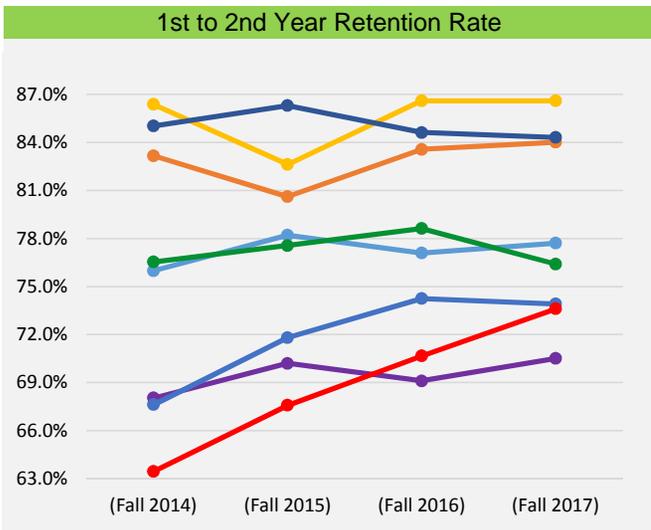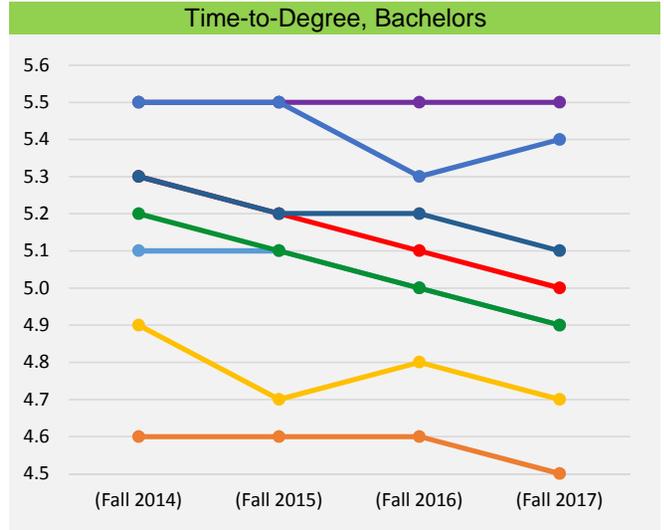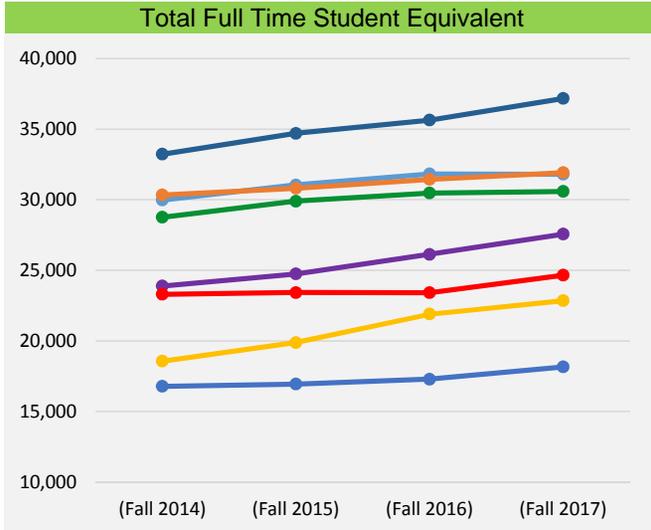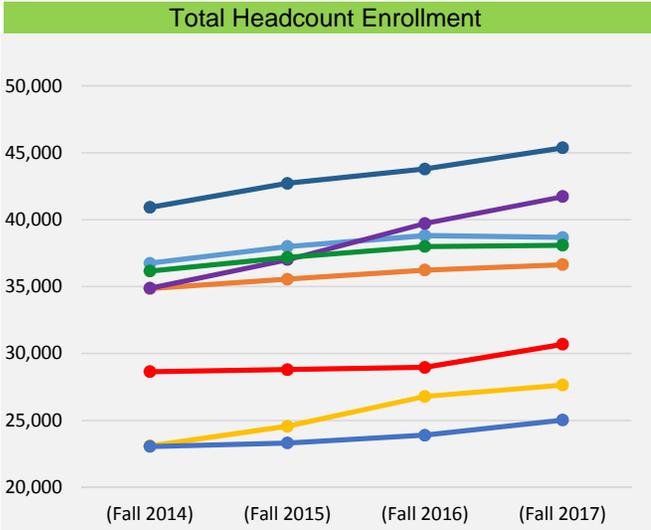
UNT UNIVERSITY OF NORTH TEXAS®

Total Headcount Enrollment
(Fall 2014) (Fall 2015) (Fall 2016) (Fall 2017)

Total Full Time Student Equivalent
(Fall 2014) (Fall 2015) (Fall 2016) (Fall 2017)

Time-to-Degree, Bachelors
(Fall 2014) (Fall 2015) (Fall 2016) (Fall 2017)

1st to 2nd Year Retention Rate
(Fall 2014) (Fall 2015) (Fall 2016) (Fall 2017)

Six Year Graduation Rate
(Fall 2014) (Fall 2015) (Fall 2016) (Fall 2017)

Total Degrees & Certificates Awarded
(FY 2014) (FY 2015) (FY 2016) (FY 2017)

Legend:
- Texas State University
- Texas Tech University
- The University of Texas at Arlington
- The University of Texas at Dallas
- The University of Texas at El Paso
- The University of Texas at San Antonio
- University of Houston
- University of North Texas

Research Metrics
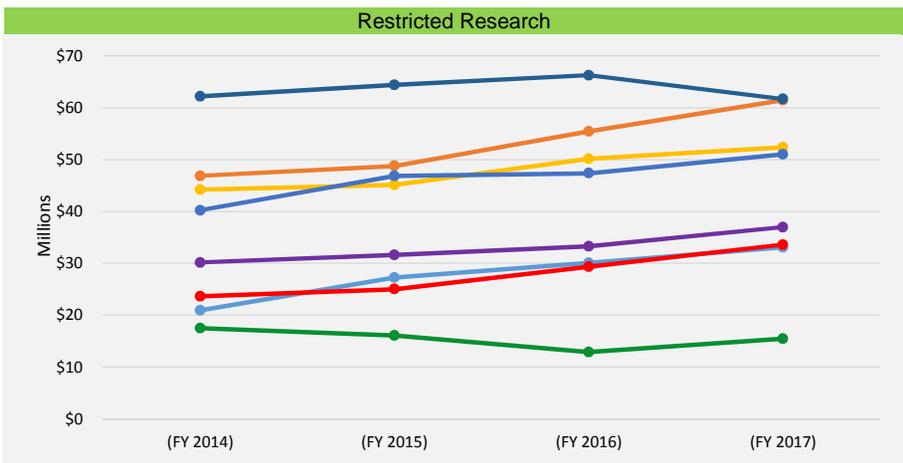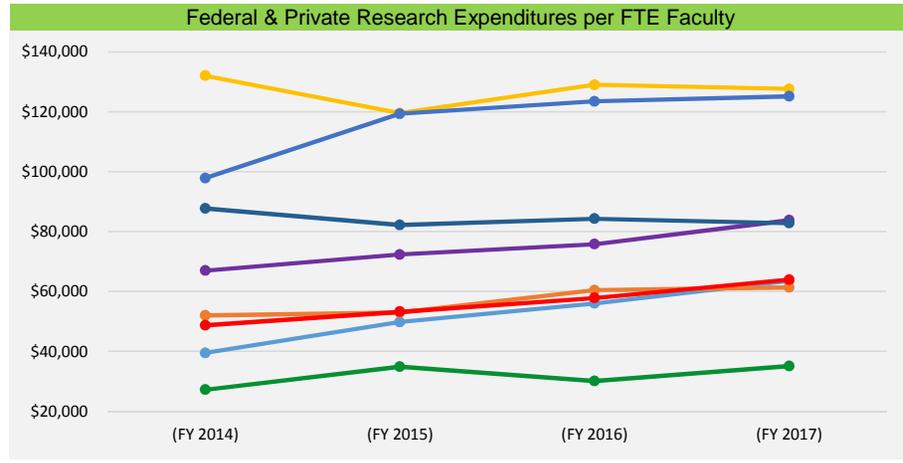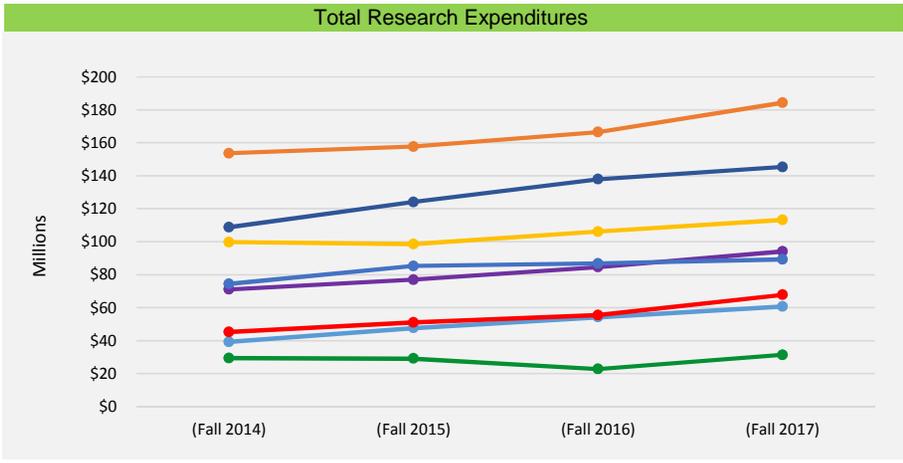
Total Research Expenditures

Federal & Private Research Expenditures per FTE Faculty

Restricted Research

NSF Higher Education Research & Development (HERD)

Legend:
- Texas State University
- Texas Tech University
- The University of Texas at Arlington
- The University of Texas at Dallas
- The University of Texas at El Paso
- The University of Texas at San Antonio
- University of Houston
- University of North Texas

Academic Quality Metrics

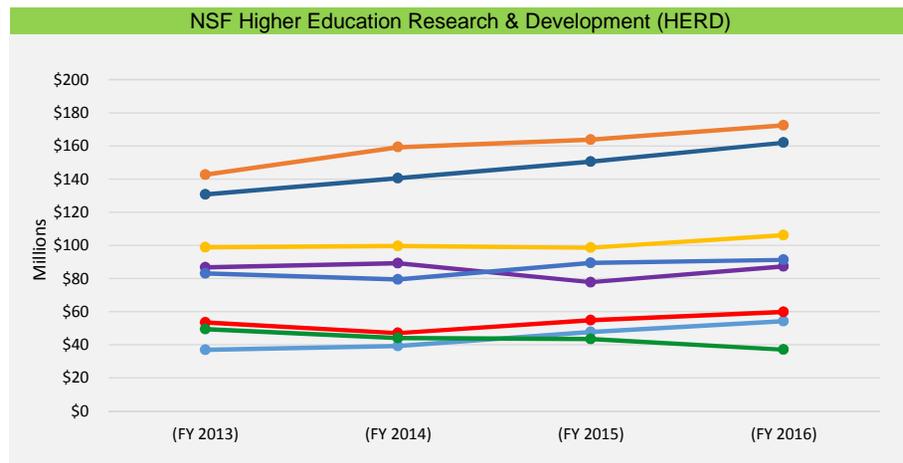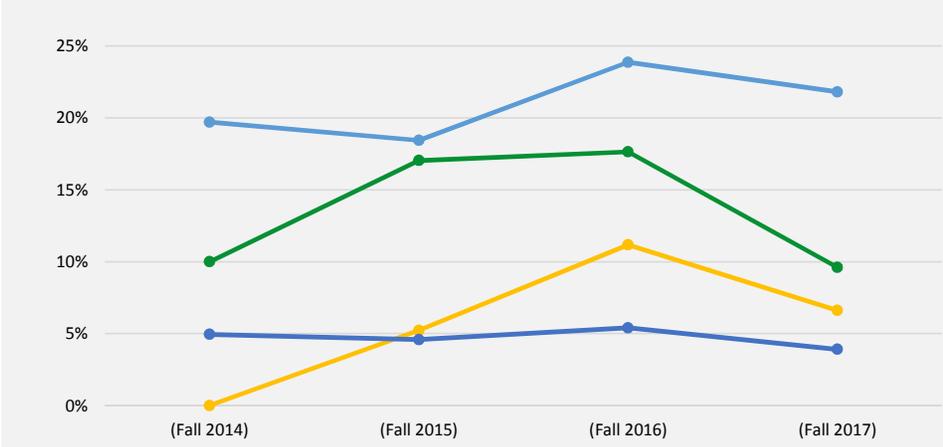## First Time Students in Top 10% of High School Class

First Time Students in Top 11-25% of High School Class

Percentage FTE Teaching Faculty Who Are Tenured/Tenure Track

Legend:
- Texas A&M International University
- Texas A&M University-Central Texas
- Texas A&M University-San Antonio
- Texas A&M University-Texarkana
- University of Houston-Victoria
- University of North Texas at Dallas

Student Access & Success Metrics
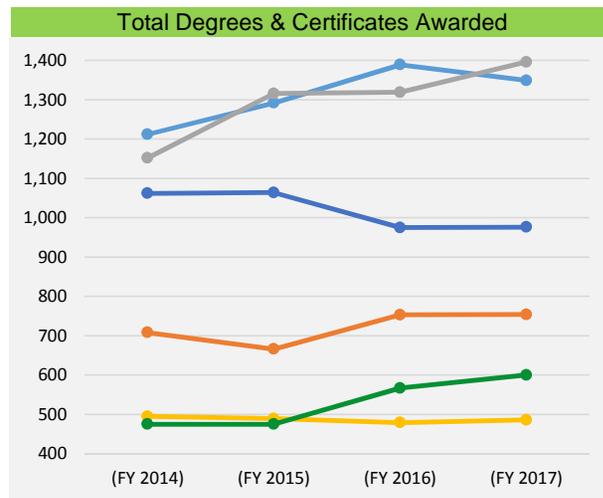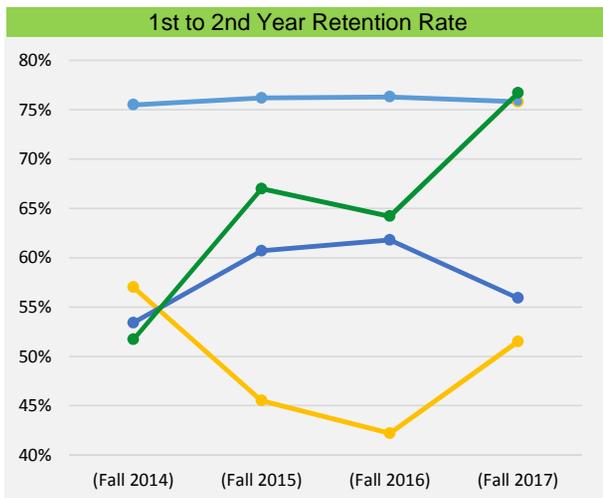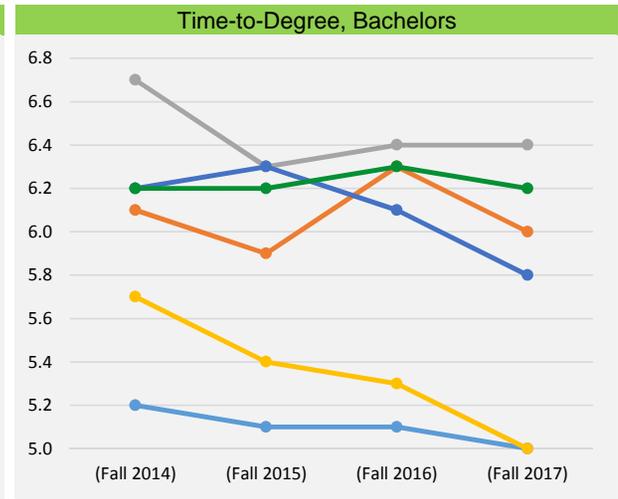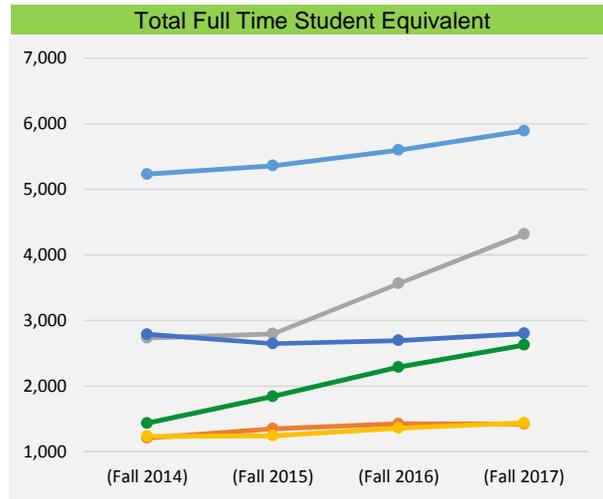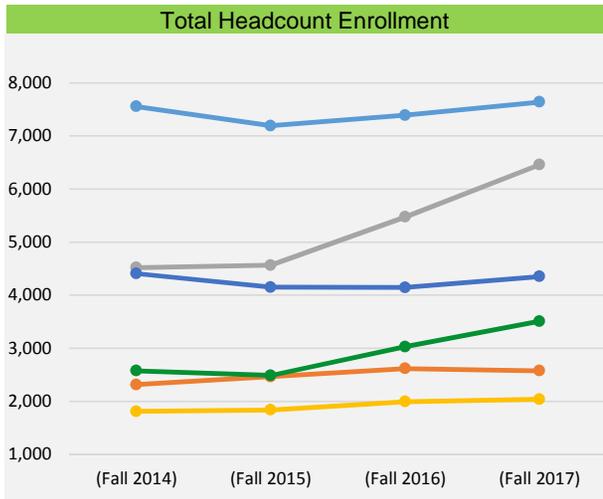
Total Headcount Enrollment

Total Full Time Student Equivalent

Time-to-Degree, Bachelors

1st to 2nd Year Retention Rate

Total Degrees & Certificates Awarded

Legend:
- Texas A&M International University
- Texas A&M University-Central Texas
- Texas A&M University-San Antonio
- Texas A&M University-Texarkana
- University of Houston-Victoria
- University of North Texas at Dallas

Student Success and Research Metrics

UNT | HEALTH SCIENCE CENTER

Total Headcount Enrollment

Total Degrees Awarded

Total Research Expenditures

Federal Research Expenditures per FTE
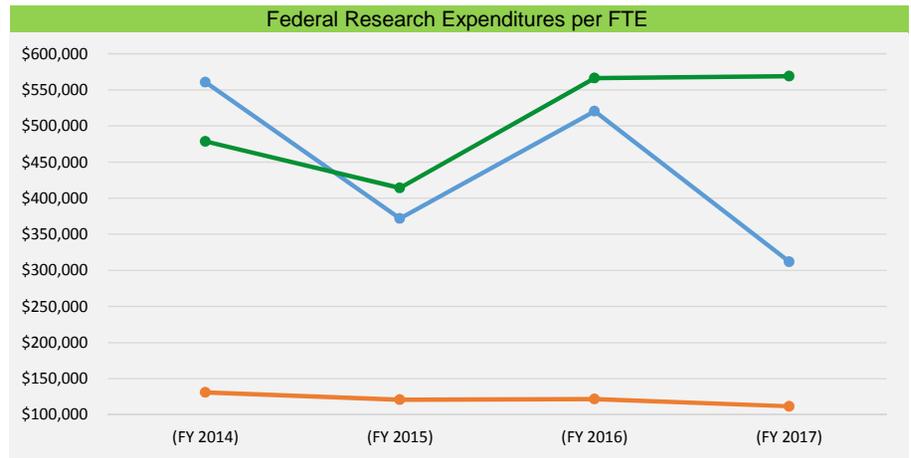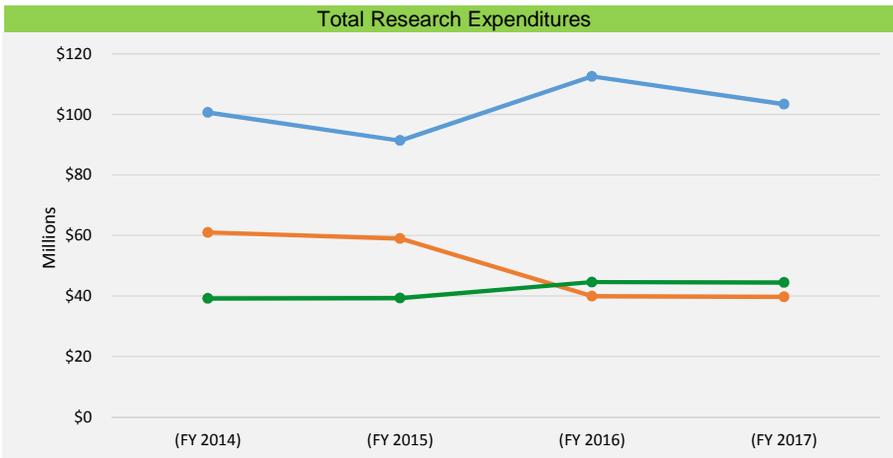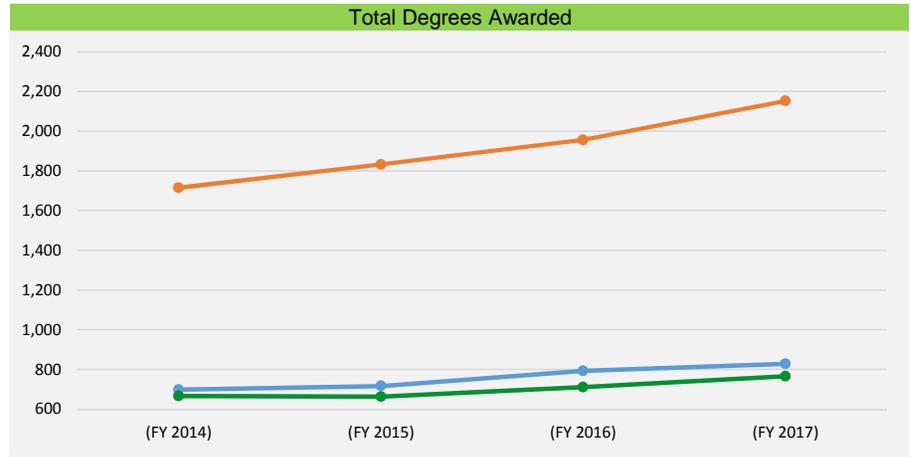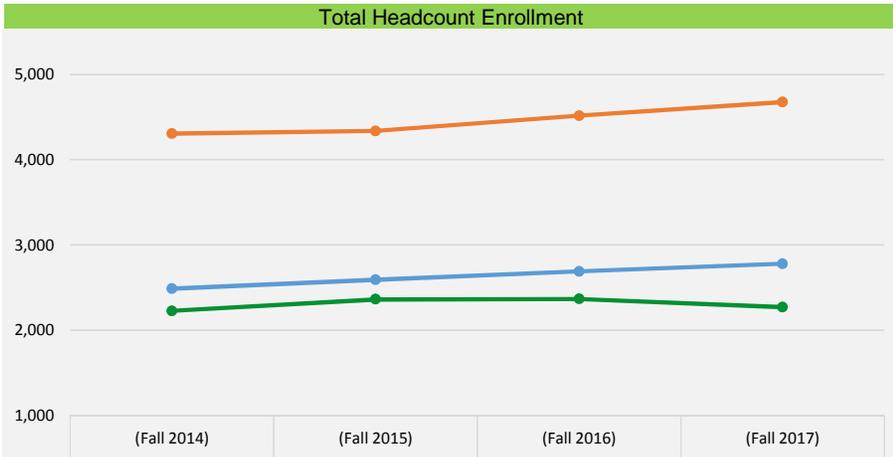
Legend: Texas A&M Health Science Center — Texas Tech University Health Sciences Center — University of North Texas Health Science Center

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2009	09-011 HSC	Finance	Advancement Office Follow-Up Review	UNT System	The written agreement between the Center and the UNTHSC Foundation has not been revised or reaffirmed since September 1994.	Low	Review and update the agreement between the Center and the Foundation including a "right to audit clause." Refer to Legal Counsel and the AGB-CASE model agreement for guidance.	Management agrees. In process. The Vice President for Development will raise this topic at the April 2009 Foundation Board meeting and complete by the June meeting. The updated agreement will be distributed upon approval of appropriate Center and Foundation Administrators.	Doug White, VP of Institutional Advancement	Original Date 11/30/2012 Revised Date 12/31/16	Closed
Internal	UNT System Internal Audit	Fiscal Year 2009	09-011 HSC	Finance	Advancement Office Follow-Up Review	UNT System	The written agreement between the Center and the UNTHSC Foundation has not been revised or reaffirmed since September 1994.	Low	Distribute or make available the reaffirmed agreement to stakeholders including Center administrators, Advancement Office employees, and the Foundation Board of Directors.	Management agrees. In process. The Vice President for Development will raise this topic at the April 2009 Foundation Board meeting and complete by the June meeting. The updated agreement will be distributed upon approval of appropriate Center and Foundation Administrators.	Doug White, VP of Institutional Advancement	Original Date 11/30/2012 Revised Date 12/31/16	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2013	11-038 UNT	Finance	Salary Adjustments Review	UNT	Equity Adjustments - Documentation did not consistently, sufficiently, and clearly demonstrate how the equity adjustments were determined.	High	Maintain documentation that demonstrates the process was followed and validates how the determination was made for the compensation decision/salary adjustment.	Human Resources has developed a written standard operating procedure on this process and provided that to Internal Audit. Additionally, Human Resources now creates a written report for each equity adjustment request that outlines the data reviewed, the findings and the recommendation. This is in addition to the information Human Resources has always provided on the Equity Adjustment Request Form. The recommendation to add the term equity adjustment to the Salary Administration Procedures, Policy 1.6.2 will be moved forward by Human Resources to administration.	Marci Bailey, Human Resources Director, Denton Campus	3/19/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	11-038 UNT	Finance	Salary Adjustments Review	UNT	Equity Adjustments - Documentation did not consistently, sufficiently, and clearly demonstrate how the equity adjustments were determined.	High	Document internal procedures for reviewing equity adjustments.	Human Resources has developed a written standard operating procedure on this process and provided that to Internal Audit. Additionally, Human Resources now creates a written report for each equity adjustment request that outlines the data reviewed, the findings and the recommendation. This is in addition to the information Human Resources has always provided on the Equity Adjustment Request Form. The recommendation to add the term equity adjustment to the Salary Administration Procedures, Policy 1.6.2 will be moved forward by Human Resources to administration.	Marci Bailey, Human Resources Director, Denton Campus	3/19/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	11-038 UNT	Finance	Salary Adjustments Review	UNT	Equity Adjustments - Documentation did not consistently, sufficiently, and clearly demonstrate how the equity adjustments were determined.	High	Include the definition of equity adjustment in administrative procedures for policy 1.6.2	Human Resources has developed a written standard operating procedure on this process and provided that to Internal Audit. Additionally, Human Resources now creates a written report for each equity adjustment request that outlines the data reviewed, the findings and the recommendation. This is in addition to the information Human Resources has always provided on the Equity Adjustment Request Form. The recommendation to add the term equity adjustment to the Salary Administration Procedures, Policy 1.6.2 will be moved forward by Human Resources to administration.	Marci Bailey, Human Resources Director, Denton Campus	1/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	11-038 UNT	Finance	Salary Adjustments Review	UNT	Position Reclasses – The Annual Position Classification Review Recommendation report did not consistently and clearly document the analysis related to how all of the position reclasses were determined.	Moderate	Maintain documentation that demonstrates the process was followed and validates how the determination was made for the compensation decision/salary adjustment.	Human Resources has discussed with Internal Audit the expectations of what they consider appropriate documentation and asked for suggestions or a recommended model and is awaiting that feedback. During the next reclassification review process, Human Resources will tweak documentation procedures to incorporate recommendations from this audit. Human Resources will ensure that any position that needs addressed after the formal 'call' for requests, has a completed position information questionnaire. The 28 data entry errors have been corrected in EIS.	Marci Bailey, Human Resources Director, Denton Campus	3/19/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-001 SYS	Finance	UNT Stadium Construction Review	UNT System	No Detail Review Of Invoice Support Documentation – UNT System Facilities performs only a high-level review of the monthly invoice (progress billing) including supporting documentation received from the primary contractor.	Moderate	Conduct periodic, sample based reviews of invoice support documentation to ensure the accuracy of the detail information and calculations pertaining to the category totals including labor charges.	UNT System Facilities will revise and implement payment application review procedures. For large projects, UNT System Facilities may utilize an independent Construction Auditing firm to review the multiple payment applications. For smaller projects, Departmental resources may be utilized. A project size threshold to determine large and small projects will be established in the procedures.	Don Lynch, Director of System Facilities Administration	12/31/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-001 SYS	Finance	UNT Stadium Construction Review	UNT System	No Detail Review Of Invoice Support Documentation – UNT System Facilities performs only a high-level review of the monthly invoice (progress billing) including supporting documentation received from the primary contractor.	Moderate	Ensure primary contractors provide adequate labor expense support documentation for future construction projects.	UNT System Facilities will revise and implement payment application review procedures. For large projects, UNT System Facilities may utilize an independent Construction Auditing firm to review the multiple payment applications. For smaller projects, Departmental resources may be utilized. A project size threshold to determine large and small projects will be established in the procedures.	Don Lynch, Director of System Facilities Administration	12/31/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-001 SYS	Finance	UNT Stadium Construction Review	UNT System	No Detail Review Of Invoice Support Documentation – UNT System Facilities performs only a high-level review of the monthly invoice (progress billing) including supporting documentation received from the primary contractor.	Moderate	Consider utilizing the services of a third party company that specializes in reviewing contractor construction documentation.	UNT System Facilities will revise and implement payment application review procedures. For large projects, UNT System Facilities may utilize an independent Construction Auditing firm to review the multiple payment applications. For smaller projects, Departmental resources may be utilized. A project size threshold to determine large and small projects will be established in the procedures.	Don Lynch, Director of System Facilities Administration	12/31/2012	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2013	12-001 SYS	Finance	UNT Stadium Construction Review	UNT System	Incorrect Retainage Amount – The primary contractor did not apply the retainage percentage to contractor fees as required by the contract terms	Moderate	Review Application and Certificate for Payment forms and supporting documentation to verify that dollar amounts, including retainage, are accurate and in compliance with contract terms.	UNT System Facilities agrees with the report finding. UNT System Facilities will revise and implement payment application review procedures. For large projects, UNT System Facilities may utilize an independent Construction Auditing firm to review the multiple payment applications. For smaller projects, Departmental resources may be utilized. A project size threshold to determine large and small projects will be established in the procedures.	Don Lynch, Director of System Facilities Administration	12/31/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-002 SYS	Finance	Annual Investments/Commercial Paper	UNT System	Non-Compliance with Yield Percentages of Investment Policy	Moderate	Reviewing the Investment yields and re-balancing the investments to comply with UNT System Investment Policy 04.100, Objective 6; and	Investment yields have been and continue to be at historically low levels. We do not anticipate that this condition will persist in the long term. However, please note that UNT System policy 8.20, which was adopted in August 2012, supersedes 10.007 for UNTD, 4.100 for UNT System and successfully resolves the finding noted above. As such, at this point, we feel that no further management action is required.	Allen Clemson, Vice Chancellor for Administration and Chief of Staff	8/1/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-002 SYS	Finance	Annual Investments/Commercial Paper	UNT System	Non-Compliance with Yield Percentages of Investment Policy	Moderate	Reviewing the Investment yields and re-balancing the investments to comply with UNT Dallas Investment Policy 10.007, Objective 6.	Investment yields have been and continue to be at historically low levels. We do not anticipate that this condition will persist in the long term. However, please note that UNT System policy 8.20, which was adopted in August 2012, supersedes 10.007 for UNTD, 4.100 for UNT System and successfully resolves the finding noted above. As such, at this point, we feel that no further management action is required.	Carlos Hernandez, Vice President for Finance and Administration/CFO – UNT Dallas	8/1/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-007 HSC	Academic and Students	Graduate School of Biomedical Sciences Review	UNTHSC	Of the 17 cardholders reviewed, 15 (88%) were not in full compliance with purchasing card policies.	High	Require all personnel in the GSBS be retrained on purchasing card policies and procedures.	Management agrees. The Dean's office will ensure that all Purchasing Card holders in GSBS complete a refresher training course of the Purchasing Card requirements.	Aleta Wheeler, Senior Executive Assistant	11/30/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-007 HSC	Academic and Students	Graduate School of Biomedical Sciences Review	UNTHSC	Of the 17 cardholders reviewed, 15 (88%) were not in full compliance with purchasing card policies.	High	Follow procurement card program policies and procedures.	GSBS Dean's office does not authorize P-Cards and authorization and training is handled by BSC. Based on our correspondence with BSC, we were told that training and refresher training are required and offered by the BSC. It should be noted that beginning in 2009, refresher training was required every other year. However, with the creation of the BSC and subsequent move, that has not been tracked. The BSC goal is to start with 2013 and have every participant take refresher training annually.	Aleta Wheeler, Senior Executive Assistant	11/30/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-007 HSC	Academic and Students	Graduate School of Biomedical Sciences Review	UNTHSC	ProjID charges for equipment usage by the Department of Molecular Biology & Immunology had inconsistent rates, duplicate charges and lacked documentation.	Moderate	Work with the Office of Grant and Contract Management, and Office of Financial Planning and Budget to establish a service center	Management agrees. The Acting Chair will work with the Lab Director and Office of Grant and Contract Management, and Office of Financial Planning and Budget to establish a service center.	Johnny He, Acting Chair	12/31/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-007 HSC	Academic and Students	Graduate School of Biomedical Sciences Review	UNTHSC	Of the 102 travel vouchers reviewed, 53 were not in full compliance with travel policy.	Moderate	Request reimbursement of overpayments from traveler unless you determine it is not cost effective to do so.	Management Agrees. Management requested reimbursement of overpayments from traveler on October 5, 2012.	Thomas Yorio, Provost and Executive Vice President For Academic Affairs	12/31/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-007 HSC	Academic and Students	Graduate School of Biomedical Sciences Review	UNTHSC	Of the 102 travel vouchers reviewed, 53 were not in full compliance with travel policy.	Moderate	Establish a travel monitoring process to ensure that travel is properly approved, and that vouchers are submitted with supporting documentation.	Management Agrees. All administrative staff that prepare travel documents should complete a refresher course (from the BSC) within the next 6 months. Additionally, each department chair should discuss travel policies and procedures with their faculty	Anuja Ghorpade, Chair; Steve Mifflin, Chair; Art Eisenberg, Chair; Meharvan Singh, Chair; Johnny He, Chair; and Jamboor Vishwanatha, Dean.	12/31/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-007 HSC	Academic and Students	Graduate School of Biomedical Sciences Review	UNTHSC	Of the 102 travel vouchers reviewed, 53 were not in full compliance with travel policy.	Moderate	Provide training to faculty and staff on travel policies.	Management Agrees. All administrative staff that prepare travel documents should complete a refresher course (from the BSC) within the next 6 months. Additionally, each department chair should discuss travel policies and procedures with their faculty	Anuja Ghorpade, Chair; Steve Mifflin, Chair; Art Eisenberg, Chair; Meharvan Singh, Chair; Johnny He, Chair; and Jamboor Vishwanatha, Dean.	12/31/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-007 HSC	Academic and Students	Graduate School of Biomedical Sciences Review	UNTHSC	Personal reimbursements to deptID holders did not have supervisor approval.	Low	Establish a process to ensure that personal reimbursements to the deptID/projID holders are properly approved.	Management Agrees. Each Chair and Dean's Office will work with their administrative staff to ensure that step by step procedures are followed.	Anuja Ghorpade, Chair; Steve Mifflin, Chair; Art Eisenberg, Chair; Meharvan Singh, Chair; Johnny He, Chair; and Jamboor Vishwanatha, Dean.	12/31/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-007 HSC	Academic and Students	Graduate School of Biomedical Sciences Review	UNTHSC	Cash handling is not properly segregated or safeguarded in the Department of Forensic & Investigative Genetics, and cash receipts are not all deposited within one day as required by policy.	Low	Develop and implement cash handling procedures that ensure cash is protected and deposited in a timely manner.	Management agrees. The Chair will work with staff to develop and implement cash handling procedures that ensure cash is protected and deposited in a timely manner.	Art Eisenberg, Chair	10/1/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-007 HSC	Academic and Students	Graduate School of Biomedical Sciences Review	UNTHSC	Three projIDs were overspent and deficits were not cleared within the 90 day close out period.	Low	Require all PIs to submit a default deptID (i.e. the PIs F&A deptID) at the time a projID is established that will be used if the grant is overspent.	Management agrees. OGCM is working with management to implement a process which utilizes the applicable F&A recovery deptID as the default funding source for all projID's.	LeAnn Forsberg, Executive Director, Office of Grant and Contract Management	12/21/2012	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2013	12-007 HSC	Academic and Students	Graduate School of Biomedical Sciences Review	UNTHSC	UNTHSC travel policy regarding partial day meal rates is unclear.	Low	Develop in coordination with the Office of Financial Planning and Budget a clear partial day meal policy for UNTHSC.	Management Agrees. The Business Service Center will submit recommendations to the BSC Operations Committee for standardizing travel policy and procedure across the UNT System. The issue identified above will be addressed.	Susan Sims, BSC Director of Payments	1/31/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-008 HSC	Finance	Cost Transfer Process Review	UNTHSC	Cost Transfers – Of the 28 transfers reviewed, 12 transfers had no explanation for why the correction was made over 90 days after the original charges.	Low	Develop a cost transfer form that collects all required information including reason for transfers occurring 90 days after the original charge.	Office of Grant and Contract Management (OGCM) agrees with the suggestion to develop a cost transfer form. However, we have reviewed federal regulations which state, "cost transfers should be accomplished within…. 90 days from discovery of the error." Our current policy statement of 90 days from transaction date is not in line with federal regulations and will be updated to reflect the language of the federal compliance documents. The cost transfer form will be in line with our modified policy and current federal regulations.	LeAnn Forsberg, Executive Director of the Office of Grant And Contract Management and Mazen Barakat, Manager, Grant and Contract Accounting	5/31/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-008 HSC	Finance	Cost Transfer Process Review	UNTHSC	Cost Transfers – Of the 28 transfers reviewed, 12 transfers had no explanation for why the correction was made over 90 days after the original charges.	Low	Require all principal investigators to complete the cost transfer form prior to making the transfer.	We have developed a cost transfer form and will post on the OGCM website for use by faculty and staff.	LeAnn Forsberg, Executive Director of the Office of Grant And Contract Management and Mazen Barakat, Manager, Grant and Contract Accounting	5/31/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-008 UNT	Governance and Regulatory Compliance	NCAA APR Reporting Review	UNT	Based on the review, Internal Audit found the methods used by the Athletics Compliance Office and the NCAA Certifying Official in the Registrar's Office to be effective.	NA	None	None	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2013	12-009 HSC	Governance and Regulatory Compliance	Compliance Program Review	UNTHSC	Audit work completed by the former Director for Research Compliance was not available.	Moderate	Retain research compliance documentation in accordance with the UNTHSC Records Retention Schedule. Documentation should include, but not limited to: documentation of work performed, findings noted, and solutions implemented.	Management agrees. The Office for Research Compliance will maintain complete	Brian Gladue, Ph.D., Executive Director for Research Compliance	1/25/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-009 HSC	Governance and Regulatory Compliance	Compliance Program Review	UNTHSC	The Institutional Compliance Office is not made aware of all compliance issues in research.	Moderate	Modify the reporting structure in the Office of Research to ensure that all compliance issues are reported to the Institutional Compliance Office.	Management agrees. Dr. Brian Gladue has joined the UNTHSC Compliance Council to ensure that research compliance matters and updates are communicated regularly to William LeMaistre and other members of the university compliance team.	Brian Gladue, Ph.D., Executive Director for Research Compliance	1/25/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-010 UNT	Academic and Students	Academic Programs Review	UNT	Based on results of the procedures performed, all new degree programs established during fiscal year 2011 and 2012 appeared to be in compliance with THECB requirements and University policy.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2013	12-011 HSC	Finance	Texas College of Osteopathic Medicine Dean Expenses Review	UNTHSC	Only one individual is managing cash payments to individuals participating in training exercises for TCOM students.	Moderate	Develop and implement procedures that ensure cash handling is properly segregated.	Management agrees. TCOM will add a second individual to the distribution process separating the responsibilities of verification of eligibility from distribution	D. Thomas Dayberry, Associate Dean for Academic Affairs	10/1/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-011 HSC	Finance	Texas College of Osteopathic Medicine Dean Expenses Review	UNTHSC	Of 12 personal reimbursements to the Dean, 11 were not in full compliance with purchasing policy related to documentation requirements.	Moderate	Ensure personal reimbursements for meals include a list of attendees by name and designation as well as the business purpose.	Management agrees. TCOM will assure full compliance with policy.	Don Peska, Dean of TCOM	10/1/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-011 HSC	Finance	Texas College of Osteopathic Medicine Dean Expenses Review	UNTHSC	Of 31 travel vouchers for the Dean, 23 did not have prior approval of travel or support for mileage reimbursements.	Low	Submit Requests for Approval of Travel prior to travel as required by policy.	Management agrees. TCOM will assure full compliance with policy.	Don Peska, Dean of TCOM	10/1/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-011 HSC	Finance	Texas College of Osteopathic Medicine Dean Expenses Review	UNTHSC	Of 31 travel vouchers for the Dean, 23 did not have prior approval of travel or support for mileage reimbursements.	Low	Submit mileage documentation with travel vouchers as required by policy.	Management agrees. TCOM will assure full compliance with policy.	Don Peska, Dean of TCOM	10/1/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-012 UNT	Academic and Students	Intra-System/Interagency Review	UNT	Documentation related to the Intra System Agreements between UNT and UNT Dallas does not meet best practice standards:	Moderate	Document amendments to Agreements with signature authorizations; and	Document all FY agreements before the beginning of the fiscal year. Agreements will include signature authorization.	Jean Bush, Senior Associate Vice President for Finance UNT Carlos Hernandez, CFO and Vice President for Finance and Administration UNT Dallas	8/31/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-012 UNT	Academic and Students	Intra-System/Interagency Review	UNT	Documentation related to the Intra System Agreements between UNT and UNT Dallas does not meet best practice standards:	Moderate	Discuss and document future Agreements before the beginning of the fiscal year.	Document all FY agreements before the beginning of the fiscal year. Agreements will include signature authorization.	Jean Bush, Senior Associate Vice President for Finance UNT Carlos Hernandez, CFO and Vice President for Finance and Administration UNT Dallas	8/31/2013	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2013	12-014 UNT	Governance and Regulatory Compliance	Mean Green Club Review	UNT	Non-Compliance with UNT Policy 7.2 – The procedure for accepting and processing Mean Green Club donations is not in compliance with UNT policy 7.2, Fundraising and Private Support.	Moderate	Coordinate with the Office of Development to be in compliance with UNT policy 7.2, Fundraising and Private Support.	Four years ago the Athletic Department met with Advancement to develop a system to handle Mean Green Club (MGC) Donations. The crux of the problem is two-fold. First most MGC members send in their ticket renewals and MGC renewals in the same envelope utilizing the same credit card or check. The current process was agreed upon to alleviate ticket orders from being sent to the foundation where there was no method of processing. Secondly, a large majority of our MGC members renew in August. With the need to immediately process MGC credit so that parking passes and tickets can be distributed, we cannot afford the lag time of those orders first going to advancement. This process was streamlined almost four years ago with the agreement of both parties. My remedy would be to modify the policy and I would agree with that recommendation. Management will meet with University Advancement to create a policy revision to be submitted for adoption.	Dan Johnston, Athletic Advancement, Director of Advancement, Mike Ashbaugh, Senior Associate Athletics Director for Business Operations, and Troy Taylor, Assistant Athletic Director Business Operations.	9/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-014 UNT	Governance and Regulatory Compliance	Mean Green Club Review	UNT	Inappropriately Retaining Credit Card Information – The Mean Green Club is inappropriately retaining credit card information.	Moderate	Dispose of credit card information in a secure manner when there is no longer an immediate need for the information.	As discussed with the Audit staff, all but the last four digits of the credit card number submitted on Mean Green Club renewal forms will be redacted so as to protect the information. Currently stored data will be corrected beginning immediately.	Troy Taylor, Assistant Athletic Director, Business Operations and Jessica Hulsebosch, Mean Green Club Director.	7/30/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-015 UNT	Finance	Endowment Review	UNT	Non-Compliance with Memorandum of Understanding (MOU) Requirements of The Lupe Murchison Foundation Scholarship Endowment – A report, containing academic year ending information about the fund, was not prepared and distributed to the Donor.	Low	Develop a process to ensure annual reports are prepared and distributed to the donor. In addition, monitor the process for effectiveness to ensure compliance with MOU requirements.	The Division of Advancement will generate endowment reports for all organizations in their annual reporting process.	Rachel Kimball, Assistant Director of Donor Relations under the management of Kim Wendt, Senior Director of Annual Giving and Donor Relations	3/15/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-015 UNT	Finance	Endowment Review	UNT	Non-Compliance with Memorandum of Understanding (MOU) Requirements of The J.C. Penney Lectureship in Merchandising Endowment – Faculty development expenditures for FY 2011 exceeded the MOU provision that up to fifty percent (50%) of the annual distribution may be used to support faculty development.	Low	Develop a process to ensure Faculty development expenditures do not exceed fifty percent (50%) of the annual distribution. In addition, monitor the process for effectiveness to ensure compliance with MOU requirements.	CMHT has opened a new disbursement deptID 77851 so it will be easier to monitor spending. The percent of expense for faculty development is documented on a spreadsheet and maintained for this deptID.	Judith Forney, Ph.D., Dean of CMHT	12/31/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-018 DAL	Academic and Students	UNT Dallas Work-Study Student Mentorship Contract	UNT Dallas	Three student workers were paid under the Work-Study Student Mentorship Program without meeting the eligibility requirements. Specifically, two students did not meet the enrollment requirement and one student did not meet the financial need requirement.	Moderate	Discuss with the Office of Research Services how to proceed with the sponsor regarding the funds already disbursed to ineligible students.	PI will discuss with the Office of Research Services how to proceed with the sponsor regarding funds disbursed to ineligible students follow sponsor's instructions.	Gloria B. Bahamon, Assistant Provost for College Readiness	2/28/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-018 DAL	Academic and Students	UNT Dallas Work-Study Student Mentorship Contract	UNT Dallas	Three student workers were paid under the Work-Study Student Mentorship Program without meeting the eligibility requirements. Specifically, two students did not meet the enrollment requirement and one student did not meet the financial need requirement.	Moderate	Develop a consistent process for verifying student eligibility each semester.	Although there is a process in place to determine eligibility before mentors are hired, there is a need to improve the process and modify guidelines. Eligibility will be verified in EIS every semester after the 12th day of class (census day). Mentors will be required to inform the PI of changes in their academic status that may affect their eligibility to continue in the program. They will be required to report the change as soon as it occurs. Mentors will sign an acknowledgment to document that they received the guidelines and agree to follow those guidelines. The financial aid office will continue to determine financial need. The financial aid administrator verifying eligibility will take screen shots of the students need to document their financial aid eligibility.	Gloria B. Bahamon, Assistant Provost for College Readiness	2/28/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-020 UNT	Governance and Regulatory Compliance	Animal Care Review	UNT	Animal care and use training is not sufficiently documented or monitored.	Moderate	Develop a System for monitoring and documenting the type of animal care and use training personnel have received.	ORED and the IACUC Chair will implement requirements for completion of online training for all personnel involved in an animal care and use protocol before the protocol can be approved by the IACUC. This training will be offered through the Collaborative Institutional Training Initiative (CITI) program administered by the University of Miami School of Medicine. Completion of both a CITI basic IACUC course and a species-specific course (as available) will be required.	Dr. Kenneth Sewell, Associate Vice President for Research	By the end of the fall 2012 semester	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-020 UNT	Governance and Regulatory Compliance	Animal Care Review	UNT	The key pad entry code to the Science Research Building's Animal Care Facility is not changed periodically, or when personnel change.	Moderate	Develop a process and procedure for changing the entry codes into the Animal Care Facility of the Science Research Building.	The Office of Research & Economic Development will work with the Facility Manager for UNT's primary animal facility in the Science Research Building to implement a procedure under which the security code for the facility will be changed at least every three months.	Dr. Kenneth Sewell, Associate Vice President for Research	By the end of the fall 2012 semester	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2013	12-021 UNT	Finance	Employment Waiver Review	UNT	Incorrectly Reporting Employment Waivers – Student Accounting and University Cashiering Services is incorrectly reporting the number of Employment Waivers awarded.	Moderate	Modify the process for Employment Waivers to ensure waivers are properly coded.	Management has modified the business process to ensure Employment Waivers are properly classified and accurately reported in IFRS reporting.	Kayle Godinez, Sr. Director Student Accounting and University Cashiering Services	12/1/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-021 UNT	Finance	Employment Waiver Review	UNT	Incorrectly Reporting Employment Waivers – Student Accounting and University Cashiering Services is incorrectly reporting the number of Employment Waivers awarded.	Moderate	Modify the process for IFRS reporting to ensure Employment Waivers are reported in the correct category, either TEC 54.211 or TEC 54.212.	Management has modified the business process to ensure Employment Waivers are properly classified and accurately reported in IFRS reporting.	Kayle Godinez, Sr. Director Student Accounting and University Cashiering Services	12/1/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-021 UNT	Finance	Employment Waiver Review	UNT	Insufficient Review and Approval – There is not sufficient, independent review and approval of Employment Waivers prior to processing.	Moderate	SAUCS, the Graduate School, and the Provost's Office should coordinate to identify a process for independent review/approval of Employment Waivers; and	Change wording of the Section 2.2.10 of the UNT Policy Manual to reflect the Employment Waiver must be signed by dean of the graduate school or "her or his designee."	Mark Wardell, Dean, The Toulouse Graduate School	8/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-021 UNT	Finance	Employment Waiver Review	UNT	Insufficient Review and Approval – There is not sufficient, independent review and approval of Employment Waivers prior to processing.	Moderate	The designated independent reviewer/approver should ensure that Employment Waivers are awarded in accordance with eligibility requirements.	Change Employment Waiver form to include three questions to help programs determine eligibility. Change Employment Waiver form to include graduate dean's signature.	Mark Wardell, Dean, The Toulouse Graduate School	8/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-021 UNT	Finance	Employment Waiver Review	UNT	Insufficient Review and Approval – There is not sufficient, independent review and approval of Employment Waivers prior to processing.	Moderate	Either comply with UNT Policy 2.2.10 by requiring approval by the dean of the graduate school or revise the policy to reflect the actual process for awarding Employment Waivers.	Change processing procedure to require graduate dean's signature prior to final approval by Student Accounting	Mark Wardell, Dean, The Toulouse Graduate School	8/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-024 UNT	Academic and Students	Student Worker Review	UNT	There is no process in place to reasonably assure that individuals in positions that require enrollment are actually enrolled.	Low	The UNT Career Center, Provost's Office, and UNT Human Resources should coordinate to establish a process to reasonably assure that students in positions that require enrollment are actually enrolled.	Both the Career Center and Provost's Office will perform audits of student employment records in conjunction with the supplemental pay period following the first student payroll in the fall and spring semesters (specifically October 15 and March 1) to insure that those receiving paychecks are enrolled students. b. Work with EIS Team to develop an automated report that cross-checks when a student withdraws from UNT or drops all their classes with the student payroll records. Also, the ePAR system will check student status of an employee when hired into student job codes. If the person is not a student, the department is provided a warning. These two items should help prevent this in the future	Shaun Stoehr, Student Employment Coordinator Melinda Lilly, Assistant Director for Academic Resources	9/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-024 UNT	Academic and Students	Student Worker Review	UNT	Internal Audit identified five UNT policies related to student employment that require enrollment; however, not all policies contain the same enrollment requirements.	Low	The UNT Career Center, Provost's Office, and UNT Human Resources should evaluate and modify UNT policies related to student employment so enrollment requirements are as consistent as possible.	Write a new overarching policy for student employment positions, as well as, develop operational procedures for the various job codes connected to the new overarching policy.	Yolanda Niemann, Senior Vice Provost Dan Naegeli, Executive Director, Career & Leadership Development Valerie (Robertson) Hodges, Assistant Director, Finance & Administration Marci Bailey, Director, UNT Human Resources	9/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-024 UNT	Academic and Students	Student Worker Review	UNT	Internal Audit identified five UNT policies related to student employment that require enrollment; however, not all policies contain the same enrollment requirements.	Low	The UNT Career Center, Provost's Office, and UNT Human Resources should develop supplemental procedures to assist University departments in determining the correct job code.	Write a new overarching policy for student employment positions, as well as, develop operational procedures for the various job codes connected to the new overarching policy.	Yolanda Niemann, Senior Vice Provost Dan Naegeli, Executive Director, Career & Leadership Development Valerie (Robertson) Hodges, Assistant Director, Finance & Administration Marci Bailey, Director, UNT Human Resources	9/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-024 UNT	Academic and Students	Student Worker Review	UNT	The Controller's Office does not notify an employee's supervisor and Vice President of indebtedness to the University as required by UNT Policy 2.2.26, Employee Indebtedness Owed to the University. Additionally, Student Accounting and Cashiering Services (SACS) is not sending a report detailing employee indebtedness to the Controller's Office, as required by UNT Policy 2.2.26.	Low	The Controller's Office should continue their process of evaluating and revising UNT Policy 2.2.26 to ensure compliance with UNT Policy 18.1.9 FERPA.	Suggested Management Action 4: We believe that the current policy as submitted complies with FERPA requirements. Once adopted, we will review the policy periodically (not less than every 5 years) for amendment as needed.	Carlos Hernandez, Ed D, CPA, Associate VP for Finance and Controller	11/1/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-024 UNT	Academic and Students	Student Worker Review	UNT	The Controller's Office does not notify an employee's supervisor and Vice President of indebtedness to the University as required by UNT Policy 2.2.26, Employee Indebtedness Owed to the University. Additionally, Student Accounting and Cashiering Services (SACS) is not sending a report detailing employee indebtedness to the Controller's Office, as required by UNT Policy 2.2.26.	Low	SACS should produce an employee debt report that identifies all employees that owe money to the university. Subsequently, the Controller's Office should notify employees' supervisors and Vice Presidents of indebtedness to the University as required by policy.	A process has been adopted that allows identification of "career" employees with a past-due balance in student accounting records. It is important to note that student accounting records do not represent a complete record of all possible indebtedness (i.e. does not include parking fines). We will continue to collaborate with University departments as appropriate to facilitate collection of past due balances from employees and students alike.	Terri Miller, Assistant Director of SACS	6/1/2012	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2013	12-026 DAL	Academic and Students	UNT Dallas Student Service Fees Review	UNT Dallas	Noncompliance With Texas Education Code 54.5031 – UNT Dallas Administrators failed to establish a Student Service Fee Advisory Committee (SSFAC) as required by Texas Education Code 54.5031. Having no policy to govern and procedures to guide management of student service fees contributed to the noncompliance.	Moderate	Because the committee is now established, UNT Dallas administrators should develop a process to insure the SSFAC remains a formal, working committee and that input from the committee is obtained, regarding the establishment or changes to the type, amount, and expenditure of student service fees as provided by the Texas Education Code. The process should consist of establishing a University policy that is aligned with requirements of Texas Education Code 54.5031 and include operational procedures to govern activities of the SSFAC.	The Director of Student Life has reviewed TEC 54.5031 and Student Service Fee Advisory Committee (SSFAC) standards, which describes membership (elected & appointed), SSFAC charge, terms of service, operating procedures, and process by which the SSFAC effectively reviews, discusses, and renders its recommendation to the University Leadership. In an effort to clarify why the majority of implementation dates are prior to the date of the audit report, it's important to note that this audit occurred April 2012 through May 24, 2013, and a number of corrective steps had already occurred well before the audit report was available.	Dr. Jared Cobb, Director of Student Life	2/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-026 DAL	Academic and Students	UNT Dallas Student Service Fees Review	UNT Dallas	Noncompliance With Texas Education Code 54.5031 – The UNT Dallas student body or the student government was not made aware of \$319,955.38 in student service fees that were transferred from UNT and recorded in UNT Dallas reserve account 301011.	Moderate	Obtain SSFAC recommendations regarding the allocation, disbursement and expenditure of the \$319,955.38 held in reserve account 301011.	Student Service Fee Advisory Committee (SSFAC) was informed of the additional funding from UNT Dallas reserve account 301011 and asked to consider various renovations which would enhance Student Life at UNT Dallas. After several discussions, forums, etc. SSFAC recommend five (5) projects to the President's office for approval. Cost of projects totaled \$191,000.00. Additional projects will be identified and voted on once the first slate of projects has been completed. This will allow us to properly evaluate the best use of the remaining \$128,955.38 and to provide additional funding in the event unforeseen expenses arise during implementation of the approved improvements.	Dr. Jared Cobb, Director of Student Life	1/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-026 DAL	Academic and Students	UNT Dallas Student Service Fees Review	UNT Dallas	Training - Training provided did not adequately prepare the Student Service Fee Advisory Committee members to perform the duties as outlined in Texas Education Code 54.5031.	Moderate	Provide SSFAC members the training opportunities needed for service on the Student Service Fee Advisory Committee and for performing the duties outlined in Texas Education Code 54.5031.	The Student Service Fee Advisory Committee (SSFAC) will go through training prior to the review, discussion, and recommendation in the use of any Student Service Fee monies. Training will be conducted by University liaison to the SSFAC and/or Associate Provost of Student Success.	Dr. Jared Cobb, Director of Student Life	2/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-026 DAL	Academic and Students	UNT Dallas Student Service Fees Review	UNT Dallas	Conflict of Interest - The advisor to the Student Service Fee Advisory Committee has a conflict of interest in that the advisor's salary is subject to the committee's annual allocation and approval process.	Moderate	The advisor to the Student Service Fee Advisory Committee should consider the following management actions: o Resign as advisor to the committee; o Fund the advisor's salary through a source other than student Service fees; or o Reassign the advisor role to another employee whose salary is not dependent on the committee's annual allocation and approval decision.	University will assign a liaison to the Student Service Fee Advisory Committee (SSFAC) whose salary is not an item by which the committee would vote upon in its annual allocation and approval process. Liaison moving forward will be Director of Student Life and/or other designee by the Associate Provost of Student Success who meets the stipulations outlined above.	Dr. Charlotte Tullos, Associate Provost of Student Success	10/1/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-026 DAL	Academic and Students	UNT Dallas Student Service Fees Review	UNT Dallas	Conflict of Interest - The chief student affairs administrator served in positions that present a potential conflict of interest between the UNT Dallas Administration and the Student Service Fee Advisory Committee.	Moderate	The chief student affairs administrator should consider the following management actions: o Resign as a voting member of the committee. o Reassign the membership position to another employee or student. o Recuse oneself from participating in committee activities. o Abstain from voting on conflicting interests.	The University will appoint the Director of Student Life and/or other designee by the Associate Provost of Student Success to serve as liaison to the Student Service Fee Advisory Committee (SSFAC). Designee to committee will act in a liaison capacity and not be eligible to be a voting member of the SSFAC.	Dr. Charlotte Tullos, Associate Provost of Student Success	10/1/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-027 DAL	Finance	UNT Dallas Gift Review	UNT Dallas	Gifts and Grant Management – University gifts and grants are being inconsistently managed and monitored.	Moderate	Coordinate with the individual responsible for research at UNT Dallas, the UNT Dallas CFO/Vice President Finance and Administration, and the ORS (UNT Office of Research Service), to clearly document Advancement's role in managing and monitoring grants.	University Advancement disagrees that gifts and grants are being mismanaged and monitored. We believe that we have an effective system in place for gift management. With respect to grant management, University Advancement's responsibility is to monitor and track grants to ensure donor intent is followed. University Advancement believes it is within its purview to manage private grants. Publicly funded grants should be managed by the Office of Research Services (ORS).	Doug Smith, Vice President for University Advancement and Beverly Mendoza, Manager of Advancement Services	February 1, 2013.	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-027 DAL	Finance	UNT Dallas Gift Review	UNT Dallas	Gifts and Grant Management – University gifts and grants are being inconsistently managed and monitored.	Moderate	Coordinate with the UNT Dallas CFO and the ORS to update the intra-system cooperation agreement between UNT Dallas and ORS for services to support grant management. The updates should state the role of Advancement personnel in the grant management process.	University Advancement commits to contact ORS and work through the roles and definitions of gifts and grants, as well as work with ORS and the UNT Dallas CFO regarding the contract modification to reflect the agreed upon roles and definitions.	Doug Smith, Vice President for University Advancement and Beverly Mendoza, Manager of Advancement Services	1/9/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-027 DAL	Finance	UNT Dallas Gift Review	UNT Dallas	Gifts and Grant Management – University gifts and grants are being inconsistently managed and monitored.	Moderate	Review the current report of all gifts and grants for UNT Dallas with ORS staff and determine which should be managed by ORS as defined by the ORS policy, and make appropriate changes where necessary.	University Advancement commits to review current gifts and grants based on agreed-upon definitions and to delineate management/tracking roles after the meeting with ORS has concluded to ensure proper monitoring and management are in place.	Doug Smith, Vice President for University Advancement and Beverly Mendoza, Manager of Advancement Services	1/9/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-027 DAL	Finance	UNT Dallas Gift Review	UNT Dallas	Gifts and Grant Management – University gifts and grants are being inconsistently managed and monitored.	Moderate	Update all management reporting to the Board of Regents, where applicable, regarding UNT Dallas gifts to clearly delineate between gifts and grants as defined by ORS UNT.	University Advancement agrees to update reporting methods for the Board of Regents based upon the agreed-upon definitions of gifts and grants after the meeting with ORS has concluded.	Doug Smith, Vice President for University Advancement and Beverly Mendoza, Manager of Advancement Services	1/9/2013	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2013	12-027 DAL	Finance	UNT Dallas Gift Review	UNT Dallas	Gifts and Grant Management – University gifts and grants are being inconsistently managed and monitored.	Moderate	Update UNT Dallas policies and procedures where applicable based on the updated agreement. Coordinate training for Advancement and faculty personnel from ORS to detail roles and responsibilities regarding grant management.	University Advancement agrees to update department policies and procedures after the meeting with ORS has concluded.	Doug Smith, Vice President for University Advancement and Beverly Mendoza, Manager of Advancement Services	1/9/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-027 DAL	Finance	UNT Dallas Gift Review	UNT Dallas	Procedures for managing, tracking, monitoring and reporting gifts are currently being developed in conjunction with the implementation of the Raisers Edge software system.	Moderate	Update and reconcile current gift processing procedures with UNT policies and procedures already established. Ensure UNT policies and procedures are followed and referenced where required in relation to any and all intra-system cooperation agreement and accreditation requirements.	University Advancement continues to assess gift processing procedures to ensure they meet the highest industry standards that ensure safety, privacy and documentation. University Advancement will update and document controls and processing procedures that reflect Raisers Edge implementation.	Doug Smith, Vice President for University Advancement and Beverly Mendoza, Manager of Advancement Services	1/9/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-027 DAL	Finance	UNT Dallas Gift Review	UNT Dallas	Procedures for managing, tracking, monitoring and reporting gifts are currently being developed in conjunction with the implementation of the Raisers Edge software system.	Moderate	Update and document controls and processing procedures for gifts in the new Raiser's Edge fundraising and donor management system. Work with UNT Advancement personnel to implement the new system and coordinate user access and data entry procedures and controls.	University Advancement commits to update and document controls and processing procedures that reflect Raisers Edge implementation, the new relationship with UNT Dallas Foundation, and staffing resources.	Doug Smith, Vice President for University Advancement and Beverly Mendoza, Manager of Advancement Services	1/9/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-027 DAL	Finance	UNT Dallas Gift Review	UNT Dallas	Procedures for managing, tracking, monitoring and reporting gifts are currently being developed in conjunction with the implementation of the Raisers Edge software system.	Moderate	Determine any changes to management reporting based on the implementation and use of the new system.	University Advancement commits to assess and continually update gift processing procedures.	Doug Smith, Vice President for University Advancement and Beverly Mendoza, Manager of Advancement Services	1/9/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-028 UCD	Finance	UCD Cash Loss Review	Universities Center at Dallas	Segregation of Duties – One individual was recording, depositing, and reconciling the cash received in the UCD Student Store.	Moderate	To the extent staffing levels permit, separate the duties of collecting, recording, depositing, and reconciling cash receipts among different individuals.	Monica Castillo will be in charge of duties during store operating hours. She will make all deposits and sign off on receipts at the end of the day. Araceli Cadena & Eva Randles will count the money every Friday morning before bank deposit is made. (Araceli is the only key holder to the safe deposit box.) Eva Randles will write the bank deposit slip and Araceli will make the deposit to Wells Fargo and return a receipt to Eva Randles to confirm correct deposit was made. Eva Randles will continue to email a UCD Student Store report that includes a detailed bank deposit slip, and any shortages or overages relevant for the week.	Monica Castillo, UCD Student Store Cashier Eva Randles, Office Manager Araceli Cadena, Coordinator of Recruitment and Advising	9/14/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-028 UCD	Finance	UCD Cash Loss Review	Universities Center at Dallas	Purchasing Cards – The use of purchasing cards was not consistent with policy.	Moderate	Follow the Purchasing Card Guide, specifically as it relates to: • Use of card for UNT business purposes only; • Completing Controlled Item Code Equipment Forms; • Unacceptable purchases such as memberships; and • Keeping a receipt for every purchase on file.	Review items before purchasing to identify that they are within Purchasing Card guidelines.	Berri O'Neal, Executive Director for the Universities Center at Dallas Monica Rodriguez, Assistant to the Executive Director Eva Randles, Office Manager Araceli Cadena, Coordinator of Recruitment and Advising	9/14/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-028 UCD	Finance	UCD Cash Loss Review	Universities Center at Dallas	Petty Cash – The change fund was used as petty cash.	Moderate	Follow policy as it relates to the use of petty cash: • Reimburse the change fund; and • Create a petty cash fund through PPS.	Universities Center at Dallas does not plan on creating a petty cash fund through PPS. UCD will continue to store $100 in change for the register which is never to be used as petty cash. Only one individual has access to the change box used for the register at the UCD student store. The change fund was reimbursed and continues to have a balance of $100.	Araceli Cadena, Coordinator of Recruitment and Advising Monica Castillo, UCD Student Store Cashier	9/14/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-028 UCD	Finance	UCD Cash Loss Review	Universities Center at Dallas	Passwords – All employees knew the password to access the cash register, including terminated employees.	Moderate	Deactivate the shared password for the cash register and assign each those needing access their own password.	Nick Schmitt, IT Specialist, has changed the UCD Student Store log in and each individual needing access to the computer has their own log-in username/password.	Nick Schmitt, Information Technology Specialist Monica Castillo, UCD Student Store Cashier	9/7/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-028 UCD	Finance	UCD Cash Loss Review	Universities Center at Dallas	Cash Register Funds – Cash was left overnight in the cash register inside the store.	Low	Safeguard cash by securing all funds outside of the student store when the store is closed.	Once register has been closed for the night the money will be locked in a closed file cabinet. Only one individual will have access to this key and money.	Monica Castillo, UCD Student Store Cashier	9/7/2012	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	12-029 UNT	Finance	Recreational Sports Office Cash Handling Review	UNT	The Recreational Sports Office has established effective and efficient procedures for handling cash. Additionally, controls have been established to comply with UNT Policies 2.2.1 and 2.2.31.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2013	12-030 UNT	Academic and Students	Transition Review Office of Research and Economic Development	UNT	Our review of the processes and related controls and our testing indicated that the major business procedures and controls are adequate.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2013	13-001 DAL	Governance and Regulatory Compliance	UNT Dallas President's Expenditures Review	UNT Dallas	The UNT Dallas President's travel and non-travel expenditures were in compliance with his employment agreement. Additionally, his compensation for fiscal year 2012 was compliant with his employment agreement.	NA	None	NA	NA	NA	N/A

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2013	13-001 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Review	UNTHSC	Overall, UNTHSC was in compliance with policies, procedures, laws, and regulations that could have a significant impact on JAMP operations and reports. All expenditures were in compliance with the guidelines and were properly classified on the Annual Expenditure Report for the fiscal year ended August 31, 2012. In addition, the annual report submitted to JAMP accurately reflects the financial activities of the program.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2013	13-001 SYS	Governance and Regulatory Compliance	Chancellor's Expenditure Review	UNT System	Internal Audit observed a proactive approach to monitoring expenses and reimbursements, with a strong attention to detail and adherence to policy. This level of detail was evidenced through support documentation retained by the Office of the Chancellor. No observations were made during the review that required management action.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2013	13-001 UNT	Governance and Regulatory Compliance	NCAA Minimum Agreed Upon Procedures	UNT	None	NA	NA	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2013	13-002 HSC	Governance and Regulatory Compliance	HSC President's Expenses Review	UNTHSC	Travel, entertainment, and business expenses for which the President was reimbursed, or that were paid on behalf of the President during fiscal year 2012, were in compliance with UNTHSC policies and the employment agreement. Additionally, expenditures reviewed were reasonable, appropriate, and documented as to business purpose.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2013	13-002 SYS	Governance and Regulatory Compliance	Vice Chancellor and General Counsel Expenditures Review	UNT System	Based on the results of the procedures performed, Internal Audit noted the following: • Travel expenditures reimbursed to the Vice Chancellor and General Counsel were deemed appropriate, reasonable, and in compliance with UNT System Travel Policy 04-901 and UNT Travel Policy 2.1.15. • Travel expenditures for the employees of the Office of General were also deemed appropriate, reasonable, and in compliance with travel policies. • The Right to Travel form is prepared for out of state travel. • P-card purchases are performed by one p-card holder and reviewed by the p-card reconciler and approver. • Non-travel expenditures were deemed appropriate for the Office of General Counsel. • The process and procedure for selecting outside legal counsel includes a review by the Texas Attorney General's office. • Outside legal counsel invoices are reviewed by the requesting department, Office of General Counsel, and the Texas Attorney General's office. There were no suggested management actions.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2013	13-003 DAL	Finance	UNT Dallas Purchasing Card Review	UNT Dallas	Non-compliance with Business Service Center Purchasing Card Program Guidelines. – The following instances of noncompliance with the BSC program guidelines were noted:	Moderate	Require purchasing cardholders, reconcilers and approvers to attend BSC-provided PCard training; and emphasize the importance of complying with purchasing guidelines, University policy, and state regulations.	We concur, cardholder and reconciler will be required to complete BSC PCard training.	J. Carlos Hernandez, Vice President for Finance and Administration/CFO	8/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-003 HSC	Governance and Regulatory Compliance	Annual UNTHSC Investment Review	UNTHSC	Overall, we found that investments were safeguarded, diversified, and provided sufficient liquidity to meet the reasonable anticipated financial needs of the UNTHSC. UNTHSC is in compliance with the Public Funds Investment Act (PFIA) and the state higher education investment reporting requirements.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2013	13-004 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program	UNTHSC	All expenditures were in compliance with the guidelines and were properly classified on the Annual Report for the fiscal year ended August 31, 2012. All THECB funds appropriated to UNTHSC were received and accounted for in accordance with the THECB guidelines.	NA	None	NA	NA	NA	N/A

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2013	13-004 UNT	Governance and Regulatory Compliance	President's Expenditures Review	UNT	Overall, the President's travel, business and entertainment, and employment compensation comply with the employment agreement and UNT/System Policies. Expenditures appear to be reasonable, appropriate, and well documented to provide assurance as to their business purposes.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2013	13-005 UNT	Governance and Regulatory Compliance	Student-Managed Investment Fund Review	UNT	Annual Audit – The Student Investment Group did not ensure that an annual audit was performed by UNT accounting majors as required by the donor agreement.	Moderate	Establish an audit committee and ensure an annual audit is performed.	Chair of FIREL will meet with the chair of the Department of Accounting to discuss means of encouraging participation in SIG and the audit function by accounting majors. Implementation and compliance rests ultimately with the members of the SIG.	Marcia, Staff, Chair of Finance, Insurance, Real Estate and Law	8/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-005 UNT	Governance and Regulatory Compliance	Student-Managed Investment Fund Review	UNT	Annual Audit – The Student Investment Group did not ensure that an annual audit was performed by UNT accounting majors as required by the donor agreement.	Moderate	Develop strategies to engage accounting and auditing students to perform the annual audit.	Chair of FIREL will meet with the chair of the Department of Accounting to discuss means of encouraging participation in SIG and the audit function by accounting majors. Implementation and compliance rests ultimately with the members of the SIG.	Marcia, Staff, Chair of Finance, Insurance, Real Estate and Law	8/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-005 UNT	Governance and Regulatory Compliance	Student-Managed Investment Fund Review	UNT	Annual Audit – The Student Investment Group did not ensure that an annual audit was performed by UNT accounting majors as required by the donor agreement.	Moderate	Consult with the advisor and accounting faculty to determine incentives that could be offered to encourage student participation in the annual audit.	Chair of FIREL will meet with the chair of the Department of Accounting to discuss means of encouraging participation in SIG and the audit function by accounting majors. Implementation and compliance rests ultimately with the members of the SIG.	Marcia, Staff, Chair of Finance, Insurance, Real Estate and Law	8/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-005 UNT	Governance and Regulatory Compliance	Student-Managed Investment Fund Review	UNT	Maintaining Records – The Student Investment Group did not record and retain meeting minutes and voting records.	Moderate	The Student Investment Group should record and retain meeting minutes, including voting records.	Chair of FIREL will work with the SIG to develop a template for SIG meetings, including voting records. Implementation and compliance rests ultimately with the members of the SIG.	Marcia, Staff, Chair of Finance, Insurance, Real Estate and Law	8/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-005 UNT	Governance and Regulatory Compliance	Student-Managed Investment Fund Review	UNT	Quarterly Reports – Quarterly reports contained inaccuracies related to expenses and revenues and were not completed timely.	Moderate	Consult with the faculty advisor to gain an understanding on how to properly report expenses and revenues in the quarterly reports.	The Chair of FIREL will continue to remind SIG leaders prior to the due dates of the reports. Reports will be signed by the preparer and one SIG officer. Implementation and compliance rests ultimately with the members of the SIG.	Marcia, Staff, Chair of Finance, Insurance, Real Estate and Law	7/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-005 UNT	Governance and Regulatory Compliance	Student-Managed Investment Fund Review	UNT	Quarterly Reports – Quarterly reports contained inaccuracies related to expenses and revenues and were not completed timely.	Moderate	Develop a process to ensure reports are completed timely.	The Chair of FIREL will continue to remind SIG leaders prior to the due dates of the reports. Reports will be signed by the preparer and one SIG officer. Implementation and compliance rests ultimately with the members of the SIG.	Marcia, Staff, Chair of Finance, Insurance, Real Estate and Law	7/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-005 UNT	Governance and Regulatory Compliance	Student-Managed Investment Fund Review	UNT	Quarterly Reports – Quarterly reports contained inaccuracies related to expenses and revenues and were not completed timely.	Moderate	Establish an audit committee to assist in preparing and reviewing the reports.	The Chair of FIREL will continue to remind SIG leaders prior to the due dates of the reports. Reports will be signed by the preparer and one SIG officer. Implementation and compliance rests ultimately with the members of the SIG.	Marcia, Staff, Chair of Finance, Insurance, Real Estate and Law	7/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-006 HSC	Academic and Students	Financial Aid Review	UNTHSC	Overall, the Office of Financial Aid (OFA) has appropriate procedures and controls in place to comply with the UNTHSC policies, state laws and the U.S. Department of Education regulations.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2013	13-008 HSC	Academic and Students	Student Finance Review	UNTHSC	Overall, the Office of Student Finance has appropriate procedures and controls in place to comply with the UNTHSC policies and state laws.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2013	13-009 HSC	Information Technology	Meaningful Use Stage 1 Attestation Review	UNTHSC	Overall, UNTHSC appropriately documented and attested to Meaningful Use Stage 1 requirements as defined by CMS & TMHP. No observations were made during the review that required management action.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2013	13-010 UNT	Finance	UNT Dining Services A/P Audit	UNT	UNT Dining Services is not verifying that they have been billed in accordance with the contract terms with Ben E. Keith.	Moderate	Implement a process and procedure to audit the Ben E. Keith invoices to verify that UNT is billed in accordance with the contract terms.	We will be conducting periodic audits of the Ben E. Keith invoices and verifying the 6.5% margin is being enforced.	Suzan Cruz, Business Manager	2/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-010 UNT	Finance	UNT Dining Services A/P Audit	UNT	UNT Dining Services is not scanning its Retail Dining Service invoices and supporting documentation as required by the Delegated Voucher Payable Agreement with the UNT System Business Service Center.	Low	Develop a procedure to scan Retail Dining Service invoices.	We are committed to completing the suggested electronic/scan Retail invoices as requested. We will be contacting our Retail Vendors and discussing the changes that are required by the University with regards to electronic/scanned invoicing and how we can streamline a process that will work for both parties.	Suzan Cruz, Business Manager	9/1/2014	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2013	13-012 UNT	Academic and Students	Space Planning Review	UNT	OSMP has not completed a Space Inventory Survey since 2009 which was conducted by Facilities.	Moderate	Suggested Management Action for Director of Office of Space Management and Planning: Conduct periodically a Space Inventory Survey preferably annually if possible, and update information into the Space Management System data base in order to ensure that information recorded in the data base is complete and accurate.	Agreed at time of observation however Survey is currently in progress. OSMP has invested more than a year in discovery, specification and development of an expanded and more robust system that will not only allow us to complete a yearly space survey but will enable UNT to collect and disseminate valuable data that will benefit Research Services, the Registrar, Facilities, Risk Management, HR, Classroom Support, Asset Management and virtually every other unit on campus. Additional auditee comments: OSMP currently maintains the data for and completes THECB and Federal required reporting for the UNT Denton and Dallas campuses as well as some of the space occupied by the System. The combined total of approximately 7.3 million square feet of space, according to industry standards for staff required for CAFM systems, should require 3-4 people full time to maintain it after initial setup. At this time OSMP has 1 FTE dedicated to the role of system development project management and maintenance of all space data.	Cheryl Benningfield, Space Inventory Manager	4/26/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-012 UNT	Academic and Students	Space Planning Review	UNT	UNT has only one employee who is fully knowledgeable in using and maintaining the Space Management System data base.	Moderate	Suggested Management Action for Director of Office of Space Management and Planning: Provide appropriate training to another employee in order to ensure continuity of the Space Management System.	Agreed. Although Jessica, the Office Manager has taken several training classes since May, the complexity and certain administrative rights of the Space Management System make training of existing regular staff difficult. Each member of the current OSMP staff has a full time position and associated workload and only one person's position includes the responsibility for the system. The amount of training and ongoing use that would be required to achieve competence in the maintenance of the system does not lend itself to an "additional duties as assigned" task or one that is a part-time on occasion role. Additional auditee comments: The need for additional personnel to be trained as well as another FTE for the Space Management System is crucial especially if our office is expected to continue State reporting for the UNT Dallas and System campuses. The addition of the new Law School, Shared Services under the System, and UNT Dallas campus failing their THECB space audit, cannot be achieved with the current staff in OSMP. We will need one additional FTE in order to address these critical issues.	Cheryl Benningfield, Space Inventory Manager	5/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-012 UNT	Academic and Students	Space Planning Review	UNT	OSMP does not have detailed operational written procedures addressing the assignment and re-assignment of University space.	Low	Suggested Management Action for Director of Office of Space Management and Planning: Develop detailed written departmental procedures, outlining the OSMP operational processes and controls.	Agreed at time of observation however certain written procedures have since been written. 1. OSMP now has written procedures for communications and processes concerning the Space Assessment Committee and Administration approval/non-approval of such requests. 2. Detailed written procedures have been completed for the Space Inventory Survey process and were published online in April, 2013. Additional written OSMP operational procedures have been identified and are being developed at this time.	Jessica Shumate, Office Manager	12/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-017 UNT	Academic and Students	Parking Services Review	UNT	Parking Meters - Parking operations does not have adequate controls over parking meter receipts. Under current procedures employee theft could occur and remain undetected. Reported Receipts from meter parking for fiscal year 2012 were $448,884.	High	Parking and Transportation Services management should consider the following management actions: Do not provide keys to personnel responsible for collection of receipts which will allow them access to those receipts.	1.Agreed. Individuals collecting each meters locked storage container do not have access to the container. Once the coinage is dumped into the larger locked collection container via a mechanical process the meter coinage collection container is returned to the meter. The locked collection container is then returned to the Parking Office when collections are complete. The individuals collecting the coinage do not have access to the locked collection container.	Geary L. Robinson, Ph.D., CAPP Director, Parking and Transportation Services	6/30/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-017 UNT	Academic and Students	Parking Services Review	UNT	Parking Meters - Parking operations does not have adequate controls over parking meter receipts. Under current procedures employee theft could occur and remain undetected. Reported Receipts from meter parking for fiscal year 2012 were $448,884.	High	Reconcile revenue recorded in the Meter Manager system to deposit bank receipts.	Agreed. Revenue will be recorded and entered in the Meter Manager System. Upon receiving the bank deposit receipts they will be used to reconcile the revenue recorded in the Meter Manager system.	Geary L. Robinson, Ph.D., CAPP Director, Parking and Transportation Services	12/31/2013	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2013	13-017 UNT	Academic and Students	Parking Services Review	UNT	Written Procedures - The Parking Office does not have written procedures addressing major business processes.	Moderate	Parking and Transportation Services management should consider the following management action: Develop detailed written procedures for applicable departmental business processes.	Agreed. Written procedures are being developed addressing the collection, recording, depositing, and reconciliation of parking revenue. The written procedures being drafted for the Parking and Transportation Services operations will provide consistency, and guidance with regards to established University and departmental controls and procedures. Additional auditee comments: The parking office previously had written procedures and prior managers had been directed to update those procedures to maintain consistency with UNT policies and maintain accountability within the operation. Management within the operation was realigned and a new Director was recruited and hired effective January 2013.	Geary L. Robinson, Ph.D., CAPP Director, Parking and Transportation Services	12/31/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-017 UNT	Academic and Students	Parking Services Review	UNT	The following equipment at the Union Circle garage facility is either inoperable or not fully operable since May 2012. •West Exit Booth – not operable, no power pad to perform transactions, currently out for repair. •West Exit Verifier (stand- alone equipment) – not operable, Internal Power Pad needs repair. In addition, access card reader not operable. •Middle Exit Booth – partly operable, Power Pad is able to process locally, however the local system has lost the ability to communicate information to the Scan Net data base. •Pay-Station Equipment – not operable, Power Pad needs repair.	Moderate	Evaluate and determine Parking garage operational and reporting needs.	Agreed. Parking and Transportation Services has evaluated and determined the Parking garage operational and reporting needs.	Geary L. Robinson, Ph.D., CAPP Director, Parking and Transportation Services	1/31/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-017 UNT	Academic and Students	Parking Services Review	UNT	The following equipment at the Union Circle garage facility is either inoperable or not fully operable since May 2012. •West Exit Booth – not operable, no power pad to perform transactions, currently out for repair. •West Exit Verifier (stand- alone equipment) – not operable, Internal Power Pad needs repair. In addition, access card reader not operable. •Middle Exit Booth – partly operable, Power Pad is able to process locally, however the local system has lost the ability to communicate information to the Scan Net data base. •Pay-Station Equipment – not operable, Power Pad needs repair.	Moderate	Determine whether to either maintain current garage operational systems and repair necessary equipment, or replace applicable equipment and/or software to meet the expectations and needs of the University parking garage operations.	Agreed. PTS is working with our software provider T2 Systems, Inc. to develop a plan to maintain current garage operational systems and repair necessary equipment. The plan will include replacing applicable equipment and software to meet the expectations and needs of the University parking garage operations.	Geary L. Robinson, Ph.D., CAPP Director, Parking and Transportation Services	1/31/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-017 UNT	Academic and Students	Parking Services Review	UNT	There is no reconciliation of the physical inventory of permits kept in the office to permits sold.	Moderate	Maintain a physical inventory record of permits with cumulative balances noting beginning balances, purchased additions, and permit removals for each type of parking permit stored and locked in the storage-cage area and also for permits maintained in the cabinet in the front sales area.	Agreed. The maintaining of the physical inventory record of permits with cumulative balances noting beginning balances, purchased additions, and permit removals for each type of parking permit stored and locked in the storage-cage area and also for permits maintained in the cabinet in the front sales area is being developed.	Geary L. Robinson, Ph.D., CAPP Director, Parking and Transportation Services	10/31/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-017 UNT	Academic and Students	Parking Services Review	UNT	There is no reconciliation of the physical inventory of permits kept in the office to permits sold.	Moderate	Reconcile office inventoried permit usage to office sales documentation.	PTS will reconcile office inventoried permit usage to office sales documentation	Geary L. Robinson, Ph.D., CAPP Director, Parking and Transportation Services	10/31/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-017 UNT	Academic and Students	Parking Services Review	UNT	Parking Office credit card receipts are not being reconciled to source transaction activity recorded in the T-2 and Scan-Net systems.	Moderate	Reconcile Parking Office credit card receipts to original source transaction activity. Implementation will ensure that credit card revenues are recorded and reconciled to transaction source documentation.	Agreed. PTS will reconcile Parking Office credit card receipts to original source transaction activity.	Geary L. Robinson, Ph.D., CAPP Director, Parking and Transportation Services	10/31/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-023 UNT	Academic and Students	Enrollment Management Audit	UNT	None of the departments that process cash receipts were in compliance with UNT Policy 2.1.10.1 Cash Controls. Two departments had no written procedures and two other departments had inadequate written procedures.	Moderate	Revise cash handling written procedures to include, but not limited to: • a reconciliation process; • authorization of persons (named) to collect cash; • separation of duties; and • maintenance of cash receipts logs	We will follow-through with the suggestion management action plan.	Dr. Elizabeth With, Vice President for Student Affairs	9/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-023 UNT	Academic and Students	Enrollment Management Audit	UNT	None of the departments that process cash receipts were in compliance with UNT Policy 2.1.10.1 Cash Controls. Two departments had no written procedures and two other departments had inadequate written procedures.	Moderate	Request assistance and a review by Student Accounting and University Cashiering Services.	We will follow-through with the suggestion management action plan.	Dr. Elizabeth With, Vice President for Student Affairs	9/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-023 UNT	Academic and Students	Enrollment Management Audit	UNT	The Student Financial Aid and Scholarships department does not redact bank account information on checks before scanning into Image Now.	Low	Amend the check receipting process to include redacting the bank account number and bank routing number before scanning into Image Now.	We will follow-through with the suggestion management action plan.	Dr. Elizabeth With, Vice President for Student Affairs	9/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-028 DAL	Academic and Students	UNT Dallas Facilities Certification Review	UNT Dallas	Overall, based on the results of procedures performed, the facilities development projects and acquisitions of real property complied with rules established by the Texas Administrative Code and within the parameters specified in the project applications that were submitted to THECB.	NA	None	NA	NA	NA	N/A

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2013	13-016 UNT	Finance	UNT Endowment Review Audit	UNT	Students received scholarships from the Texas Apartment Association (TAA) that were not processed through the Office of Student Financial Aid and Scholarships (SFAS). Students enrolled in the Residential Property Management (RPM) degree program offered by the Department of Finance, Insurance, Real Estate and Law (FIREL) are eligible to apply for a scholarship from the TAA. Scholarships awarded by TAA are sent directly to the student. Consequently, the awards are not processed through SFAS.	Low	Recommendations for Chair of the FIREL Department: Coordinate with the Office of Financial Aid to determine if receipt of the TAA scholarships resulted in any over-awards in federal financial aid and if so, adjustments should be resolved and reported as required. Implementation will provide assurance that scholarships awarded by the Texas Apartment Association will be coordinated and processed through the Office of Student Financial Aid and Scholarships; compliance with Federal Regulations, University policy, SFAS guidelines, and MOU requirements will be achieved; and the overall control environment will be strengthened.	2: The donor established its own nonprofit organization to provide scholarships to students and makes the awards totally independent of the University. Management has no direct knowledge of which students receive the scholarships or in what amounts. To the best of management's knowledge and belief, the funds are paid directly to the students. However, management has no direct knowledge of any such receipt. Since the scholarships are provided by an independent third party, students are required to report the scholarship amounts to SFAS. Management is not aware of any mechanism by which it is required to and/or can report scholarships made by third parties to UNT students of which management has no direct knowledge. Management agrees to consult with the UNT Office of Financial Aid to determine University policy and procedures related to any required reporting of scholarships made to UNT students by third parties when the award is not made by the department or program and is administered by an independent third party. Management agrees to comply with the policies and procedures prescribed by the Office of Financial Aid.	Marcia J. Staff, Chair, FIREL	1/27/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-016 UNT	Finance	UNT Endowment Review Audit	UNT	The scholarship committee waived the minimum 3.25 GPA requirement to award a scholarship to a student.	Low	Recommendations for Director of the Professional Leadership Program (PLP): Administer endowment distributions in accordance with provisions of the MOU.	We agree that the procedure was not followed, although the donor was consulted for approval. 3. We will consult the UNT General Counsel to determine whether corrective action is needed for the award that was made.	Marilyn K. Wiley, Senior Associate Dean, College of Business	3/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-016 UNT	Finance	UNT Endowment Review Audit	UNT	The scholarship committee waived the minimum 3.25 GPA requirement to award a scholarship to a student.	Low	Recommendations for Director of the Professional Leadership Program (PLP): Obtain documented approval (agreement) from stakeholders (donor, university, students, faculty, staff) as appropriate before modifying the provisions of an existing MOU. Generally, the approval should be documented in the same form as the original agreement.	We agree that the procedure was not followed, although the donor was consulted for approval. 4. We will call a meeting including the donor, the PLP director and the PLP assistant director to discuss compliance for future awards and whether MOU modifications are needed, and document the results of the meeting.	Marilyn K. Wiley, Senior Associate Dean, College of Business	3/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-016 UNT	Finance	UNT Endowment Review Audit	UNT	The scholarship committee waived the minimum 3.25 GPA requirement to award a scholarship to a student.	Low	Recommendations for Director of the Professional Leadership Program (PLP): Consult with Legal Counsel to determine if any or what corrective action needs to be taken. Implementation will provide assurance that stakeholders will be made aware of modifications to the gift agreement; compliance with provisions of the gift agreement will be achieved; potential loss of endowment funds and other gifts will be minimized; strained relations between donors and the University, which might affect future gifts will be deterred; and negative publicity and damage to the University's reputation will be prevented.	We agree that the procedure was not followed, although the donor was consulted for approval. 5. In the future, the PLP director and staff will work closely with the Dean's office to be sure that all scholarships are appropriately awarded in compliance with the MOU provisions.	Marilyn K. Wiley, Senior Associate Dean, College of Business	3/1/2014	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2013	13-002 DAL	Finance	Finance and Administration Expense Review	UNT Dallas	Numerous instances of non-compliance were noted regarding travel, reimbursement, and PCard transactions. For the travel and reimbursements transactions reviewed totaling approximately $11,000 (FY 2011, 2012, and 2013), Internal Audit observed the following: •The Request to Travel (RTT) form was not consistently present, signed, and/or complete (11instances); •Receipts were not consistently provided and were missing (22 instances); and, •Supporting documentation was unorganized and/or not retained. In general, Internal Audit observed numerous business related meals, books, and electronic accessories purchased and subsequently reimbursed. For PCard transactions reviewed totaling approximately $135,000 (January 2012 – April 2013), Internal Audit also observed the following: •Food and Beverage Purchase justifications forms not consistently used (27 instances); •Exception Request Forms not used for restricted purchases (three instances); •Split purchases were observed (six instances totaling approximately $12,000); •Restricted purchases observed such as recurring satellite cable provider and security system bills and notary fees (three instances); •Sales tax was charged (11 instances); and •Monthly PCard statement was not reconciled and/or reviewed timely, and did not consistently evidence review by signature of	Moderate	Suggested Management Actions for the Vice President for Finance and Administration/CFO: Review the PCard guidelines with cardholders, reconcilers, and approvers to help ensure compliance. Ensure all parties understand their responsibilities. BSC provided training should be attended to understand any changes or updated to the process.	We concur. PCard holder and reconciler will attend BSC PCard training and will document expectation that cardholder will comply with BSC policies and procedures. Reconciler will monitor utilization trends and notify management of activity that should be transitioned to requisition process. The campus will ensure compliance with BSC polices related to travel and business related reimbursements instead of establishing separate practices.	J. Carlos Hernandez, Vice President for Finance and Administration/CFO	12/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-002 DAL	Finance	Finance and Administration Expense Review	UNT Dallas	Numerous instances of non-compliance were noted regarding travel, reimbursement, and PCard transactions. For the travel and reimbursements transactions reviewed totaling approximately $11,000 (FY 2011, 2012, and 2013), Internal Audit observed the following: •The Request to Travel (RTT) form was not consistently present, signed, and/or complete (11instances); •Receipts were not consistently provided and were missing (22 instances); and, •Supporting documentation was unorganized and/or not retained. In general, Internal Audit observed numerous business related meals, books, and electronic accessories purchased and subsequently reimbursed. For PCard transactions reviewed totaling approximately $135,000 (January 2012 – April 2013), Internal Audit also observed the following: •Food and Beverage Purchase justifications forms not consistently used (27 instances); •Exception Request Forms not used for restricted purchases (three instances); •Split purchases were observed (six instances totaling approximately $12,000); •Restricted purchases observed such as recurring satellite cable provider and security system bills and notary fees (three instances); •Sales tax was charged (11 instances); and •Monthly PCard statement was not reconciled and/or reviewed timely, and did not consistently evidence review by signature of reconciler and/or Dept ID approver (16 instances).	Moderate	Suggested Management Actions for the Vice President for Finance and Administration/CFO: Clearly delineate responsibilities to designees who process travel, reimbursements, and PCard transactions. Ensure the processors understand their responsibilities, and have an established method for complying with guidelines and expectations.	We concur. PCard holder and reconciler will attend BSC PCard training and will document expectation that cardholder will comply with BSC policies and procedures. Reconciler will monitor utilization trends and notify management of activity that should be transitioned to requisition process. The campus will ensure compliance with BSC polices related to travel and business related reimbursements instead of establishing separate practices.	J. Carlos Hernandez, Vice President for Finance and Administration/CFO	12/1/2013	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2013	13-002 DAL	Finance	Finance and Administration Expense Review	UNT Dallas	Numerous instances of non-compliance were noted regarding travel, reimbursement, and PCard transactions. For the travel and reimbursements transactions reviewed totaling approximately $11,000 (FY 2011, 2012, and 2013), Internal Audit observed the following: •The Request to Travel (RTT) form was not consistently present, signed, and/or complete (11instances); •Receipts were not consistently provided and were missing (22 instances); and, •Supporting documentation was unorganized and/or not retained. In general, Internal Audit observed numerous business related meals, books, and electronic accessories purchased and subsequently reimbursed. For PCard transactions reviewed totaling approximately $135,000 (January 2012 – April 2013), Internal Audit also observed the following: •Food and Beverage Purchase justifications forms not consistently used (27 instances); •Exception Request Forms not used for restricted purchases (three instances); •Split purchases were observed (six instances totaling approximately $12,000); •Restricted purchases observed such as recurring satellite cable provider and security system bills and notary fees (three instances); •Sales tax was charged (11 instances); and •Monthly PCard statement was not reconciled and/or reviewed timely, and did not consistently evidence review by signature of	Moderate	Suggested Management Actions for the Vice President for Finance and Administration/CFO: Review trends in PCard usage and continue to move expenses to the normal purchase order process for transactions that recur, that have an associated contract, or need to have an updated contract with the vendor. Continue to work with the BSC staff to identify required or suggested transaction changes.	We concur. PCard holder and reconciler will attend BSC PCard training and will document expectation that cardholder will comply with BSC policies and procedures. Reconciler will monitor utilization trends and notify management of activity that should be transitioned to requisition process. The campus will ensure compliance with BSC polices related to travel and business related reimbursements instead of establishing separate practices.	J. Carlos Hernandez, Vice President for Finance and Administration/CFO	12/1/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-002 DAL	Finance	Finance and Administration Expense Review	UNT Dallas	Numerous instances of non-compliance were noted regarding travel, reimbursement, and PCard transactions. For the travel and reimbursements transactions reviewed totaling approximately $11,000 (FY 2011, 2012, and 2013), Internal Audit observed the following: •The Request to Travel (RTT) form was not consistently present, signed, and/or complete (11instances); •Receipts were not consistently provided and were missing (22 instances); and, •Supporting documentation was unorganized and/or not retained. In general, Internal Audit observed numerous business related meals, books, and electronic accessories purchased and subsequently reimbursed. For PCard transactions reviewed totaling approximately $135,000 (January 2012 – April 2013), Internal Audit also observed the following: •Food and Beverage Purchase justifications forms not consistently used (27 instances); •Exception Request Forms not used for restricted purchases (three instances); •Split purchases were observed (six instances totaling approximately $12,000); •Restricted purchases observed such as recurring satellite cable provider and security system bills and notary fees (three instances); •Sales tax was charged (11 instances); and •Monthly PCard statement was not reconciled and/or reviewed timely, and did not consistently evidence review by signature of	Moderate	Suggested Management Actions for the Vice President for Finance and Administration/CFO: Continue to develop and refine campus specific policies related to travel and business related reimbursements for all employees. This could include limits and or detailed expectations on business meals and other business related purchases. Implementation of these suggested actions will help assure compliance with PCard guidelines, as well as improve the overall control environment in the UNT Dallas Finance and Administration Office and campus.	We concur. PCard holder and reconciler will attend BSC PCard training and will document expectation that cardholder will comply with BSC policies and procedures. Reconciler will monitor utilization trends and notify management of activity that should be transitioned to requisition process. The campus will ensure compliance with BSC polices related to travel and business related reimbursements instead of establishing separate practices.	J. Carlos Hernandez, Vice President for Finance and Administration/CFO	12/1/2013	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2013	13-008 UNT	Governance and Regulatory Compliance	NCAA Compliance Review – Eligibility Certification	UNT	The review and testing of operational processes and controls indicated that business procedures and controls pertaining to the determination of student-athlete eligibility certification are effective and operating as intended. For the sample tested, information recorded and maintained to determine student athlete eligibility for the Fall 2012 and Spring 2013 semesters was accurate. The Office of the Registrar and the Athletics department are proactive in ensuring that the University has complied with NCAA eligibility requirements and maintain accurate information used in determining student-athlete eligibility. Meetings are often held between the two departments to ensure UNT compliance. The Office of the Registrar recently developed a control schedule called "Student Athlete Checklist for Continuing Students" to assist in documenting that NCAA requirements have been met. Internal Audit noted a need to improve the recording of signatures and dates on some supporting documentation; this was discussed during the Exit Meeting.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2013	13-010 UNT	Finance	UNT Dining Services A/P Audit	UNT	UNT Dining Services is not verifying that they have been billed in accordance with the contract terms with Ben E. Keith. Ben E. Keith, Dining Services main food vendor, is required to bill Dining Services the identical amount that Ben E. Keith pays for food products purchased from other vendors. On top of this amount, Ben E. Keith is allowed to charge a profit margin, not greater than 6.5%. The method by which the margin is calculated is detailed in the contract. Currently, in processing payments to Ben E. Keith, Dining Services is not verifying that the 6.5% margin has been calculated correctly and in accordance with the contract terms. Also, the contract includes a right to audit clause so that UNT can verify that it has been charged the same amount that Ben E. Keith has paid. Dining Services has never exercised this option.	Moderate	Suggested Management Action for the Executive Director of Dining Services: 1. Implement a process and procedure to audit the Ben E. Keith invoices to verify that UNT is billed in accordance with the contract terms. Implementation will provide assurance that UNT Dining Services is verifying and paying no more than the agreed six and one half percent (6.5%) margin.	We will be conducting periodic audits of the Ben E. Keith invoices and verifying the 6.5% margin is being enforced.	Suzan Cruz, Business Manager	2/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-015 UNT	Research	Restricted Research Review	UNT	Expenditures for one research project were not included in the 2012 annual report to the Texas Higher Education Coordinating Board. (THECB). At the time of initial setup, a research project was inadvertently assigned a National Association of College and University Business Officers (NACUBO) class code that identified the project as public service instead of restricted research in the University's general ledger (GL) system. Subsequently, when restricted research expenditures data were extracted from the GL to report to the THECB, expenditures for the project coded as public service were not included.	Moderate	Suggested Management Action for the Director of the Office of Research Services: 1. Develop a process to match and reconcile restricted research awards with corresponding restricted research expenditures prior to reporting to the THECB or other regulatory entities. Implementation will provide assurance that restricted research awards are accurately matched or reconciled to restricted research expenditures prior to reporting to the THECB.	Develop and use a control report on a consistent basis to ensure that NACUBO class coding for restricted research awards matches corresponding reporting for restricted research expenditures.	Britt Krhovjak, Assistant Director for Research Accounting	11/30/2013	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-007 HSC	Academic and Students	School of Health Professions Review Audit	UNTHSC	UNTHSC does not have comprehensive policies and/or procedures for cash handling. While the Office of Accounting has a cash handling procedure, it does not give specific detail on maintaining of cash balances in a department (i.e. maintaining a record of custody, entrance procedures for a safe, distribution of cash payments, and independent reconciliation). The following was observed regarding cash handling in the SHP: • The department withdraws cash to pay research/simulated patients a fee for participation in a study of class. After the cash is provided to the SHP, no record of custody is maintained when cash is passed from one employee to another. • There was no log showing entrance into the safe where these funds were kept. • Funds were not in the location indicated on the 'Research Participation Custodial Agreement' form. • Large cash balances were withdrawn and held for periods exceeding three months. In our sample of withdrawals for research or training patients, three institutionally funded projects had cash outstanding of $16,190.	Moderate	Suggested Management Action For Controller and Chief Budget Officer: Develop comprehensive cash handling policies and/or procedures that ensure cash is safeguarded. The procedure should include processes for: Maintaining a chain of custody, storing cash in a safe, entrance into the safe, disbursing cash to patients, returning all unused funds, and establishing an independent reconciliation.	Management agrees that UNTHSC does not have comprehensive procedure for cash handling, although there is a procedure for handling petty cash. Management will develop a general policy for instances that are outside the scope of petty cash. The suggestion will be made to the BSC Director of Purchasing to add instructions regarding securing funds to the simulated patient and research participant procedures.	Kim Schaade, Associate Controller	1/31/2014	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2013	13-007 HSC	Academic and Students	School of Health Professions Review Audit	UNTHSC	UNTHSC does not have comprehensive policies and/or procedures for cash handling. While the Office of Accounting has a cash handling procedure, it does not give specific detail on maintaining of cash balances in a department (i.e. maintaining a record of custody, entrance procedures for a safe, distribution of cash payments, and independent reconciliation). The following was observed regarding cash handling in the SHP: • The department withdraws cash to pay research/simulated patients a fee for participation in a study of class. After the cash is provided to the SHP, no record of custody is maintained when cash is passed from one employee to another. • There was no log showing entrance into the safe where these funds were kept. • Funds were not in the location indicated on the 'Research Participation Custodial Agreement' form. • Large cash balances were withdrawn and held for periods exceeding three months. In our sample of withdrawals for research or training patients, three institutionally funded projects had cash outstanding of $16,190.	Moderate	Suggested Management Action For Controller and Chief Budget Officer: Ensure the cash handling policies and/or procedures are distributed to all department personnel handling cash.	Management agrees that UNTHSC does not have comprehensive procedure for cash handling, although there is a procedure for handling petty cash. Management will develop a general policy for instances that are outside the scope of petty cash. The suggestion will be made to the BSC Director of Purchasing to add instructions regarding securing funds to the simulated patient and research participant procedures.	Kim Schaade, Associate Controller	1/31/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-007 HSC	Academic and Students	School of Health Professions Review Audit	UNTHSC	UNTHSC does not have comprehensive policies and/or procedures for cash handling. While the Office of Accounting has a cash handling procedure, it does not give specific detail on maintaining of cash balances in a department (i.e. maintaining a record of custody, entrance procedures for a safe, distribution of cash payments, and independent reconciliation). The following was observed regarding cash handling in the SHP: • The department withdraws cash to pay research/simulated patients a fee for participation in a study of class. After the cash is provided to the SHP, no record of custody is maintained when cash is passed from one employee to another. • There was no log showing entrance into the safe where these funds were kept. • Funds were not in the location indicated on the 'Research Participation Custodial Agreement' form. • Large cash balances were withdrawn and held for periods exceeding three months. In our sample of withdrawals for research or training patients, three institutionally funded projects had cash outstanding of $16,190.	Moderate	Suggested Management Action For Controller and Chief Budget Officer: Update departmental cash handling procedures to follow policies and/or procedures developed by the Office of Accounting.	Management Agrees and will ensure that each department has written procedures for handling cash. The suggestions mentioned in Item #4 will be included in the guidelines that the school will present prior to February 28, 2014.	Syndi Espinoza, Assistant to the Chair (PT) Kim Williams, Assistant to the Chair (PA)	02/28,/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2013	13-007 HSC	Academic and Students	School of Health Professions Review Audit	UNTHSC	UNTHSC does not have comprehensive policies and/or procedures for cash handling. While the Office of Accounting has a cash handling procedure, it does not give specific detail on maintaining of cash balances in a department (i.e. maintaining a record of custody, entrance procedures for a safe, distribution of cash payments, and independent reconciliation). The following was observed regarding cash handling in the SHP: • The department withdraws cash to pay research/simulated patients a fee for participation in a study of class. After the cash is provided to the SHP, no record of custody is maintained when cash is passed from one employee to another. • There was no log showing entrance into the safe where these funds were kept. • Funds were not in the location indicated on the 'Research Participation Custodial Agreement' form. • Large cash balances were withdrawn and held for periods exceeding three months. In our sample of withdrawals for research or training patients, three institutionally funded projects had cash outstanding of $16,190.	Moderate	Suggested Management Action For Controller and Chief Budget Officer: Determine the funds needed for a three month period and return all excess funds to the original ProjIDs or DeptIDs. Implementation will protect staff members and cash by ensuring that cash is adequately safeguarded.	Management Agrees and will ensure that each department has written procedures for handling cash. The suggestions mentioned in Item #4 will be included in the guidelines that the school will present prior to February 28, 2014.	Syndi Espinoza, Assistant to the Chair (PT) Kim Williams, Assistant to the Chair (PA)	02/28,/2014	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2013	13-016 UNT	Finance	UNT Endowment Review Audit	UNT	Students received scholarships from the Texas Apartment Association (TAA) that were not processed through the Office of Student Financial Aid and Scholarships (SFAS). Students enrolled in the Residential Property Management (RPM) degree program offered by the Department of Finance, Insurance, Real Estate and Law (FIREL) are eligible to apply for a scholarship from the TAA. Scholarships awarded by TAA are sent directly to the student. Consequently, the awards are not processed through SFAS.	Low	Recommendations for Chair of the FIREL Department: Establish procedures to work in conjunction with the TAA to identify recipients of scholarships, ascertain the amount of each scholarship awarded, and direct scholarship payments to the Office of Student Financial Aid and Scholarships for coordination and processing; or consult with the donor, Office of General Counsel, and SFAS to amend the MOU so that the requirements conform to current practice.	1: Management agrees that the following portion of the MOU has not been implemented: "The University agrees to establish a RPM Program scholarship to be funded by the Donor, and to work in conjunction with the Donor to identity candidates and recipients for the scholarship." Since the donor chose to not fund the program, the University could not establish the program scholarship as described in the MOU. Since the program was never created, no scholarships were ever awarded as UNT RPM program scholarships. Management agrees to consult with the donor and the Office of General Counsel to amend the MOU to delete the reference in the statement quoted above.	Michael Braswell, TAA Professor and Marcia J. Staff, Chair, FIREL	3/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	13-027 UNT	Academic and Students	UNT Kristin Farmer Autism Audit	UNT	The UNT Kristin Farmer Autism Center's (KFAC) Business Plan does not appear to be achievable. The KFAC's Business Plan presents a detail cost structure for provided services as $5,500 per month per child, or $66,000 annually. KFAC was to service 40 children monthly generating an annual income of $2,640,000; however, the Center's capacity can only operate with 20 full-time and additional part-time clients. Additionally, there is no presentation or explanation of how these services will be paid by the client. Examples would include insurance coverage, partnering with local school districts, or scholarships.	High	Management Action for the Vice Provost for Academic Resources and Dean of the College of Education: Establish a team with the knowledge and expertise to evaluate the KFAC's Business Plan;	The Vice Provost for Academic Resources agrees with all the recommendations. 1. The Vice Provost for Academic Resources with the Dean of the College of Education to compose an evaluation team with the knowledge and expertise to evaluate the KFAC's Business Plan. This team will consist of members of UNT and the community who can help to advise on individual components of the plan.	Dr. Allen Clark, Vice Provost for Academic Resources	4/01/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	13-027 UNT	Academic and Students	UNT Kristin Farmer Autism Audit	UNT	The UNT Kristin Farmer Autism Center's (KFAC) Business Plan does not appear to be achievable. The KFAC's Business Plan presents a detail cost structure for provided services as $5,500 per month per child, or $66,000 annually. KFAC was to service 40 children monthly generating an annual income of $2,640,000; however, the Center's capacity can only operate with 20 full-time and additional part-time clients. Additionally, there is no presentation or explanation of how these services will be paid by the client. Examples would include insurance coverage, partnering with local school districts, or scholarships.	High	Management Action for the Vice Provost for Academic Resources and Dean of the College of Education: Assure that all sources of revenue have been identified and validated;	2. Assure that all sources of revenue have been identified and validated through the development of a funding model of service provided by the center.	Dr. Kevin Callahan, Executive Director of the Kristen Farmer Autism Center	4/01/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	13-027 UNT	Academic and Students	UNT Kristin Farmer Autism Audit	UNT	The UNT Kristin Farmer Autism Center's (KFAC) Business Plan does not appear to be achievable. The KFAC's Business Plan presents a detail cost structure for provided services as $5,500 per month per child, or $66,000 annually. KFAC was to service 40 children monthly generating an annual income of $2,640,000; however, the Center's capacity can only operate with 20 full-time and additional part-time clients. Additionally, there is no presentation or explanation of how these services will be paid by the client. Examples would include insurance coverage, partnering with local school districts, or scholarships.	High	Management Action for the Vice Provost for Academic Resources and Dean of the College of Education: Perform a cost/benefit analysis of the KFAC; and	The Vice Provost for Academic Resources agrees with all the recommendations. 3. A cost/benefit analysis will be included as part of the updated business plan.	Dr. Kevin Callahan, Executive Director of the Kristen Farmer Autism Center	4/01/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	13-027 UNT	Academic and Students	UNT Kristin Farmer Autism Audit	UNT	The UNT Kristin Farmer Autism Center's (KFAC) Business Plan does not appear to be achievable. The KFAC's Business Plan presents a detail cost structure for provided services as $5,500 per month per child, or $66,000 annually. KFAC was to service 40 children monthly generating an annual income of $2,640,000; however, the Center's capacity can only operate with 20 full-time and additional part-time clients. Additionally, there is no presentation or explanation of how these services will be paid by the client. Examples would include insurance coverage, partnering with local school districts, or scholarships.	High	Management Action for the Vice Provost for Academic Resources and Dean of the College of Education: Prepare a Memorandum of Understanding to document the financial funding agreements between the KFAC, the Provost Office and the University. Implementation will provide assurance that a thorough evaluation of future Centers and Institutes will be performed. Additionally, a cost/benefit analysis of the KFAC will be performed.	The Vice Provost for Academic Resources agrees with all the recommendations. 4. Prepare a Memorandum of Understanding to document the financial funding agreements between the KFAC, the Provost, and the University. A cost/benefit analysis will be included as part of the updated business plan.	Dr. Allen Clark, Vice Provost for Academic Resources	3/15/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-001 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program	UNTHSC	None	NA	None	NA	NA	NA	N/A

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Internal	UNT System Internal Audit	Fiscal Year 2014	14-001 UNT	Governance and Regulatory Compliance	NCAA Agreed Upon Procedures	UNT	We performed a limited review of the control environment related to football ticket sales. We noted weaknesses related to complimentary and student tickets. These weaknesses included a lack of procedures for complimentary tickets and no reconciliations of complimentary tickets or unsold student tickets.	NA	We recommend that the Athletics department strengthen the controls related to complimentary tickets (including student tickets), develop procedures relating to complimentary tickets which should include documentation of each complimentary ticket recipient, and perform reconciliations of complimentary and student tickets.	The athletic department agrees with a recommendation that additional steps can be taken to further assure reconciliation/security of comp/students tickets. The athletic department will: 1. On a weekly basis reconcile a. student tickets b. student athlete tickets 2. Work with Ticketmaster to assure that all protocols are in place to link personnel who can print or distribute comp tickets. 3. On a monthly basis, spot check and report on comp ticket distributions to assure proper approvals are in place.	Mike Ashbaugh, Troy Taylor	1/15/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-001 UNT	Governance and Regulatory Compliance	NCAA Agreed Upon Procedures	UNT	Future game guarantees are not accrued when contracts are executed.	NA	We recommend that game guarantees be accrued in the financial reporting period when the contracts are executed.	The athletic department agrees to create accounts receivable for game contracts. We will consult with Financial Reporting to record existing and future contracts using GAAP as a guideline for recording these amounts. The athletic department notes that in most cases the guaranteed amount in the event a scheduled contest is not played is not the same as the face value of the contract when the game is played. Again we will consult with Financial Reporting to determine the amount to be recorded.	Mike Ashbaugh	1/15/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-001 UNT	Governance and Regulatory Compliance	NCAA Agreed Upon Procedures	UNT	NCAA Bylaw 11.2.2, Athletically Related Income, requires annual reporting of all athletically related income and benefits from sources outside the institution. This reporting is to also be provided to the President. During the audit, Athletics did not have all required reports on file for fiscal year 2013. The forms were subsequently completed and no third-party compensation was received by the Athletics Department employees that met the criteria to be disclosed in the financial statements.	NA	We recommend that the Athletics Department develop a process for assuring that all reports are obtained and completed appropriately, and determine if any additional steps are necessary for this process to be fully compliant with NCAA Bylaw 11.2.2.	The athletic department has always collected all forms in a timely manner through the Compliance Office. This year due to a change in the Compliance Officer, all forms were not collected. To alleviate this from happening again the athletic department will: 1. Reinforce the responsibility of the Compliance Officer to create a list of staff required to submit forms. 2. Meet with staff and department personnel to get each form signed and recorded on an Excel spreadsheet. 3. Athletic Director and Senior Associate Athletic Director for Business Affairs will set calendar reminders to meet with Compliance Officer and complete certification two weeks prior to required submission date. Athletics notes that forms for 2011 and 2012 were requested after the review and all forms were provided immediately. This is reinforcement that our procedures under normal circumstances have been followed.	Rick Villarreal, Mike Ashbaugh, Scott Hobbs	1/15/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-001 UNT	Governance and Regulatory Compliance	NCAA Agreed Upon Procedures	UNT	Future game guarantees are not recorded when contracts are executed.	NA	We recommend that game guarantees be recorded when the contracts are executed.	We will consult with Financial Reporting to record existing and future contracts using GAAP as a guideline for recording these amounts. The athletic department notes that in most cases the guaranteed amount in the event a scheduled contest is not played is not the same as the face value of the contract when the game is played. Again we will consult with Financial Reporting to determine the amount to be recorded.	Mike Ashbaugh	1/15/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-001 UNT	Governance and Regulatory Compliance	NCAA Agreed Upon Procedures	UNT	Non-cash benefits for Athletic Department Employees -When recalculating a sample of the calendar year 2012 W-2s and reviewing other supporting documentation, temporary housing benefits for several of the recently hired coaches should be evaluated for inclusion on the employees' W-2s as taxable income.	NA	We recommend that any necessary corrections be made to prior year W-2's.	The UNT System BSC agrees and will review the documentation provided by Internal Audit.	Carol McFarland, BSC Tax Accountant	3/31/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-001 UNT	Governance and Regulatory Compliance	NCAA Agreed Upon Procedures	UNT	In calendar year 2011, the tax treatment for employee cell phone allowances and cell phone purchase reimbursements was changed entity-wide to a non-taxable allowance. However, procedures have not been established requiring documentation to ensure that the cell phone expense reimbursements do not exceed the employee's actual business expense and the reimbursement is provided for the IRS required business purposes. The current cell phone allowance policies are not consistent with the current tax-treatment and practices, and need to be revised.	NA	We recommend that the Vice President for Information Technology and CIO, in conjunction with the Business Service Center, review the current tax treatment practice for cell phone allowances and cell phone purchase reimbursements, and update the cell phone policy accordingly. Additionally, policy training to cell phone allowance recipients should be provided to ensure compliance with policy requirements.	The Vice Provost for Information Technology and CIO, in conjunction with the Business Service Center and IT Shared Services, will review the current tax treatment practice for cell phone allowances and cell phone purchase reimbursements and update the cell phone policy accordingly. Further, appropriate policy training for cell phone allowance recipients will be developed to ensure compliance with policy requirements.	John Hooper, UNT Vice Provost for Information Technology and CIO	9/1/2014	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2014	14-001 UNT	Governance and Regulatory Compliance	NCAA Agreed Upon Procedures	UNT	When recalculating a sample of the calendar year 2012 W-2s and reviewing other supporting documentation, an overstatement of wages in one employee's W-2 Box 1 wages was identified. After consulting with the Business Service Center (BSC), it was determined that a year-end adjustment was made twice for covered wages. The BSC will issue a W-2c reducing covered wages by $1,765.93.	NA	We recommend that the Business Service Center review the current process for making year-end adjustments to all employee wages to ensure that all wages reported on the Institutions' W-2s are accurate.	The UNT System BSC agrees	Carol McFarland, BSC Tax Accountant	3/31/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-001 UNT	Governance and Regulatory Compliance	NCAA Agreed Upon Procedures	UNT	During the review of recruiting policies, it was noted that no policy manual exists, just a collection of documents. These documents did not address recruiting expenses.	NA	We recommend that policies be developed specific to recruiting expenses to assist in assuring compliance with all NCAA regulations.	The Athletic Department currently has documented procedures given to every new coach upon arrival at the University. The department currently: 1. Has a training session with each coach or staff as hired to cover policies 2. Gives each coach a NCAA Rule Book which lists all applicable rules and bylaws 3. Provides a hardcopy and online file of department policies on travel and credit card use 4. Annually test coaches on rules The athletic department agrees to review other university policy manuals to strengthen our existing policies and manuals.	Rick Villarreal, Mike Ashbaugh, Patty Wells, Becky Hall, Scott Hobbs	8/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-001 UNT	Governance and Regulatory Compliance	NCAA Agreed Upon Procedures	UNT	During the review of team travel policies, it was noted that the policies specific to team travel do not address all relevant NCAA Bylaws.	NA	We recommend that the policies be reviewed and updated to assure all significant team travel NCAA regulations are addressed.	The Athletic Department currently has documented procedures given to every new coach upon arrival at the University. The department currently: 1. Has a training session with each coach or staff as hired to cover policies 2. Gives each coach a NCAA Rule Book which lists all applicable rules and bylaws 3. Provides a hardcopy and online file of department policies on travel and credit card use 4. Annually test coaches on rules The athletic department agrees to review other university policy manuals to strengthen our existing policies and manuals.	Rick Villarreal, Mike Ashbaugh, Patty Wells, Becky Hall, Scott Hobbs	8/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-001 UNT	Governance and Regulatory Compliance	NCAA Agreed Upon Procedures	UNT	During the course of the review, we noted that detailed supporting documentation for two transactions was not available. These transactions were journal entries prepared by Athletics Department staff to move an expense into one account from another.	NA	We recommend that Athletics retain detailed supporting documentation for all journal entries.	It is not the practice of the Athletic Department to process journal entries without proper backup documentation. To ensure in the future there are no journal entries without documentation the Athletic Department agrees to do the following: 1. Require documentation review on all transactions with spot department checks. 2. The Athletic Department will follow the policy set by Financial Reporting for journal entry documentation.	Mike Ashbaugh, Troy Taylors	1/15/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-001 UNT	Governance and Regulatory Compliance	NCAA Agreed Upon Procedures	UNT	One expense was not fully supported by the supporting documentation. A travel voucher was reimbursed at $11,306.45, however only $9,873.34 of that expense could be matched to travel receipts. However, the documentation submitted included an explanation that there were issues with the billing from the hotel. This voucher was for hotel charges for temporary housing for new coaches. This expense was reclassified from Other Operating Expenses to Coaching Salaries, Benefits and Bonuses Paid by the University and Related Entities	NA	We recommend that only expenses that can be supported by receipts be paid. Additionally, temporary housing expenses should be handled via a purchase order.	The supporting documentation reviewed was only the partial items available at the time of the filing of the expense report. The balance of the documentation was available during the next month's expense statements. In addition, this particular bill was problematic due to a breach in normal hotel billing policies; the proper receipts and accounting were not available from the hotel. Documentation of these irregularities, including e-mails from hotel management, was attached to expense report. Concerning the travel voucher, housing was supplied and required by the Athletic Department during the recruiting period. The reclassification of expenses is a necessary process due to a number of factors both in athletics and other departments. The athletic department will conduct a review of why reclassifications were required. The athletic department will continue to reduce the number of reclassifications by: 1. Performing monthly reviews of accounts and account numbers to insure better accuracy. 2. Review changes of account numbers made once transactions leave the athletic department.	Mike Ashbaugh, Troy Taylor	5/1/2014	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2014	14-001 UNT	Governance and Regulatory Compliance	NCAA Agreed Upon Procedures	UNT	Twenty-eight percent of the invoices reviewed in our samples were paid more than 30 days from the date of the invoice. Additionally, 10% of the invoices, totaling $167,126.10, spanned two fiscal years resulting in expenses reported in the wrong financial reporting period.	NA	We recommend that the Athletics Department assure that all invoices are paid in a timely manner and that goods and services are paid and expensed in the year in which the expense occurred.	The first two bills reviewed were those with the longest pay date. Both were found to be delinquent from the company's issuing, one that had been sold 13 months ago. The athletic department intends to review each of the specified bills that were late in payment to identify where the delays are taking place in order to make sure that all bills are paid within the terms listed from the vendor. This process will take some time but will be completed by the end of March. The athletic department will immediately take the following actions: 1. Will conduct thorough review of payment process from P.O. to payment and each step in between. 2. Review and check the statement date of each bill submitted for payment. 3. Retain records of dates bills are transmitted for payment to campus or the BSC.	Mike Ashbaugh, Troy Taylor, Clara Richard	1/15/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-001 UNT	Governance and Regulatory Compliance	NCAA Agreed Upon Procedures	UNT	It was noted during the course of the review that all journal template entries booked by the any UNT department, including the Athletic Department, are booked on the general ledger without inclusion and review of supporting documentation by Financial Reporting. The current process of booking journal entries is for an employee to submit a journal template to Financial Reporting for review that consists of an account type match and a budget check. It is expected that the department has and maintains the supporting documentation for every journal template entry submitted. Lack of review of supporting documentation can result in inappropriate, inaccurate journal entries and/or errors and discrepancies going undetected.	NA	We recommend that Financial Reporting develop a written standard for journal entry documentation and review the supporting documentation for journal entries.	The Controller's Office and Financial Reporting are developing a written standard for journal entry documentation that will require all submitted journals with line item amounts $5K and above to include appropriate supporting documentation that fully explains the journal being booked to the system. Supporting documentation for journals with line item amounts less than $5,000 will continue to be retained within the originating department in accordance with UNT's Records Management and Retention policy 10.10. This will require a culture change throughout campus and numerous training sessions.	Lee Miara, Associate Vice President for Finance and Controller	6/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-002 SYS	Governance and Regulatory Compliance	FY 2013 Investments Review Audit	UNT System	As of August 31, 2013, UNT reported an investment in both agency securities and Small Business Administration (SBA's) bonds, however; UNT System Regulation 08.2000 does not include these investments as authorized investments. These investments were authorized by the policy in effect at the time of purchase. In fiscal year 2013, no new securities were purchased and future purchases are not planned. Two of the three agency securities matured in FY 2013, and one matured in September 2013.	Low	Recommended Management Action for Andrew Harris, Vice President for Finance and Administration (UNT): Assure all investments are authorized by current policy. Implementation will ensure that all investments are supported by a Board approved regulation.	Agree. The SBA investment will mature 9/25/2014. UNT will reinvest in compliance with the current investment regulations.	Jean Bush, Sr. Associate VP for Finance	9/25/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-002 SYS	Governance and Regulatory Compliance	FY 2013 Investments Review Audit	UNT System	UNT System, UNT, and UNT Dallas do not have fully executed bank depository agreements with Wells Fargo. The bank depository agreement with Wells Fargo expired August 31, 2013. A draft agreement has been completed, but the agreement has not been finalized and executed.	High	Recommendation for Allen Clemson, Vice Chancellor for Administration and Chief of Staff (UNT System), Andrew Harris, Vice President for Finance (UNT), and Carlos Hernandez, Vice President of Finance and Administration/CFO (UNT Dallas): Finalize the UNT System, UNT, and UNT Dallas Bank Depository Agreements with Wells Fargo. Implementation will help ensure that Board of Regents expectations are met, bank deposits are safeguarded, and any favorable terms are in force.	UNT Response: Although the written agreement between Wells Fargo bank and UNT expired in 2013, the parties have continued to operate under the existing agreement with the same terms until the new contract can be finalized. Management will continue to work with the Office of the General Counsel to finalize the written agreement and expects to have a newly executed agreement by April 1, 2014. UNT Dallas Response: Agree. Management will continue to work with the Office of the General Counsel to finalize the written agreement and expects to have a newly executed agreement by UNT System Response: Agree. Bring closure to all unresolved issues and finalize depository agreements.	UNT: Allen Clemson, Vice Chancellor for Administration UNT Dallas :Carlos Hernandez, Vice President for Finance and Administration/CFO – UNTD UNT System: Alan Stucky	4/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-002 SYS	Governance and Regulatory Compliance	FY 2013 Investments Review Audit	UNT System	The Investment Portfolio Summary graph reported in the UNT the Quarterly Investment Report for the period ending May 31, 2013 was not accurate. Additionally the earned income figure should have been $148,566.64 versus the $304, 933.53 reported.	Low	Recommended Management Action for Andrew Harris, Vice President for Finance and Administration (UNT): Review the UNT Quarterly Investment Report to assure the accuracy of information prior to the issuance of the quarterly report to the Board of Regents and posting of the report on the institution's investment disclosure website. Implementation will ensure that the information reported on a Quarterly Investment Reports is complete and accurate.	Agree. A correction to the May 31, 2013 quarterly investment report will be included with the next presentation of quarterly investment reports for the Board of Regents.	Jean Bush, Sr. Associate VP for Finance	5/20/2014	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2014	14-002 SYS	Governance and Regulatory Compliance	FY 2013 Investments Review Audit	UNT System	A report of investment performance over the course of the year was not submitted to the Board of Regents at its first regularly scheduled board meeting following the end of the fiscal year as required by System Regulation 08.2000.	Moderate	Recommended Management Action for Allen Clemson, Vice Chancellor for Administration and Chief of Staff (UNT System): At the end of each fiscal year, prepare and submit a report of investment performance for the year to the UNT System Board of Regents at its first regularly scheduled board meeting following the end of the fiscal year. Implementation will assure compliance with UNT System Regulation, 08.2000.	UNT System Response: Agree. Submit a report of investment performance at the Board of Regents first regularly scheduled board meeting following the end of the fiscal year. Expected Implementation Date: Immediately	Carolyn Whitlock	2/7/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-002 HSC	Governance and Regulatory Compliance	FY 2013 Investments Review Audit	UNTHSC	UNTHSC did not include disclosure of an external investment advisor in response to the SAO's disclosure requirement question. UNTHSC answered "no" to the question "Does the institution employ outside investment advisors or managers." However, the response should be revised to yes, since the UNTHSC uses the UNTHSC Foundation for management of its endowment funds.	Moderate	Recommended action for Senior Vice President of Finance and Chief Finance Officer: Update the UNTHSC website investment disclosure to document use of an external advisor or managers pertaining to the use of the independent UNTHSC Foundation as an external investment advisor or manager. Compliance will ensure that regulatory reporting requirements are met and responses to requires questions have been properly noted.	Management agrees with recommendation. Management will update its website investment disclosures to reflect that UNTHSC uses and external advisor/manager, the UNTHSC Foundation, for management of some endowment funds.	Geoffrey Scarpelli, Controller and Chief Budget Officer	2/15/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-002 HSC	Governance and Regulatory Compliance	FY 2013 Investments Review Audit	UNTHSC	The first three quarterly investment reports for fiscal year 2013 were not published to the intuition's website within the timeframe required by the SAO. The quarterly investment reports for November 30, 2012, February 28, 2013, and May 31, 2013 were not published to the intuition's website until November 7, 2013. The SAO requires that quarterly reports be published on the institution's website within 90 days of the end of the quarter or 7 days after the investment report is presented to the Board, whichever occurs first. The August 31, 2013 quarterly report was published within SAO guidelines.	Low	Recommended action for Director of Financial Reporting: Publish Quarterly Investment Reports to the institutions website within 90 days after the end of the quarter or 7 days after the investment report is presented to the Board, whichever occurs first. Implementation will help ensure transparency and that SAO reporting requirements are met.	Management agrees with recommendation. Management will implement procedures to ensure that Quarterly Investment Reports are published to the institution's website within 90 days of the end of the quarter or 7 days after the report is presented to the Board, whichever occurs first. Expected Implementation Date: Previously Implemented. Individual Responsible for Implementation: Geoffrey Scarpelli, Controller and Chief Budget Officer	Geoffrey Scarpelli, Controller and Chief Budget Officer	2/15/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-002 HSC	Governance and Regulatory Compliance	FY 2013 Investments Review Audit	UNTHSC	UNTHSC Annual Tracking Report for Investment Reporting for fiscal year 2012 was not submitted within the timeframe required by the SAO. The Annual Tracking Report for Investment Reporting sends investment website locations to the SAO. For fiscal year 2012, the report was not submitted to the SAO until February 1, 2013. The fiscal year 2013 annual tracking report was submitted on December 11, 2013.	Low	Recommended action for Director of Financial Reporting: Send the Annual Tracking Report for Investment Reporting to the SAO by December 31 of each year. Implementation will help ensure that Rider 5 reporting requirements are met.	Management agrees with recommendation. Management will implement procedures to ensure that the Annual Tracking Report for Investment Reporting is submitted to the SAO by December 31st of each year. Expected Implementation Date: Previously Implemented Individual Responsible for Implementation: Geoffrey Scarpelli, Controller and Chief Budget Officer	Geoffrey Scarpelli, Controller and Chief Budget Officer	2/15/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-002 HSC	Governance and Regulatory Compliance	FY 2013 Investments Review Audit	UNTHSC	UNTHSC does not have a current executed bank depository agreement with JPMorgan Chase. The current depository for UNTHSC is JPMorgan Chase. The bank depository agreement with JPMorgan Chase expired on August 31, 2012. The expired agreement states: "The term may be extended until such time as the successor shall have been duly selected and qualified, such extension not to exceed 60 days." According to the Chief Finance Officer of UNTHSC, a draft agreement has been completed, but the agreement has not been executed.	High	Recommended action for Senior Vice President of Finance and Chief Finance Officer: 4. Finalize and fully execute the UNTHSC Bank Depository Agreement with JPMorgan Chase. Implementation will help ensure that BOR expectations are met, bank deposits are safeguarded, and any favorable terms are in force.	Management agrees with recommendation. Although the written agreement between J.P. Morgan Chase Bank expired in 2012, the parties have continued to operate under the agreement with the same terms until the new contract can be finalized. Management will continue to work with the Office of General Counsel to finalize the written agreement.	John A. Harman, Senior Vice President for Finance and CFO	4/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-002 HSC	Governance and Regulatory Compliance	FY 2013 Investments Review Audit	UNTHSC	UNTHSC does not have a Management Agreement with the UNTHSC Foundation to manage UNTHSC Medical Professional Liability Self-Insurance Funds. UNTHSC has an executed management agreement with the UNTHSC Foundation for the management of institutional tobacco funds, but this agreement does not include the management of Medical Professional Liability Self-Insurance Funds.	Moderate	Recommended action for Senior Vice President of Finance and Chief Finance Officer: Execute a new exhibit to the current agreement with the UNTHSC Foundation to include the management of Medical Professional Liability Self-Insurance Funds. Implementation will help ensure that Medical Professional Liability Self-Insurance Funds are adequately safeguarded and invested.	Management agrees with recommendation. Prior to January 17, 2014 an Exhibit did not exist. However, management executed Exhibit C to the Investment Management Agreement between the UNTHSC and the UNTHSC Foundation on January 17th for the management of the Medical Professional Liability Self Insurance Funds. The change in institutional Finance leadership in early FY2013 may have contributed to the delay in submittal since funds were initially invested with the Foundation prior to the transition in leadership.	John A. Harman, Senior Vice President for Finance and CFO	2/7/2014	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2014	14-002 HSC	Governance and Regulatory Compliance	FY 2013 Investments Review Audit	UNTHSC	Signatory authority for the former UNTHSC Vice President of Finance and CFO was not removed from the bank account until ten months after he left his position. The former Vice President of Finance and CFO for UNTHSC remained with signatory authority over ten months while not in a role to warranting that authority.	Low	Recommended actions for Controller and Chief Budget Officer: Develop a process to ensure that banking signatory authority cards are updated immediately to accurately reflect changes to personnel and only individuals with proper authority are active. Implementation will help ensure funds are adequately safeguarded and controlled.	Management agrees with recommendation. Management will work with system business service center and commercial banking personnel to ensure that banking signature cards submitted for changes in authorized personnel are updated in the electronic signature system in a timely fashion and only individuals with proper authority are active.	Geoffrey Scarpelli, Comptroller and Chief Budget Officer	3/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	13-010 HSC	Information Technology	UNT Health NextGen EPM Post-Implementation Review	UNTHSC	During the prior administration, contract Amendments required for the NextGen EPM System functionality totaling more than $1.02 million were approved and executed internally, but without the consent of UNT System Board of Regents. The NextGen EPM system implementation included two original contract amendments. The two contract amendments were presented and approved by the Board of Regents on May 12, 2011 in the amount of $2.45 Million ($2 Million for professional services and $450,000 for hardware and infrastructure). Beginning on January 20, 2012, the first of an additional 17 contract amendments totaling $1,058,112 were approved and executed due to the unforeseen need to 1) implement a separate bill center for Correctional Medicine and 2) additional applications licenses related to medical student and resident activity. Each individual contract amendment was approved and executed by the management of UNTHSC leadership; however, no additional approval or Board Order was provided to the Board of Regents noting the additional amendments and cost.	High	Recommendations for the current Senior Vice President for Finance and CFO: Ensure procedures are established for the new UNTHSC Administration to ensure approval of the UNT System Board of Regents related to Regents Rules requiring Board approval for all purchases exceeding $1 million. Implementation will provide assurance that the Board of Regents are aware of and approve all contract amendments related to projects that in aggregate total more than $1 million.	Management agrees. Additional contract amendments were executed over an eleven month period that in total exceeded $1M. This was necessary to expand functionality and include the Correctional Medicine practice which was not envisioned in the original project scope. Management will develop a written procedure to be followed by all areas of the institution and, in support of Regents Rule 3.9, that reinforces the importance of management fully evaluating project scope and related estimated expenditures for contracted services. If, subsequent to Board approval, project scope is materially expanded or enhanced by an amount or cumulative amounts exceeding $1M, management will inform the Board and seek advance approval where required.	John A. Harman- Senior Vice President for Finance and CFO	6/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	13-010 HSC	Information Technology	UNT Health NextGen EPM Post-Implementation Review	UNTHSC	Access privileges to the UNTHSC network and NextGen EPM system were not immediately disabled when users terminate their employment from the UNT Health. The NextGen EPM system is used by UNT Health for patient scheduling, reporting, and claims management including billing and payment posting. Both a UNTHSC network account and EPM user account are required in order to access the system. A review of active NextGen EPM user accounts in August 2013 revealed the following: • Five active NextGen EPM user accounts were for users that were no longer employed by UNT Health. • Five active NextGen EPM user accounts were for former residents no longer working at UNT Health. Further testing of the corresponding network accounts identified the following: • Six network accounts, including four employees and two residents, were active. Dates of termination for these employees ranged from December 2012 to June 2013. • Two network accounts, including one employee and one resident, were disabled within two and three months of termination. • Two network accounts, including one employee and one resident, were immediately disabled.	Moderate	Recommendations for the Director, Process Improvement: Develop and implement a termination checklist for supervisors' that includes a step to notify Information Technology and Records and Information Management of a user's termination so network access can be disabled immediately.	What Action Management Commits To Do: 1. A termination checklist for UNT Health Clinic Supervisors that includes notification to terminate a user's NextGen access and network access will be created and distributed. UNT Health has also approved the implementation of the following to address the recommendations above: 1. NextGen has been configured to disable a user that has not logged into NextGen within a 30 day time period. these scenarios require intervention/review by the HIM Security Division.	Jolie Allen, Director, Process Improvement, UNT Health Steve Woodall, Director, Records and Information Management	5/15/2014	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2014	13-010 HSC	Information Technology	UNT Health NextGen EPM Post-Implementation Review	UNTHSC	Access privileges to the UNTHSC network and NextGen EPM system were not immediately disabled when users terminate their employment from the UNT Health. The NextGen EPM system is used by UNT Health for patient scheduling, reporting, and claims management including billing and payment posting. Both a UNTHSC network account and EPM user account are required in order to access the system. A review of active NextGen EPM user accounts in August 2013 revealed the following: • Five active NextGen EPM user accounts were for users that were no longer employed by UNT Health. • Five active NextGen EPM user accounts were for former residents no longer working at UNT Health. Further testing of the corresponding network accounts identified the following: • Six network accounts, including four employees and two residents, were active. Dates of termination for these employees ranged from December 2012 to June 2013. • Two network accounts, including one employee and one resident, were disabled within two and three months of termination. • Two network accounts, including one employee and one resident, were immediately disabled.	Moderate	Recommendations for the Director, Process Improvement: Submit notifications to deactivate network access for active EPM users who are no longer employed with UNT Health.	What Action Management Commits To Do: 2. Network access for users who are no longer employed has already been deactivated. UNT Health has also approved the implementation of the following to address the recommendations above: 2. NextGen also forces a user to change their password after 120 days. If the password is not changed, the account locks and disables the user from logging in. (This follows the network security protocol as well.) these scenarios require intervention/review by the HIM Security Division.	Jolie Allen, Director, Process Improvement, UNT Health Steve Woodall, Director, Records and Information Management	5/15/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	13-010 HSC	Information Technology	UNT Health NextGen EPM Post-Implementation Review	UNTHSC	Access privileges to the UNTHSC network and NextGen EPM system were not immediately disabled when users terminate their employment from the UNT Health. The NextGen EPM system is used by UNT Health for patient scheduling, reporting, and claims management including billing and payment posting. Both a UNTHSC network account and EPM user account are required in order to access the system. A review of active NextGen EPM user accounts in August 2013 revealed the following: • Five active NextGen EPM user accounts were for users that were no longer employed by UNT Health. • Five active NextGen EPM user accounts were for former residents no longer working at UNT Health. Further testing of the corresponding network accounts identified the following: • Six network accounts, including four employees and two residents, were active. Dates of termination for these employees ranged from December 2012 to June 2013. • Two network accounts, including one employee and one resident, were disabled within two and three months of termination. • Two network accounts, including one employee and one resident, were immediately disabled.	Moderate	Recommendations for the Director, Records and Information Management: Update the UNT Health NextGen User Request Form to include a field for expiration dates.	What Action Management Commits To Do: 3. The UNT Health NextGen User Request form will include a field for an expiration date which will be filled in for those users who are given authorized access for a limited period of time.	Jolie Allen, Director, Process Improvement, UNT Health Steve Woodall, Director, Records and Information Management	5/15/2014	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2014	13-010 HSC	Information Technology	UNT Health NextGen EPM Post-Implementation Review	UNTHSC	Access privileges to the UNTHSC network and NextGen EPM system were not immediately disabled when users terminate their employment from the UNT Health. The NextGen EPM system is used by UNT Health for patient scheduling, reporting, and claims management including billing and payment posting. Both a UNTHSC network account and EPM user account are required in order to access the system. A review of active NextGen EPM user accounts in August 2013 revealed the following: • Five active NextGen EPM user accounts were for users that were no longer employed by UNT Health. • Five active NextGen EPM user accounts were for former residents no longer working at UNT Health. Further testing of the corresponding network accounts identified the following: • Six network accounts, including four employees and two residents, were active. Dates of termination for these employees ranged from December 2012 to June 2013. • Two network accounts, including one employee and one resident, were disabled within two and three months of termination. • Two network accounts, including one employee and one resident, were immediately disabled.	Moderate	Recommendations for the Director, Records and Information Management: Provide training to supervisory personnel regarding the updated UNT Health NextGen User Request Form and process. Implementation will provide a assurance that network and NextGen EPM user accounts are immediately disabled and active NextGen EPM users are current employees and residents.	What Action Management Commits To Do: 4. Training will be provided to UNT Health supervisors regarding the changes made to and the purpose of the UNT Health NextGen User request Form and process.	Jolie Allen, Director, Process Improvement, UNT Health Steve Woodall, Director, Records and Information Management	5/15/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	13-010 HSC	Information Technology	UNT Health NextGen EPM Post-Implementation Review	UNTHSC	Access privileges to the UNTHSC network and NextGen EPM system were not immediately disabled when users terminate their employment from the UNT Health. The NextGen EPM system is used by UNT Health for patient scheduling, reporting, and claims management including billing and payment posting. Both a UNTHSC network account and EPM user account are required in order to access the system. A review of active NextGen EPM user accounts in August 2013 revealed the following: • Five active NextGen EPM user accounts were for users that were no longer employed by UNT Health. • Five active NextGen EPM user accounts were for former residents no longer working at UNT Health. Further testing of the corresponding network accounts identified the following: • Six network accounts, including four employees and two residents, were active. Dates of termination for these employees ranged from December 2012 to June 2013. • Two network accounts, including one employee and one resident, were disabled within two and three months of termination. • Two network accounts, including one employee and one resident, were immediately disabled.	NA	NA	What Action Management Commits To Do: 5. The Chief Compliance and Risk Management Officer and the Director of IT Infrastructure and Security will conduct a review of the process in UNT Health of deactivating a user's access to the EPM /NextGen and the network once the user is no longer authorized to access those systems or other UNTHSC network resources. If needed, changes in the process will be implemented in addition to the changes outlined in this Action Plan. Implementation oversight for any changes recommended will be provided by the Dean of TCOM/Interim Chief Medical Officer for UNT Health Since the audit, UNT Health has also approved the implementation of the following to address the recommendations above:	Anthony Tissera, Director of IT Infrastructure and Security Anne E. Long, Chief Compliance and Risk Management Officer Dr. Don Peska, Dean – TCOM and Interim Chief Medical Officer - UNT Health	7/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	13-011 HSC	Academic and Students	Approval of Incidental Fees Review	UNTHSC	UNTHSC does not have documentation in place to formally delegate authority for approval and review of incidental fees. The incidental fees at UNTHSC are split into three different categories: course fees, library fines, and all other incidental fees. Each category of incidental fees currently has its own approval process. The following are the results of testing for each category tested. Of the 20 course fees tested: •Eight were appropriately approved by the BOR. •Ten were approved by the Provost without any formal delegation of authority from the President. •Two did not have approval documentation available. •Ten have not been reaffirmed since 1993. Of the seven library fees tested: •All seven were approved by the Library Director without any formal delegation of authority from the President. •Library fines were reviewed annually. Of the 29 other incidental fees tested: •Twenty-four were appropriately approved by the President. •Five did not have approval documentation available.	Moderate	Recommendations for Vice President of Administration & Chief of Staff: If the President elects to delegate authority to approve incidental fees, ensure appropriate documentation is in place to evidence such delegation. Further guidelines should also be documented outlining how often incidental fees are reviewed and reaffirmed.	Management Agrees. Management commits to work with the President and Provost to develop proper documentation of delegation of approval of incidental fees to the Provost from the President. In addition, Management will also develop and implement appropriate guidelines to ensure the required review and reaffirmation process occurs in compliance with state law and Regents Rules. Additional Comments: Once made aware of this compliance issue and prior to completion of this audit, the Provost's Office re-established procedures to ensure that incidental fees are being approved appropriately by the President until further documentation is developed.	Jennifer Treviño, Vice President of Administration & Chief of Staff	7/1/2014	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2014	13-011 HSC	Academic and Students	Approval of Incidental Fees Review	UNTHSC	UNTHSC does not have documentation in place to formally delegate authority for approval and review of incidental fees. The incidental fees at UNTHSC are split into three different categories: course fees, library fines, and all other incidental fees. Each category of incidental fees currently has its own approval process. The following are the results of testing for each category tested. Of the 20 course fees tested: •Eight were appropriately approved by the BOR. •Ten were approved by the Provost without any formal delegation of authority from the President. •Two did not have approval documentation available. •Ten have not been reaffirmed since 1993. Of the seven library fees tested: •All seven were approved by the Library Director without any formal delegation of authority from the President. •Library fines were reviewed annually. Of the 29 other incidental fees tested: •Twenty-four were appropriately approved by the President. •Five did not have approval documentation available.	Moderate	Recommendations for Vice President of Administration & Chief of Staff: Review all incidental fees to ensure appropriate approval and supporting documentation is in place. Implementation will help ensure that all incidental fees are properly approved in accordance to state law, and reviewed and reaffirmed periodically.	Management Agrees. Management commits to work with the President and Provost to develop proper documentation of delegation of approval of incidental fees to the Provost from the President. In addition, Management will also develop and implement appropriate guidelines to ensure the required review and reaffirmation process occurs in compliance with state law and Regents Rules. Additional Comments: Once made aware of this compliance issue and prior to completion of this audit, the Provost's Office re-established procedures to ensure that incidental fees are being approved appropriately by the President until further documentation is developed.	Jennifer Treviño, Vice President of Administration & Chief of Staff	7/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-004 HSC	Academic and Students	Anatomical Lab Review Audit	UNTHSC	Required forms and fees were not processed to the SAB. Additionally, documentation was not retained or updated to evidence the Annual Cadaver and Use Report was filed for the period ended July 31, 2013. For four of the 18 files reviewed, a Form A indicating receipt of a donor cadaver had not been filed and the $8 SAB fee had not been remitted to the SAB. These donors were received in the lab during January 2013. Additionally, the Department did not retain a copy of the Annual Cadaver and Use Report filed with the SAB for the period ended July 31, 2013. Internal Audit could not confirm that the report was filed or was filed in a timely manner.	Moderate	Recommendations for the Director of Anatomical Services: Review donor records to ensure that all required forms and fees have been filed and submitted for all donors to the SAB.	Management agrees. A procedure plan is in the process of being created to address the SAB Coordination. Additionally, going forward a confirmation from the SAB will be obtained to evidence receipt of all required reports and will maintain copies of all documents filed with the SAB.	Robin Belcher, Director of The Willed Body Program	9/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-004 HSC	Academic and Students	Anatomical Lab Review Audit	UNTHSC	Required forms and fees were not processed to the SAB. Additionally, documentation was not retained or updated to evidence the Annual Cadaver and Use Report was filed for the period ended July 31, 2013. For four of the 18 files reviewed, a Form A indicating receipt of a donor cadaver had not been filed and the $8 SAB fee had not been remitted to the SAB. These donors were received in the lab during January 2013. Additionally, the Department did not retain a copy of the Annual Cadaver and Use Report filed with the SAB for the period ended July 31, 2013. Internal Audit could not confirm that the report was filed or was filed in a timely manner.	Moderate	Recommendations for the Director of Anatomical Services: Develop a process to ensure forms and fees are processed with the SAB and recorded properly	Management agrees. A procedure plan is in the process of being created to address the SAB Coordination. Additionally, going forward a confirmation from the SAB will be obtained to evidence receipt of all required reports and will maintain copies of all documents filed with the SAB.	Robin Belcher, Director of The Willed Body Program	9/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-004 HSC	Academic and Students	Anatomical Lab Review Audit	UNTHSC	Required forms and fees were not processed to the SAB. Additionally, documentation was not retained or updated to evidence the Annual Cadaver and Use Report was filed for the period ended July 31, 2013. For four of the 18 files reviewed, a Form A indicating receipt of a donor cadaver had not been filed and the $8 SAB fee had not been remitted to the SAB. These donors were received in the lab during January 2013. Additionally, the Department did not retain a copy of the Annual Cadaver and Use Report filed with the SAB for the period ended July 31, 2013. Internal Audit could not confirm that the report was filed or was filed in a timely manner.	Moderate	Recommendations for the Director of Anatomical Services: Obtain confirmation with the SAB to evidence their receipt of all required reports such as the Annual Cadaver and Use Report. Maintain copies of all documents filed with the SAB. Implementation will provide assurance that SAB forms, fees and reports are filed for each donor.	Management agrees. A procedure plan is in the process of being created to address the SAB Coordination. Additionally, going forward a confirmation from the SAB will be obtained to evidence receipt of all required reports and will maintain copies of all documents filed with the SAB.	Robin Belcher, Director of The Willed Body Program	9/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-004 HSC	Academic and Students	Anatomical Lab Review Audit	UNTHSC	Unauthorized individuals have card key access to the Laboratory and Embalming Room. As of January 30, 2014, the list of individuals with authorized card access to the Embalming room (RES 228) was 303 and the Gross Anatomy Lab (RES 242) was 2,380. Based on the review performed by the Department and Internal Audit of these lists, it was determined that there were 176 unauthorized users for the Embalming room and 1,839 unauthorized users for the Gross Anatomy Lab.	Moderate	Recommended action for the Director of Anatomical Services and Chair of Integrative Physiology: Remove access to the Laboratory and Embalming Room where bodies and anatomical specimens are held for unauthorized individuals.	Management agrees to review the Access List immediately and at the end of each semester, and send a list to Campus Police of individuals who need to have their badge access deactivated.	Sandra Clapp, Sr. Administrative Coordinator.	5/30/2014	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2014	14-004 HSC	Academic and Students	Anatomical Lab Review Audit	UNTHSC	Unauthorized individuals have card key access to the Laboratory and Embalming Room. As of January 30, 2014, the list of individuals with authorized card access to the Embalming room (RES 228) was 303 and the Gross Anatomy Lab (RES 242) was 2,380. Based on the review performed by the Department and Internal Audit of these lists, it was determined that there were 176 unauthorized users for the Embalming room and 1,839 unauthorized users for the Gross Anatomy Lab.	Moderate	Recommended action for the Director of Anatomical Services and Chair of Integrative Physiology: Develop a process to periodically review the lists of individuals with Laboratory and Embalming Room access and remove unauthorized individuals. Implementation will provide assurance that only authorized individuals have access to the laboratories.	Management agrees to review the Access List immediately and at the end of each semester, and send a list to Campus Police of individuals who need to have their badge access deactivated.	Sandra Clapp, Sr. Administrative Coordinator.	5/30/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-004 HSC	Academic and Students	Anatomical Lab Review Audit	UNTHSC	The Department did not perform an informal bid process for selecting a vendor to perform crematorium services during the review period. The Department did not perform an informal bid process to obtain cremation services during the period under review. The Department has used the same vendor for many years.	Low	Recommendation for the Director of Anatomical Services: The Department should proceed through an informal bid process for crematorium services. Implementation will provide assurance that UNTHSC obtains the best value for services purchased and compliance with the UNTHSC Purchasing Guidelines.	Management agrees. At least 3 informal bids will be requested before issuing contract.	Robin Belcher, Director of The Willed Body Program	9/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-004 HSC	Academic and Students	Anatomical Lab Review Audit	UNTHSC	The Department does not have written policies and procedures for its operations including maintenance or records and for the proper disposal non-return cremains. The files and spreadsheets maintained by the Department noted many items that were incomplete and not updated in a timely manner. It was noted in 8 of 18 files in our sample that the donor checklist forms were not always fully completed or updated. Many were missing dates, for example, date of cremation, return of cremains, and cremains received by/sent were often not updated in the files. Some of the same items were noted in the spreadsheets maintained by the Department. The Department is currently storing non-return cremains in a storage cabinet.	Low	Recommendation for the Director of Anatomical Services: In consultation with the Office of General Counsel, develop policies and written processes for all processes of the Department including maintenance of records and for the proper disposal of non-return cremains. Implementation of written procedures will provide for consistency and guidance with Departmental processes.	Management agrees. A Policy and Procedures document is being created.	Robin Belcher, Director of The Willed Body Program.	9/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-004 HSC	Academic and Students	Anatomical Lab Review Audit	UNTHSC	The Department does not maintain an inventory of anatomical specimens. The Department does not maintain an inventory of anatomical specimens. Anatomical specimens are removed from donors and retained in labeled boxes, in the lab, for teaching purposes. They are not numbered with the donors SAB number and can be retained in the lab after the donor has been cremated. Specimens are cremated when they are no longer usable. The cremains are not returned.	Low	Recommended action for the Director of Anatomical Services: Consider maintaining an inventory of anatomical specimens that contains an item number, date specimen retained, description and location. Implementation will provide assurance that the Department has a record of anatomical specimens.	Management agrees. A spread sheet will be created to document specimens and their locations. A form will be created for each specimen with a description and columns for: Date of check out, Name of person checking out, Date of check in, Name of person checking specimen back in.	Robin Belcher, Director of The Willed Body Program and Sandra Clapp, Sr. Administrative Coordinator.	7/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-010 SYS	Finance	Bank Account Authorization Review Audit	UNT System	A policy has not been established requiring executive level approval of checks exceeding a set monetary threshold.	High	Recommended action for the Vice Chancellor for Finance: Create a formal UNT System regulation or policy requiring executive level review and signature of checks for all transactions exceeding an established dollar threshold.	Management concurs with the recommendation to create a formal UNT System regulation requiring executive level review and signature of checks for all transactions exceeding an established dollar threshold. Management has assigned resources to begin the research and development of this policy and will quickly develop drafts for leadership review and approval. The Vice Chancellor for Finance will immediately establish an interim policy that will require the signature of the appropriate VC/VP for Finance on any check equal to or greater than $500,000 and the Chancellor/President for checks equal to or greater than $1,000,000.	VC for Finance	7/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-010 SYS	Finance	Bank Account Authorization Review Audit	UNT System	Employees with signature card authority also have access to alter the general ledger through the ability to process journal entries within the EIS PeopleSoft system. Internal Audit noted three instances where an authorized signer on the UNT general fund account and payroll account also had the authority to create and approve journal entries directly in the system.	High	Recommended actions for the Vice Chancellor for Finance: Review all current employees with bank signature authority and confirm appropriate segregation of duties exist.	Management concurs with the recommendation to review all current employees with bank signature authority and confirm appropriate segregation of duties exist. Immediate review is being completed in high priority areas with action being taken as warranted. A comprehensive review has also begun that will address all areas. An interim policy is being immediately established that the System Treasurer will be responsible for adding and deleting all bank signatory authority. This immediate provision will include scheduled inventory and segregation of duties.	VC for Finance	7/1/2014	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2014	14-010 SYS	Finance	Bank Account Authorization Review Audit	UNT System	The removal of signatory authority access for terminating employees from University bank accounts was not completed timely. Of the nine employees that left their signatory role during fiscal year 2013, five were not removed immediately from University bank accounts. Three employees were removed within two weeks. Additional review of the two remaining employees revealed the following: • One UNT employee remained with signatory authority over two years after retiring from the University. • One HSC employee held signature authority for over ten months while not in a role to warrant that authority, as also identified in the recent Fiscal Year 2013 Investment Review (Audit No. 14-002 HSC).	High	Recommended actions for the Vice Chancellor for Finance: Develop a process to ensure that banking signatory authority cards are updated immediately to accurately reflect personnel changes and only individuals with current fiduciary responsibility have bank signatory authority.	Management concurs with the recommendations that bank signatory authority is kept up to date and there is a policy created that specifies who will ensure they remain current at all times.	VC for Finance	7/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-010 SYS	Finance	Bank Account Authorization Review Audit	UNT System	The removal of signatory authority access for terminating employees from University bank accounts was not completed timely. Of the nine employees that left their signatory role during fiscal year 2013, five were not removed immediately from University bank accounts. Three employees were removed within two weeks. Additional review of the two remaining employees revealed the following: • One UNT employee remained with signatory authority over two years after retiring from the University. • One HSC employee held signature authority for over ten months while not in a role to warrant that authority, as also identified in the recent Fiscal Year 2013 Investment Review (Audit No. 14-002 HSC).	High	Recommended actions for the Vice Chancellor for Finance: Implement a System-wide policy specifying a responsible party to monitor University bank accounts for the prompt removal of individuals who no longer would have authorized banking signatory authority.	Management concurs with the recommendations that bank signatory authority is kept up to date and there is a policy created that specifies who will ensure they remain current at all times.	VC for Finance	7/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-010 SYS	Finance	Bank Account Authorization Review Audit	UNT System	UNT System, UNT, and UNT Dallas were not compliant with the records retention requirements outlined in 13 Tex. Admin. Code § 6.10 by not retaining historical signature cards. Signature cards for UNT, UNT Dallas, and UNT System bank accounts are shredded once they are superseded and not retained by UNT Financial Reporting personnel as required by the TAC.	Moderate	Recommended actions for the Vice Chancellor for Finance: Establish a process to ensure retention of signature cards, once superseded, through the end of the fiscal year and an additional three years in accordance with the state record retention requirements.	Management concurs with the recommendation and will ensure that policies, procedures, and processes are in place along with adequate staff training to retain records in compliance with The Texas State Records Retention Schedule.	VC for Finance	7/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-010 SYS	Finance	Bank Account Authorization Review Audit	UNT System	The Office of Financial Reporting & Operations discovered a University bank account which was being maintained at the department-level. In May of 2013, the UNT Financial Reporting personnel discovered the UNT's Federal Perkins Loans bank account was being managed in the Student Financial Aid and Scholarships Office.	Moderate	Recommended actions for the Vice Chancellor for Finance: Develop a UNT System policy that documents the authority and requirements to establish, maintain, update, and close bank accounts, which includes: • An annual confirmation verifying directly with the bank, all bank accounts bearing the name University of North Texas in their title, listed as their customer, or with a UNT tax ID number, and • A statement of where each entity's signature cards and policy statements are to be maintained.	Management concurs with the recommendation to develop a policy that documents the authority and requirement to establish, maintain, update, and close bank accounts. The policy will be comprehensive and not only address items presented in recommendation 6 but those policy matters presented above.	VC for Finance	7/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-001 SYS, 14-003 UNT, 14-003 HSC, 14-001 DAL	Governance and Regulatory Compliance	Chancellor's and Presidents' Reviews Audit	UNT System	Certain services over a several year period provided to or paid on behalf of the former UNT President qualify as a non-cash fringe benefit and may be subject to taxation under Internal Revenue Code. Services provided to or paid on behalf of the President include rent, electricity, water and waste services, automobile, automobile insurance, lawn service, maid service, NTTA toll service, and residential telephone service among others.	High	It is recommended that the Associate Vice Chancellor for Business Services: Coordinate with the Office of General Counsel to evaluate whether certain services provided to or paid on behalf of the former UNT President qualify as fringe benefits subject to taxation under the Internal Revenue Code (IRC) and amend any prior period tax reporting, as required. Implementation will ensure compliance with Internal Revenue Code.	The UNT System Business Service Center agrees with the recommendation. The UNT System Business Service Center will coordinate with the UNTS Office of General Counsel to evaluate any taxation required for the services provided to or on behalf of the former UNT President. If required, a W-2C will be issued to the individual and the IRS for each calendar year as necessary.	Carol McFarland, Tax Accountant	5/30/2014	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2014	14-001 SYS, 14-003 UNT, 14-003 HSC, 14-001 DAL	Governance and Regulatory Compliance	Chancellor's and Presidents' Reviews Audit	UNT System	Policies do not specifically require itemized business meal receipts in accordance with IRS requirements. Some of the receipts submitted for reimbursement of business meals were not itemized and did not identify the number of meals provided or the number of individuals served on the vendor receipt. However, in accordance with institutional policies, the Chancellor's and Presidents' Offices noted the names of the individuals that were served.	Moderate	It is recommended that the Associate Vice Chancellor for Business Services: In coordination with the Business Services Operations Committee, develop and implement a comprehensive system-wide travel and expense policy that includes a requirement that individuals seeking reimbursement for business meals to submit itemized meal receipts from the vendor that either lists the meals or the number of individuals served in support of reimbursement requests. Further, this travel and expense policy should be comprehensive and ensure compliance with all IRS requirements for travel and expenditure reimbursements. Implementation of a requirement that itemized receipts for business meals be included with all reimbursement requests should assure any tax issues related to business meals are addressed and it will assure that only allowable expenses are processed against certain fund types. Further, implementation will outline all IRS requirements for travel and expenditure reimbursements.	The UNT System Business Service Center agrees with the recommendation. The BSC has submitted a draft travel management policy to the UNT System Administration for review. The standardized procedures outlining receipt requirements for business meals and meals while in a travel status will be updated in the Purchasing Guidelines and Travel Guidelines published on the BSC website to reflect this requirement.	Debbie Reynolds, Executive Director of Procurement Services	5/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-015 HSC & UNT	Governance and Regulatory Compliance	Cancer Prevention and Research Institute of Texas (CPRIT) Audit	UNTHSC, UNT	Fifteen areas were reviewed for compliance with CPRIT guidelines and institutional policies at UNTHSC and UNT. Exceptions were noted in the five areas below: 1. Reimbursement and Expenditure Reporting Seven of 26 quarterly financial status reports reviewed were not submitted by UNTHSC within 90 days of the quarter covered as required. 2. Grant Closeout The final financial status report for UNTHSC grant RP101399 was submitted 122 days after the grant end date and not within 90 days as required. 3. Expenditures For the grants under review, non-travel expenditures totaling $110,111 were reviewed (or 59% of the total population: $187,227), as well as travel expenditures totaling $44,607 (or 100% of the population). The following results were noted from the testing: A. Non-travel labor charges for one temporary employee selected for testing totaling $2,414 on UNTHSC grant PP100195 could not be substantiated via supporting documentation. Subsequently, Internal Audit tested the additional $2,044 of temporary labor charges for this temporary employee during the testing period and was not able to substantiate them via supporting documentation. B. A review of non-travel expenditures for UNTHSC grant PP100069 found two mobile phone service charges that included an unallowable $10 telecommunication service fee (total $20). 4. Reporting A. Quarterly Progress Reports	Moderate	Recommendations for AVP of Research Administration at UNTHSC: Evaluate and improve the process for notifying: a) Principal Investigators of upcoming due dates, and b) Administration personnel when due dates have passed and a report has not been filed. Implementation will provide assurance that grant conditions for reporting requirements and allowable	Notifications: Progress Reports HSC currently distributes a 90 and 30 day courtesy notification to all Principal Investigators (PIs) for final progress reporting as part of the award close-out process. A copy of the report for the file is requested from the PI. For CPRIT awards, OGCM will enhance this process by tracking submission dates for quarterly and annual progress reports and sending an additional email reminder to the PI with a copy to the department chair if the PI has not submitted the progress report 30 days past the sponsor due date. Additional Comments: Progress reporting is the responsibility of the PI with the support of department administration. Progress reports do not require institutional level signatures. This PI responsibility is documented in university policies and procedures. Notifications: Financial Reports OGCM will set up milestones in EIS for all quarterly and final reporting periods and generate a monthly query to better track sponsor due dates. The query will be reviewed monthly by the Accountant and the Director of Grants and Contracts to provide better monitoring of sponsor due dates. Notifications: Effort Reports OGCM developed and implemented a new on-line effort reporting system in June 2014 with supporting policies and procedures. Campus training was completed February 2014. On-line tutorial training has been developed and will be located on the OGCM website to provide on-going training for all PIs and department staff. Effort reports are distributed three times a year, Fall, Spring, and Summer semesters. An	Mazen Barakat, Director of Grants and Contract Management	9/30/2014	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2014	14-015 HSC & UNT	Governance and Regulatory Compliance	Cancer Prevention and Research Institute of Texas (CPRIT) Audit	UNTHSC, UNT	Fifteen areas were reviewed for compliance with CPRIT guidelines and institutional policies at UNTHSC and UNT. Exceptions were noted in the five areas below: 1. Reimbursement and Expenditure Reporting Seven of 26 quarterly financial status reports reviewed were not submitted by UNTHSC within 90 days of the quarter covered as required. 2. Grant Closeout The final financial status report for UNTHSC grant RP101399 was submitted 122 days after the grant end date and not within 90 days as required. 3. Expenditures For the grants under review, non-travel expenditures totaling $110,111 were reviewed (or 59% of the total population: $187,227), as well as travel expenditures totaling $44,607 (or 100% of the population). The following results were noted from the testing: A. Non-travel labor charges for one temporary employee selected for testing totaling $2,414 on UNTHSC grant PP100195 could not be substantiated via supporting documentation. Subsequently, Internal Audit tested the additional $2,044 of temporary labor charges for this temporary employee during the testing period and was not able to substantiate them via supporting documentation. B. A review of non-travel expenditures for UNTHSC grant PP100069 found two mobile phone service charges that included an unallowable $10 telecommunication service fee (total $20). 4. Reporting	Moderate	Maintain supporting documentation in accordance with record retention guidelines to evidence the dates of required report submission as well as for funds expended on CPRIT grants. Implementation will provide assurance that grant conditions for reporting requirements and allowable	Maintain supporting documentation: Report Submissions For CPRIT awards, OGCM will request and maintain all quarterly and annual progress reports. OGCM already maintains all quarterly and final financial reports and final progress reports.	Mazen Barakat, Director of Grants and Contract Management	9/30/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-015 HSC & UNT	Governance and Regulatory Compliance	Cancer Prevention and Research Institute of Texas (CPRIT) Audit	UNTHSC, UNT	Fifteen areas were reviewed for compliance with CPRIT guidelines and institutional policies at UNTHSC and UNT. Exceptions were noted in the five areas below: 1. Reimbursement and Expenditure Reporting Seven of 26 quarterly financial status reports reviewed were not submitted by UNTHSC within 90 days of the quarter covered as required. 2. Grant Closeout The final financial status report for UNTHSC grant RP101399 was submitted 122 days after the grant end date and not within 90 days as required. 3. Expenditures For the grants under review, non-travel expenditures totaling $110,111 were reviewed (or 59% of the total population: $187,227), as well as travel expenditures totaling $44,607 (or 100% of the population). The following results were noted from the testing: A. Non-travel labor charges for one temporary employee selected for testing totaling $2,414 on UNTHSC grant PP100195 could not be substantiated via supporting documentation. Subsequently, Internal Audit tested the additional $2,044 of temporary labor charges for this temporary employee during the testing period and was not able to substantiate them via supporting documentation. B. A review of non-travel expenditures for UNTHSC grant PP100069 found two mobile phone service charges that included an unallowable $10 telecommunication service fee (total $20). 4. Reporting A. Quarterly Progress Reports	Moderate	Remove telecommunication service charges from CPRIT grants. Implementation will provide assurance that grant conditions for reporting requirements and allowable	Remove Telecommunication Services Charges OGCM will remove the telecommunication service charge for $20 from the CPRIT grant.	Mazen Barakat, Director of Grants and Contract Management	8/15/2014	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2014	14-015 HSC & UNT	Governance and Regulatory Compliance	Cancer Prevention and Research Institute of Texas (CPRIT) Audit	UNTHSC, UNT	Fifteen areas were reviewed for compliance with CPRIT guidelines and institutional policies at UNTHSC and UNT. Exceptions were noted in the five areas below: 1. Reimbursement and Expenditure Reporting Seven of 26 quarterly financial status reports reviewed were not submitted by UNTHSC within 90 days of the quarter covered as required. 2. Grant Closeout The final financial status report for UNTHSC grant RP101399 was submitted 122 days after the grant end date and not within 90 days as required. 3. Expenditures For the grants under review, non-travel expenditures totaling $110,111 were reviewed (or 59% of the total population: $187,227), as well as travel expenditures totaling $44,607 (or 100% of the population). The following results were noted from the testing: A. Non-travel labor charges for one temporary employee selected for testing totaling $2,414 on UNTHSC grant PP100195 could not be substantiated via supporting documentation. Subsequently, Internal Audit tested the additional $2,044 of temporary labor charges for this temporary employee during the testing period and was not able to substantiate them via supporting documentation. B. A review of non-travel expenditures for UNTHSC grant PP100069 found two mobile phone service charges that included an unallowable $10 telecommunication service fee (total $20). 4. Reporting	Moderate	Work with CPRIT to resolve expended funds that could not be substantiated. Implementation will provide assurance that grant conditions for reporting requirements and allowable	Work with CPRIT to resolve expended funds that could not be substantiated OGCM will work with CPRIT to resolve the expended funds on the hourly paid individual for which we were unable to locate timesheets. Additional Comments: Human Resources (HR) was unable to locate timesheets for one hourly paid individual; however, through a written letter to OGCM, the Director of Human Resources indicated during the specific dates of the requested timesheets, the employees who maintained the timekeeping records were relocated to a new building on campus. The letter also indicates a filing system has been established at the new location that ensures future compliance with record retention requirements for timekeeping records in accordance to university policy.	Mazen Barakat, Director of Grants and Contract Management	12/31/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	13-016 UNT	Finance	UNT Endowment Review Audit	UNT	The composition of the scholarship committee does not conform to requirements outlined in the Frank Bracken PLP Endowment MOU. The Director for Budget and Administration in the College of Business Dean's Office stated that "the committee does not fully meet the criteria included in the Gift Agreement." The conclusion was based on an email communication from an Administrative Coordinator in the Professional Leadership Program (PLP) College of Business, who described the composition of the Scholarship Committee as the Executive Director, the Assistant Director, and the Chairman of the PLP Advisory Board.	Low	Recommend for Director of the Professional Leadership Program (PLP): Reorganize the Frank Bracken PLP Endowment scholarship committee to include those individuals as prescribed by and agreed to in the Gift Agreement as follows: • At least three (3) College of Business faculty members; • Representatives of the PLP Advisory Board; • PLP Community Partners, and • College of Business Administration staff. Implementation will provided assurance of compliance with the gift agreement, and minimize the potential loss of endowment funds and other gifts, strained relations between donors and the University affecting future gifts, and negative publicity and damage to the University's reputation.	We agree that the scholarship committee was not properly constituted in accordance with the MOU. Because of difficulty in convening such a large group, the PLP director will first meet with the donor to discuss revising the MOU to allow a more streamlined committee, and will document the outcome appropriately. Following that meeting, the PLP director will closely adhere to the current or revised MOU, as applicable, in organizing the scholarship committee with oversight by the Dean's office.	Marilyn K. Wiley, Senior Associate Dean, College of Business	3/1/2014	Closed
Internal	UNT System Internal Audit	Fiscal Year 2014	14-023 UNT	Finance	Adjusting Journal Entry Investigation	UNT	The Net Position in the FY2012 and FY2013 Financial Statements could be Overstated by as much $23 Million. – The former UNT Associate Vice President for Finance and Controller and the former Director of Financial Reporting and Operations were aware of the unreconciled differences and potentially uncollectible receivables prior to the issuance of the FY2012 and FY2013 UNT and UNTS financial statements. They directed and recorded this adjustment rather than valuating the validity of these differences as to whether they were true assets of the UNTS.	High	Develop and document a UNT Allowance for Doubtful Accounts Policy, based on historical receivable information, to establish guidelines for accurately estimating uncollectible amounts.	UNT/UNTS concur and will review the current UNT Allowance for Doubtful Accounts Policy in comparison to historical receivable collectability to ensure the Policy and related process results in an accurate estimate. Any required revisions to the current Policy will be completed before August 31, 2014. UNT/UNTS will periodically evaluate all receivables in light of this Policy to determine receivable collectivity and appropriate asset value. UNT/UNTS will also ensure all necessary action is taken relative to the referenced UNT adjusting journal entry and will recalculate the Allowance for Doubtful Accounts estimate presented in the FY 2013 UNT and UNTS consolidated financial statements to ensure the net accounts receivable balance was presented accurately. Any necessary adjustments to prior period UNT and UNTS consolidated financial statements will be completed by August 31, 2014.	Dan Stephens, Assistant Vice-Chancellor Finance/Controller	Original 08/31/14 Revised 08/31/16 Actual 08/16/2016	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2014	14-004 UNT	Governance and Regulatory Compliance	Student-Managed Investment Fund Review	UNT	The name of a former employee is listed as the contact on monthly statements	Moderate	Recommendation for the Chair of Finance, Insurance, Real Estate, and Law:

Coordinate with the Vice President for Finance and Administration to correct the contact name on the monthly statement. Implementation will provide assurance that the current Vice President of Finance and Administration will be listed on the monthly statements and assist in assuring compliance with Section 3-2. | 1. Management agrees. The chair of the FIREL department has scheduled a meeting for January 29, 2015 with the Vice President for Finance to discuss the issue. | The Chair of FIREL with assistance from the Vice President for Finance and Administration | 1/29/2015 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2014 | 12-003 SYS | Finance | Construction Close-out Process Review | UNT System | Three construction project accounts associated with completed projects at UNT Dallas remain open with deficit balances totaling $214,807. When a construction project has been determined to be substantially complete, this starts the beginning of the one year project warranty period. During this warranty period steps are usually taken by System Facilities to close the project by the end of the warranty period. However, this process has been delayed due to the deficit balances. | Low | Suggested Management Action for James Maguire, Vice Chancellor for Facilities Planning and Construction & Chief Architect:

Work with UNT Dallas personnel and take appropriate steps to identify funding to cover the account deficits, and then close the open accounts associated with the construction of the buildings at UNT Dallas. | UNT System Facilities agrees with the report finding.
1)There are multiple accounts associated with the construction of the buildings at UNT Dallas. UNT System Facilities will meet with UNT Dallas budget personnel to identify appropriate expenditures that can be moved from deficit accounts to accounts with available funds and then assist them in the closing the associated accounts. | Don Lynch, Director of System Facilities Administration | 1/31/2014 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2014 | 12-003 SYS | Finance | Construction Close-out Process Review | UNT System | Three construction project accounts associated with completed projects at UNT Dallas remain open with deficit balances totaling $214,807. When a construction project has been determined to be substantially complete, this starts the beginning of the one year project warranty period. During this warranty period steps are usually taken by System Facilities to close the project by the end of the warranty period. However, this process has been delayed due to the deficit balances. | Low | Suggested Management Action for James Maguire, Vice Chancellor for Facilities Planning and Construction & Chief Architect:

Develop procedures and controls to assure that construction accounts are closed in a timely manner and expenditures cannot be charged to accounts that will result in deficit spending. Implementation will ensure that UNT Dallas project accounts are closed and the deficit spending is addressed. | UNT System Facilities agrees with the report finding.
2)At the end of a project warranty period, UNT System Facilities will close all associated general ledger project accounts out within 12 months. In addition, a project close out checklist will be developed documenting the action steps taken to close the project and the date completed. | Don Lynch, Director of System Facilities Administration | 1/31/2014 | Closed |
Internal	UNT System Internal Audit	Fiscal Year 2014	14-005 UNT	Governance and Regulatory Compliance	JAMP Review	UNT	Based on the results of the procedures performed, processes and controls related to JAMP financial activity appear to be effective and functioning as intended. Expenditures were in compliance with the JAMP Agreement and JAMP Expenditure Guidelines. In addition, the final FY 2013 JAMP Expenditure Report prepared by the Office of Research Services and submitted to the JAMP Council was accurate. Expenditures for fiscal year 2013 totaled $16,135; resulting in $677 in unspent funds. These funds are in the process of being returned to the JAMP Council.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2015	1507 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program	UNTHSC	None	NA	NA	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2015	1532 UNT	Governance and Regulatory Compliance	UNT Facilities Certification Review	UNT	Based on the results of procedures performed, we concluded the projects and acquisitions of real property submitted to Texas Higher Education Coordinating Board(THECB) received required approvals, re-approvals or review, and were completed in accordance with rules established by the Texas Administrative Code and within the parameters specified in the project applications that were submitted to THECB.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2015	1502 UNT	Governance and Regulatory Compliance	UNT Presidents' Expenditures	UNT	Travel reimbursements were not reviewed and approved by the Chancellor as required by the terms of the employment agreements. Instead, travel reimbursements were reviewed and approved by Vice President for Finance or the Vice President for Research.
We discussed this observation with management and prior to the end of our work, management changed this practice and now all vouchers are approved by the Chancellor.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2015	1501 SYS	Governance and Regulatory Compliance	Chancellor's Expenditures Review	UNT System	None	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2015	1503 HSC	Governance and Regulatory Compliance	HSC Presidents' Expenditures Review	UNTHSC	Auditors reviewed purchases made via the eProcurement (EPro) process and with the purchasing card (PCard) for fiscal year 2014. The results disclosed that PCard reconciliations did not contain a reconciler signature. This observation was discussed with management during the review, who agreed to take the PCard refresher training course offered by the BSC and that future expense reports generated by the Citibank Global Management System are prepared and will include cardholder, reconciler and approver signatures.	NA	None	NA	NA	NA	N/A

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2015	1504 DAL	Governance and Regulatory Compliance	UNT Dallas President's Expenditures Review	UNT Dallas	Auditors reviewed purchases made via the eProcurement (EPro) process and with the purchasing card (PCard) for fiscal year 2014. The results disclosed that PCard reconciliations did not contain a reconciler signature. This observation was discussed with management during the review, who agreed to take the PCard refresher training course offered by the BSC and that future expense reports generated by the Citibank Global Management System are prepared and will include cardholder, reconciler and approver signatures.	NA	None	NA	NA	NA	N/A
Internal	UNT System IT Shared Services	Fiscal Year 2015	NA	Information Technology	Local Audit of Phone Numbers and User Access - IT Shared Services	UNT System	NA	NA	NA	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2015	1508 UNT	Governance and Regulatory Compliance	Student-Managed Investment Fund Review	UNT	Based on procedures performed, the SMIF was in compliance with the Donor's Agreement for calendar year 2014. The funds were appropriately accounted for in accordance with guidelines.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2015	1505 UNT	Governance and Regulatory Compliance	FY 2014 Investments Audit	UNT	Accuracy of Quarterly Investment Report - The book and market value amounts reported in the Total Cash and Investment Amounts section on the UNT Quarterly Investment Report for the period ending May 31, 2014, were not accurate.	Low	Implement a review process of the UNT Quarterly Investment Reports to assure the accuracy of information prior to the issuance of the quarterly report to the Board of Regents and posting of the report on the institution's investment disclosure website.	Concur. It is imperative that information reported by Finance be complete and accurate. Implement a review process of investment reporting prior to issuance to the Board or posting to the public.	James Mauldin, Associate Vice Chancellor for Treasury	11/20/2015	Closed
Internal	UNT System Internal Audit	Fiscal Year 2015	1526 UNTHSC & UNT	Governance and Regulatory Compliance	Cancer Prevention and Research Institute of Texas (CPRIT)	UNTHSC	Noncompliance with Business Support Services (BSS) Purchasing Policy – BSS Purchasing Policies for obtaining gift cards used as research participant payments were not followed for 6 of 23 (26%) transactions reviewed for grant ID PP110190. A total of $8,000 in cash was disbursed from BSS at the request of the University to an UNTHSC employee, who then purchased gift cards from a local vendor.

The University was unable to provide support documentation evidencing expenditures related to the purchase and disbursement of gift cards. This issue was included in the audit report issued by Grant Thornton on August 12, 2015. | High | We recommend the Assistant Vice President of Research Administration at UNTHSC to re-educate faculty and staff on policies related to the attainment of gift cards used as research participant payments. | Management agrees with the recommendation and will send a group email to all active award account holders and will post in the Daily News a reminder to follow the procurement guidelines for purchasing gift cards for research participants. | LeAnn Forsberg, AVP Research Administration | 11/15/2015 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2015 | 1526 UNTHSC & UNT | Governance and Regulatory Compliance | Cancer Prevention and Research Institute of Texas (CPRIT) | UNT | Noncompliance with Business Support Services (BSS) Purchasing Policy – BSS Purchasing Policies for obtaining gift cards used as research participant payments were not followed for 6 of 23 (26%) transactions reviewed for grant ID PP110190. A total of $8,000 in cash was disbursed from BSS at the request of the University to an UNTHSC employee, who then purchased gift cards from a local vendor.

The University was unable to provide support documentation evidencing expenditures related to the purchase and disbursement of gift cards. This issue was included in the audit report issued by Grant Thornton on August 12, 2015. | High | We recommend the Assistant Vice President of Research Administration at UNTHSC to re-educate faculty and staff on policies related to the attainment of gift cards used as research participant payments. | Management agrees with the recommendation and will send a group email to all active award account holders and will post in the Daily News a reminder to follow the procurement guidelines for purchasing gift cards for research participants. | LeAnn Forsberg, AVP Research Administration | 11/15/2015 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2015 | 1526 UNTHSC & UNT | Governance and Regulatory Compliance | Cancer Prevention and Research Institute of Texas (CPRIT) | UNTHSC | Noncompliance with Business Support Services (BSS) Purchasing Policy – BSS Purchasing Policies for obtaining gift cards used as research participant payments were not followed for 6 of 23 (26%) transactions reviewed for grant ID PP110190. A total of $8,000 in cash was disbursed from BSS at the request of the University to an UNTHSC employee, who then purchased gift cards from a local vendor.

The University was unable to provide support documentation evidencing expenditures related to the purchase and disbursement of gift cards. This issue was included in the audit report issued by Grant Thornton on August 12, 2015. | High | In addition, we recommend the Associate Vice Chancellor for Finance and Administration to re-educate staff on the review process of support documentation that is provided by UNT components to ensure it is appropriate based on the request. | Business Support Services (formerly Business Services Center) concurs with the recommendation. We have notified our procurement staff of the expectation that they follow the current guidelines associated with the gift card purchases. Additionally, we have also implemented a secondary approval process for all gift card purchase requests. The secondary approval must come from the Senior Director of Procurement, Director of Purchasing or Associate Vice Chancellor for Finance and Administration effectively immediately (10/29/2015). | Donna Asher, Associate Vice Chancellor for Finance and Administration | 10/29/2015 | Closed |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2015	1526 UNTHSC & UNT	Governance and Regulatory Compliance	Cancer Prevention and Research Institute of Texas (CPRIT)	UNT	Noncompliance with Business Support Services (BSS) Purchasing Policy – BSS Purchasing Policies for obtaining gift cards used as research participant payments were not followed for 6 of 23 (26%) transactions reviewed for grant ID PP110190. A total of $8,000 in cash was disbursed from BSS at the request of the University to an UNTHSC employee, who then purchased gift cards from a local vendor. The University was unable to provide support documentation evidencing expenditures related to the purchase and disbursement of gift cards. This issue was included in the audit report issued by Grant Thornton on August 12, 2015.	High	In addition, we recommend the Associate Vice Chancellor for Finance and Administration to re-educate staff on the review process of support documentation that is provided by UNT components to ensure it is appropriate based on the request.	Business Support Services (formerly Business Services Center) concurs with the recommendation. We have notified our procurement staff of the expectation that they follow the current guidelines associated with the gift card purchases. Additionally, we have also implemented a secondary approval process for all gift card purchase requests. The secondary approval must come from the Senior Director of Procurement, Director of Purchasing or Associate Vice Chancellor for Finance and Administration effectively immediately (10/29/2015).	Donna Asher, Associate Vice Chancellor for Finance and Administration	10/29/2015	Closed
Internal	UNT System Internal Audit	Fiscal Year 2015	1506 HSC	Governance and Regulatory Compliance	FY 2014 Investments Audit	UNTHSC	UNTHSC is in compliance with the PFIA, Regents Rule 10.100, and the UNT System Regulation 08.2000. In addition, UNTHSC is in compliance with state higher education investment reporting requirements including SAO Article III, Rider 5 requirements.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2015	1505 SYS	Governance and Regulatory Compliance	FY 2014 Investments Audit	UNT System	Compliance with System Policy Requirements – Based on Internal Audit's detail review of investment information reported for period ending May 31, 2014, the resulting recalculation of short term and long term investment percentages for UNT System based on market values were 50.6% and 49.4% respectively. These percentage investment results were not within establish Board approved investment percentage range requirements for short and long term investments. Per UNT System policy 08.2000 the range for short term investments is to be at least 55% but not more than 75%. For long term investments the percentage range is to be at least 25% but not more than 45%.	Low	Review the Investment of System Funds Regulation 08.2000pertaining to short and long term investment percentages to determine if the percentage requirement ranges should be updated to reflect the potential actual investment needs of the UNT System and its institutions.	Concur. System Regulation 08.2000 is already under review for potential revisions, including appropriate percentage ranges for each investment pool. In addition, the increased professional staffing in Treasury will allow for improved compliance with the current and future versions of the regulation. Review of System Regulation 08.2000 to determine if modification is needed and resulting Board Order, if so.	James Mauldin, Associate Vice Chancellor for Treasury	12/1/2015	Closed
Internal	UNT System Internal Audit	Fiscal Year 2015	1505 DAL	Governance and Regulatory Compliance	FY 2014 Investments Audit	UNT Dallas	UNT Dallas is in compliance with the PFIA, Regents Rule 10.100, and the UNT System Regulation 08.2000. In addition, UNT Dallas is in compliance with state higher education investment reporting requirements including SAO Article III, Rider 5 requirements.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2015	15-031 UNT	Academic and Students	Office of Sustainability Audit	UNT	Three employees were paid from the Environmental Service Fee (ESF) fund while working on activities not eligible under the fund. The following specific issues were identified: • A student employee was paid $1,785 from the fund while working on a website not related to the fund. • A student employee was paid $1,919 from the fund while working on activities not related to the fund. • The Assistant Director was paid $16,643 from the fund from January 2015 to May 2015 while working on activities not related to the fund.	Moderate	Recommendations to Hope Garcia, Executive Director of Student Affairs Administration: 1. Determine all payroll amounts incorrectly expensed to the fund and move to appropriate funding sources.	1. Management agrees. Management agrees to locate a new fund that more appropriately aligns with incorrect expenses.	1. Elizabeth With, Vice President of Student Affairs and Hope Garcia, Executive Director of Student Affairs Administration	2/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2015	15-031 UNT	Academic and Students	Office of Sustainability Audit	UNT	Three employees were paid from the Environmental Service Fee (ESF) fund while working on activities not eligible under the fund. The following specific issues were identified: • A student employee was paid $1,785 from the fund while working on a website not related to the fund. • A student employee was paid $1,919 from the fund while working on activities not related to the fund. • The Assistant Director was paid $16,643 from the fund from January 2015 to May 2015 while working on activities not related to the fund.	Moderate	Recommendations to Hope Garcia, Executive Director of Student Affairs Administration: Implement a procedure to assure expenses are reviewed and funds are only spent on allowable purposes. Implementation will ensure compliance with TEC Section 54.5041.	2. Management agrees. An advisor of the We Mean Green Fund (WMGF) will oversee activity of the WMGF Committee and provide guidance to committee on purpose of the fee and allowable purposes through the Committee Bylaws and ongoing training for returning and new committee members.	2. Hope Garcia, Executive Director, of Student Affairs Administration and Gary Cocke, Student Coordinator of Sustainability	2/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2015	15-031 UNT	Academic and Students	Office of Sustainability Audit	UNT	Excess funds transferred from the Environmental Service Fee (ESF) fund to another department for an approved project were not claimed after project was completed. $3,818 out of the total funds transferred for a project remained with the department when the project was complete. The excess funds were not transferred back to the fund.	Low	Recommendations to Hope Garcia, Executive Director of Student Affairs Administration: Recover funds remaining after the project was completed.	3. Management agrees. Management agrees to determine the department that was transferred funds and request the excess of $3,818 be returned.	3. Elizabeth With, Vice President of Student Affairs and Hope Garcia, Executive Director of Student Affairs Administration	2/1/2016	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2015	15-031 UNT	Academic and Students	Office of Sustainability Audit	UNT	Excess funds transferred from the Environmental Service Fee (ESF) fund to another department for an approved project were not claimed after project was completed. $3,818 out of the total funds transferred for a project remained with the department when the project was complete. The excess funds were not transferred back to the fund.	Low	Recommendations to Hope Garcia, Executive Director of Student Affairs Administration: Develop procedures to fully account for use of money transferred from the ESF fund. Implementation will ensure compliance with TEC Section 54.5041.	4. Management agrees. If funds are committed to an effort in partnership with another department, funds may only be used in one of two ways: a. Through IDO which lists exact line time costs; b. By directly purchasing items/services from the ESF rather than transferring a lump sum.	4. Hope Garcia, Executive Director, of Student Affairs Administration	2/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2015	15-031 UNT	Academic and Students	Office of Sustainability Audit	UNT	Two tablets and a parking pass were not eligible to be paid using Environmental Service Fee (ESF). The following specific issues were identified: • $10 was used to pay for a parking pass. • $875 was used to purchase tablets.	Low	Recommendations to Hope Garcia, Executive Director of Student Affairs Administration: Move the expenditures incorrectly charged to the fund to an alternative funding source.	6. Management agrees. An advisor of the We Mean Green Fund (WMGF) will oversee activity of the WMGF Committee and provide guidance to committee on purpose of the fee and allowable purposes through the Committee Bylaws and ongoing training for returning and new committee members.	6. Hope Garcia, Executive Director of Student Affairs Administration and Gary Cocke, Student Coordinator of Sustainability	2/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2015	15-031 UNT	Academic and Students	Office of Sustainability Audit	UNT	Two tablets and a parking pass were not eligible to be paid using Environmental Service Fee (ESF). The following specific issues were identified: • $10 was used to pay for a parking pass. • $875 was used to purchase tablets.	Low	Recommendations to Hope Garcia, Executive Director of Student Affairs Administration: Implement a procedure to assure expenses are reviewed and funds are only spent on allowable purposes. Implementation will ensure compliance with TEC Section 54.5041.	6. Management agrees. An advisor of the We Mean Green Fund (WMGF) will oversee activity of the WMGF Committee and provide guidance to committee on purpose of the fee and allowable purposes through the Committee Bylaws and ongoing training for returning and new committee members.	6. Hope Garcia, Executive Director of Student Affairs Administration and Gary Cocke, Student Coordinator of Sustainability	2/1/2016	Closed
Internal	UNTHSC Institutional Compliance Office	Fiscal Year 2015	NA	Governance and Regulatory Compliance	Safety and Security Audit (conducted by UNTHSC Institutional Compliance Office	UNTHSC	Safety Coordinator Training needs to be completed by each Safety Coordinator	NA	Institutional Compliance recommends that the Safety Office maintains a process that ensures that each UNTHSC Safety Coordinator has completed Safety Coordinator training. If training is not completed or is unable to be completed by the Safety Coordinator, then a new Safety Coordinator should be appointed for that department.	New Employee Safety training is currently in the process of being updated and moved to UNTHSC's new We Comply Training Platform. This will allow for more accurate reporting. The new Safety Training is set to roll out in September 2015.	Matthew Moncus, Director, Safety Office	9/2015	Closed
Internal	UNTHSC Institutional Compliance Office	Fiscal Year 2015	NA	Governance and Regulatory Compliance	Safety and Security Audit (conducted by UNTHSC Institutional Compliance Office	UNTHSC	Institutional Compliance (IC) found that per the Fire Drill Report, corrective actions needed to be implemented and another Fire Drill should have been scheduled five to six months after to evaluate the efficiency of the corrective actions. Facilities had scheduled a complete fire alarm upgrade for the Gibson D. Lewis Library and the Safety Officer decided to perform the next drill in the building after the upgrade was completed. Funding for the fire alarm upgrade has been secured by Facilities for fiscal year 2016. The engineering has been completed, the next step is the installation. Brian Jordon is the Project Manager.	NA	IC recommends that the Safety Office conduct at least one emergency of fire drill exercise in the PCC and other high occupancy, multi-story buildings.	A fire drill schedule has been implemented that tests each building at least once a year. A large scare emergency management exercise will be conducted in the PCC in October, 2016.	Matthew Moncus, Director, Safety Office	10/28/2016	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-406 UNT	Academic and Students	COI Dean's Transitional Audit	UNT	1. The UNT System Travel Guidelines are not consistently followed in the College of Information. Internal Audit reviewed a sample of 17 vouchers out of a population of 145 vouchers in the College of Information. The following instances of noncompliance were noted: • Reimbursement of personal travel with business travel on a Federal grant, • Conference agenda not attached with support documentation, • Missing Travel Budget Authorization Form (preapproval to travel), and • Administrative Coordinator signing vouchers in traveler's name with their emailed consent.	Moderate	Recommendations for Interim Dean of the College of Information: 1a. Evaluate the personal travel on the Federal Grant and work with the Office of Grants and Contracts Administration to determine what action needs to be taken.	We agree and are taking the actions below. A transfer was processed on 7/8/2016 through the Office of Grants and Contracts to move the allowable expenses from the Federal grant to the appropriate indirect cost or discretionary account. Only appropriate and allocable expenses will remain on the federal award. E-mail notification of UNT's Travel Guidelines was sent on 6/30/2016, which included a .pdf and PowerPoint presentation from the UNT's Business Service Center's Process Training section that consists of travel authorization & voucher training. All staff and faculty will be required to participate in on-site group training sessions provided by the BSC regarding UNT travel in either the summer or fall semesters, followed by regularly scheduled updates every fiscal year. All faculty and staff will be trained on how to create and utilize a certified electronic signature process for submitting and/or approving vouchers. Signing vouchers this way will be strongly encouraged if they are not physically available to sign the voucher. All travel reimbursement documentation will be reviewed during the approval process.	Dean of the College of Information	3/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-406 UNT	Academic and Students	COI Dean's Transitional Audit	UNT	1. The UNT System Travel Guidelines are not consistently followed in the College of Information. Internal Audit reviewed a sample of 17 vouchers out of a population of 145 vouchers in the College of Information. The following instances of noncompliance were noted: • Reimbursement of personal travel with business travel on a Federal grant, • Conference agenda not attached with support documentation, • Missing Travel Budget Authorization Form (preapproval to travel), and • Administrative Coordinator signing vouchers in traveler's name with their emailed consent.	Moderate	Recommendations for Interim Dean of the College of Information: 1b. Ensure that the UNT System Travel Guidelines are consistently followed in the College of Information by performing a thorough review of travel reimbursement documentation.	We agree and are taking the actions below. A transfer was processed on 7/8/2016 through the Office of Grants and Contracts to move the allowable expenses from the Federal grant to the appropriate indirect cost or discretionary account. Only appropriate and allocable expenses will remain on the federal award. E-mail notification of UNT's Travel Guidelines was sent on 6/30/2016, which included a .pdf and PowerPoint presentation from the UNT's Business Service Center's Process Training section that consists of travel authorization & voucher training. All staff and faculty will be required to participate in on-site group training sessions provided by the BSC regarding UNT travel in either the summer or fall semesters, followed by regularly scheduled updates every fiscal year. All faculty and staff will be trained on how to create and utilize a certified electronic signature process for submitting and/or approving vouchers. Signing vouchers this way will be strongly encouraged if they are not physically available to sign the voucher. All travel reimbursement documentation will be reviewed during the approval process.	Dean of the College of Information	3/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-406 UNT	Academic and Students	COI Dean's Transitional Audit	UNT	2. Accounts in the College of Information are not being managed in accordance with UNT Policy 2.1.10 Accountholder Responsibility. The Chair of the Department of Library Information Sciences (LIS) and the Interim Department Chair of Learning Technologies (LT) were not reviewing financial transactions for the DeptIDs for which he/she is the holder of record. Additionally, the Chair of LIS communicated to Internal Audit that he does not have sufficient time or resources to review the transactions on the DeptIDs for which he is responsible; therefore, he relies on the College Budget Officer to perform this task. Because the College Budget Officer position has undergone turnover, it is uncertain as to how long it has been since reconciliations have been performed.	Moderate	Recommendations for Interim Dean of the College of Information: 2a. Ensure all DeptID holders in COI obtain training from the UNT Budget Office to gain a better understanding of the requirements outlined in the UNT Policy 2.1.10 Accountholder Responsibility.	The department Chairs review Cognos accounts and all the financial transactions, and approve them in line with UNT policy 2.1.10. In the past, the College Budget Officer helped reconcile all accounts across the college, monitored deficits, and advised department chairs and support staff with regard to financial operations. All Dept ID holders and support staff will be required to attend updated training for UNT policies. We will work with the UNT Budget Office so that all account holders and their support staff can gain a better understanding of their responsibilities. Going forward, department assistants and chairs will perform the necessary actions to comply with Account Holder Responsibility policy and will work closely with the College budget officer to reconcile their accounts.	Dean of the College of Information	3/1/2017	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-406 UNT	Academic and Students	COI Dean's Transitional Audit	UNT	2. Accounts in the College of Information are not being managed in accordance with UNT Policy 2.1.10 Accountholder Responsibility. The Chair of the Department of Library Information Sciences (LIS) and the Interim Department Chair of Learning Technologies (LT) were not reviewing financial transactions for the DeptIDs for which he/she is the holder of record. Additionally, the Chair of LIS communicated to Internal Audit that he does not have sufficient time or resources to review the transactions on the DeptIDs for which he is responsible; therefore, he relies on the College Budget Officer to perform this task. Because the College Budget Officer position has undergone turnover, it is uncertain as to how long it has been since reconciliations have been performed.	Moderate	Recommendations for Interim Dean of the College of Information: 2b. Ensure all DeptID holders in COI perform the necessary action to comply with the Account Holder Responsibility policy, including but not limited to, reviewing all financial transactions.	The department Chairs review Cognos accounts and all the financial transactions, and approve them in line with UNT policy 2.1.10. In the past, the College Budget Officer helped reconcile all accounts across the college, monitored deficits, and advised department chairs and support staff with regard to financial operations. All Dept ID holders and support staff will be required to attend updated training for UNT policies. We will work with the UNT Budget Office so that all account holders and their support staff can gain a better understanding of their responsibilities. Going forward, department assistants and chairs will perform the necessary actions to comply with Account Holder Responsibility policy and will work closely with the College budget officer to reconcile their accounts. 3	Dean of the College of Information	3/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-406 UNT	Academic and Students	COI Dean's Transitional Audit	UNT	3. UNT cash handing policies were not consistently followed in the College of Information. Cash receipts were not collected, safeguarded, deposited, and/or reconciled in accordance with cash handling policies. Additionally, written cash handling procedures in the College of Information were either nonexistent or incomplete as required by policy.	Moderate	Recommendations for Interim Dean of the College of Information: 3a. Ensure compliance with University cash handling policies, including the development of written cash handling procedures.	We agree. Going forward, individuals who collect, safeguard, deposit, and/or reconcile currency for the College will perform the necessary actions to comply with UNT's Cash Handling policy. We will work closely with the College budget officer to create and implement a written cash handling procedure for the College as required by UNT policy. E-mail notification of UNT System's Cash Handling policy was sent on 7/5/2016 to all staff and faculty. This email included a .pdf and the corresponding Cash Handling guidelines handbook from the UNT System's Operations Support section. All staff and faculty will be required to participate in on-site group training sessions provided by the UNT Operations Support section regarding cash handling in either the summer or fall semesters, followed by regularly scheduled updates every fiscal year.	Dean of the College of Information	3/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-406 UNT	Academic and Students	COI Dean's Transitional Audit	UNT	3. UNT cash handing policies were not consistently followed in the College of Information. Cash receipts were not collected, safeguarded, deposited, and/or reconciled in accordance with cash handling policies. Additionally, written cash handling procedures in the College of Information were either nonexistent or incomplete as required by policy.	Moderate	Recommendations for Interim Dean of the College of Information: 3b. Ensure individuals with cash handling responsibilities receive training on University cash handling policies and departmental written procedures.	We agree. Going forward, individuals who collect, safeguard, deposit, and/or reconcile currency for the College will perform the necessary actions to comply with UNT's Cash Handling policy. We will work closely with the College budget officer to create and implement a written cash handling procedure for the College as required by UNT policy. E-mail notification of UNT System's Cash Handling policy was sent on 7/5/2016 to all staff and faculty. This email included a .pdf and the corresponding Cash Handling guidelines handbook from the UNT System's Operations Support section. All staff and faculty will be required to participate in on-site group training sessions provided by the UNT Operations Support section regarding cash handling in either the summer or fall semesters, followed by regularly scheduled updates every fiscal year.	Dean of the College of Information	3/1/2017	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-406 UNT	Academic and Students	COI Dean's Transitional Audit	UNT	4. The UNTS Business Service Center Purchasing Card Program Guide was not consistently followed in the College of Information. Internal Audit reviewed a sample of three months of transactions for 10 purchasing cardholders in the College of Information. The following instances of noncompliance were noted: • Not obtaining annual on-line purchasing card refresher training during fiscal year 2015, • Missing signatures from the card holder, reconciler, and the approver, • Missing verification of State of Texas vendor warrant hold status on required purchases, • Missing vendor receipts, • Sales tax paid without subsequent reimbursement, and • Not obtaining prior approval for the purchase of alcohol for an event and software, as required.	Moderate	Recommendations for Interim Dean of the College of Information: 4a. Ensure that all purchasing cardholders, reconcilers, and approvers receive training on purchasing card guidelines.	We agree. Each pCard holder, reconciler, and approver will attend training and will also participate in a refresher training course as made available. An email will be sent to all pCard holders reminding them that they must have the correct signatures from the holder, reconciler, and approver. Alcohol purchasing guidelines will also be included. BSC pCard training will be scheduled the week of Aug 8th. Additional training will be offered during the fall semester. UNTS Business Service Center Purchasing Card Program Guide will be consistently followed and reviewed regularly to ensure compliance.	Dean of the College of Information	3/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-406 UNT	Academic and Students	COI Dean's Transitional Audit	UNT	4. The UNTS Business Service Center Purchasing Card Program Guide was not consistently followed in the College of Information. Internal Audit reviewed a sample of three months of transactions for 10 purchasing cardholders in the College of Information. The following instances of noncompliance were noted: • Not obtaining annual on-line purchasing card refresher training during fiscal year 2015, • Missing signatures from the card holder, reconciler, and the approver, • Missing verification of State of Texas vendor warrant hold status on required purchases, • Missing vendor receipts, • Sales tax paid without subsequent reimbursement, and • Not obtaining prior approval for the purchase of alcohol for an event and software, as required.	Moderate	Recommendations for Interim Dean of the College of Information: 4b. Ensure that the UNTS Business Service Center Purchasing Card Program Guide is consistently followed in the College of Information.	We agree. Each pCard holder, reconciler, and approver will attend training and will also participate in a refresher training course as made available. An email will be sent to all pCard holders reminding them that they must have the correct signatures from the holder, reconciler, and approver. Alcohol purchasing guidelines will also be included. BSC pCard training will be scheduled the week of Aug 8th. Additional training will be offered during the fall semester. UNTS Business Service Center Purchasing Card Program Guide will be consistently followed and reviewed regularly to ensure compliance.	Dean of the College of Information	3/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-406 UNT	Academic and Students	COI Dean's Transitional Audit	UNT	5. The scholarship criteria listed on the Department of Library and Information Sciences website did not match all the criteria in the corresponding donor agreement. There were 28 scholarships in the College of Information for which Internal Audit received an agreement identifying the criteria for awarding the scholarship. 14 of these scholarships were advertised on the Library and Information Science website. Internal Audit found that the criteria listed on the website contained discrepancies from the criteria in the agreement.	Moderate	Recommendation for Interim Dean of the College of Information: 5a. Ensure all scholarships are advertised in accordance with donor agreements.	We agree. All COI websites will be reviewed and any discrepancies will be rectified. We will ensure that the webmasters are reviewing the criteria for compliance for each advertised scholarship.	Dean of the College of Information	10/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-406 UNT	Academic and Students	COI Dean's Transitional Audit	UNT	6. Student Financial Aid and Scholarships' Best Practices for Scholarships and Awards are not consistently followed within the departments in the College of Information. Internal Audit noted scholarship process inadequacies, specifically: • No working departmental policies; • No meeting minutes; and • Donor participating in the scholarship committee and involved in award selection.	Moderate	Recommendation for Interim Dean of the College of Information: 6a. Ensure that the Student Financial Aid and Scholarships' Best Practices for Scholarships and Awards are consistently followed in the College of Information, specifically: • Create a departmental policy for awarding scholarship; • Hold committee meetings and document minutes; and • Ensure appropriate personnel are involved in the scholarship selection process.	We agree. The departments will ensure that each scholarship is in line with UNT's policies and best practices, and we will also create a department policy for awarding scholarships. College and department scholarship committees will keep minutes of all meetings and document the procedures in the selection process. Donor participation will be in line with UNT policy. Scholarship award process training will be provided on July 26th, 2016 as a follow up to an earlier meeting.	Dean of the College of Information	12/1/2016	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-406 UNT	Academic and Students	COI Dean's Transitional Audit	UNT	7. When the School of Library and Information Sciences became a department in College of Information, the existing scholarship agreements were not evaluated to determine the appropriate program of study for which the scholarship should be offered. Additionally, the UNT Division of Advancement and the College of Information had a different number of endowment scholarships within the College of Information. The scholarship agreements were prepared and written to provide scholarships for the School of Library and Information Sciences. Once the school became a department in the College of Information, these scholarships were awarded solely to those studying within the Department of Library and Information Sciences.	Low	Recommendations for Interim Dean of the College of Information: 7a. Coordinate with the Office of General Counsel and Advancement to examine the language and donor's intent to determine the appropriate program of study to which the scholarships can be offered.	Advancement did not provide information about the Mary Voegle endowed scholarship to the department and the scholarship was not listed in Cognos with the rest of the other scholarships. When the LIS budget was separated from the college budget in 2012, all endowed scholarships were awarded according to the MOUs. The dean of the College of Information will ask UNT General Counsel to examine the language and donor intent. The College of Information's Advancement representative will work closely with the College scholarship representative to ascertain the existing number of scholarships that are eligible to be awarded.	Dean of the College of Information	1/17/2017 Rev. 07/01/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-406 UNT	Academic and Students	COI Dean's Transitional Audit	UNT	7. When the School of Library and Information Sciences became a department in College of Information, the existing scholarship agreements were not evaluated to determine the appropriate program of study for which the scholarship should be offered. Additionally, the UNT Division of Advancement and the College of Information had a different number of endowment scholarships within the College of Information. The scholarship agreements were prepared and written to provide scholarships for the School of Library and Information Sciences. Once the school became a department in the College of Information, these scholarships were awarded solely to those studying within the Department of Library and Information Sciences.	Low	Recommendations for Interim Dean of the College of Information: 7b. Coordinate with UNT Division of Advancement to obtain a clear understanding of how many scholarships exist within the College of Information and determine which are eligible to be awarded.	Advancement did not provide information about the Mary Voegle endowed scholarship to the department and the scholarship was not listed in Cognos with the rest of the other scholarships. When the LIS budget was separated from the college budget in 2012, all endowed scholarships were awarded according to the MOUs. The dean of the College of Information will ask UNT General Counsel to examine the language and donor intent. The College of Information's Advancement representative will work closely with the College scholarship representative to ascertain the existing number of scholarships that are eligible to be awarded.	Dean of the College of Information	1/17/2017 Rev. 07/01/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-022 HSC	Governance and Regulatory Compliance	School of Public Health (Unit Specific Management Control Review)	UNTHSC	Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives. In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources.	High	Recommendation to the UNTHSC President and Interim Chief Financial Officer: 1a. Review and assess alternative budget models and adopt a model that aligns with institutional goals and initiatives.	a. The Health Science Center (HSC) will establish a budget advisory committee to review and assess various ways to budget and to provide recommendations regarding the underlining principles and procedures to the President's cabinet. The President's cabinet will discuss and determine the best course of action in budgeting for HSC, with the implementation of the revised budget model occurring in FY 2018 for the FY 2019 budget process. This budgeting model will be completed by September 1, 2017.	Gregory R. Anderson, Interim Chief Financial Officer	9/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-022 HSC	Governance and Regulatory Compliance	School of Public Health (Unit Specific Management Control Review)	UNTHSC	Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives. In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources.	High	Recommendation to the UNTHSC President and Interim Chief Financial Officer: 1b. Develop institutional principles, policies and procedures.	b. Based on the determination by the President's cabinet, budget principles, policy and procedures will be developed which support the accomplishment of the HSC objectives and initiatives consistent with the strategic plan. The proposed budget policy will be submitted to the Office of General Counsel (OGC) by September 5, 2017.	Gregory R. Anderson, Interim Chief Financial Officer	9/5/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-022 HSC	Governance and Regulatory Compliance	School of Public Health (Unit Specific Management Control Review)	UNTHSC	Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives.

In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources. | High | Recommendation to the UNTHSC President and Interim Chief Financial Officer:

1c. Communicate newly developed principles, policies and procedures to pertinent employees. Management should consider posting these documents on the UNTHSC website. | c. Once developed, the proposed budget policy will be submitted to OGC for approval by September 5, 2017 and once OGC approves, then the budget policy and procedures will be communicated to the employees and posted on the UNTHSC website. | Gregory R. Anderson, Interim Chief Financial Officer | 9/5/2017 Rev. 10/5/17 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2016 | 16-022 HSC | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC | There was a change in the format of the Quarterly Budget Reports that became effective in Q2 FY2016 to exclude prior year balances brought forward. The Q1 Quarterly Budget Report reflected the current year budget amounts as well as the prior year balances; however, the Q2 Quarterly Budget Report only showed current year budget amounts. Therefore, the total available budget in the Q2 Budget Report was understated by the following:

• Tobacco Settlement Funds - $264,582
• Designated Tuition Funds - $43,282.

Additionally, prior year revenue generating activities of $733,784 was also not shown in the Q2 Quarterly Budget Report. This amount comprises of Facilities & Administrative cost recovery from grants for the amount of $363,855. | Moderate | Recommendation to the Interim Chief Financial Officer:

2a. Management should determine what relevant information needs to be included in the Quarterly Budget Reports and develop a standard operating procedure. | a. Management will establish a task force to determine what relevant information needs to be included in quarterly budget reports, including the inclusion of prior year balances, as well as recommend a set of standard operating procedures. These recommendations will be submitted to the President's cabinet for discussion and approval by January 12, 2017. | Gregory R. Anderson, Interim Chief Financial Officer | 1/12/2017 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2016 | 16-022 HSC | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC | There was a change in the format of the Quarterly Budget Reports that became effective in Q2 FY2016 to exclude prior year balances brought forward. The Q1 Quarterly Budget Report reflected the current year budget amounts as well as the prior year balances; however, the Q2 Quarterly Budget Report only showed current year budget amounts. Therefore, the total available budget in the Q2 Budget Report was understated by the following:

• Tobacco Settlement Funds - $264,582
• Designated Tuition Funds - $43,282.

Additionally, prior year revenue generating activities of $733,784 was also not shown in the Q2 Quarterly Budget Report. This amount comprises of Facilities & Administrative cost recovery from grants for the amount of $363,855. | Moderate | Recommendation to the Interim Chief Financial Officer:

2b. Once standard operating procedures have been developed, management should communicate to all relevant parties. | b. Once approved, the finance office will communicate to all relevant parties the procedures to be used by February 10, 2017. | Gregory R. Anderson, Interim Chief Financial Officer | 2/10/2017 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2016 | 16-022 HSC | Governance and Regulatory Compliance | School of Public Health (Unit Specific Management Control Review) | UNTHSC | Safeguarding measures of student fee payments received are not adequate during the receipting and reconciliation processes at the Office of Admissions. Specifically, the following were noted:

• Current/prospective students are not provided with receipts when making payments for various fees unless requested by the student. Specifically, when the assigned individual receives money in person related to application, change of concentration, assurance and deferment fees, a manual unofficial receipt from a generic receipt logbook was provided to students upon request.
• Reconciliation processes are not in place to verify that assurance and deferment fees received from prospective students were properly credited towards the correct student account.
• Reconciliation processes are not in place to verify that application and change of concentration fees were properly recorded in the correct departmental account. | Moderate | Recommendation for the Director of Financial Services – Student Finance:

3a. Work with Student Accounting and University Cashiering Services to change your process to require students paying in person to pay directly at the cashiering office and obtain an official university receipt and students paying by mail to send their checks directly to the Cashiering Office. | We concur with your findings and agree to partner with the appropriate staff from the School of Public Health to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNTHSC School of Public Health. Key team members from UNT System Student Accounting and UNT System Financial Systems Support will work with the appropriate staff (as necessary) to ensure these recommendations, and others as deemed appropriate, are implemented by no later than August 1, 2017. | Jeane Olson, Director of Financial Services – Student Finance | 8/1/2017 | Closed |

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-022 HSC	Governance and Regulatory Compliance	School of Public Health (Unit Specific Management Control Review)	UNTHSC	Safeguarding measures of student fee payments received are not adequate during the receipting and reconciliation processes at the Office of Admissions. Specifically, the following were noted: • Current/prospective students are not provided with receipts when making payments for various fees unless requested by the student. Specifically, when the assigned individual receives money in person related to application, change of concentration, assurance and deferment fees, a manual unofficial receipt from a generic receipt logbook was provided to students upon request. • Reconciliation processes are not in place to verify that assurance and deferment fees received from prospective students were properly credited towards the correct student account. • Reconciliation processes are not in place to verify that application and change of concentration fees were properly recorded in the correct departmental account.	Moderate	Recommendation for Associate Dean of School of Public Health: 3b. Develop procedures to help ensure that all fees collected are reconciled on a regular basis to the University accounting system and to the respective student account.	The School of Public Health, Office of Admissions will establish a procedure to: a. Redirect on-site cash received to the Cashier's Office, located in the Student Services Center of the UNTHSC campus, in the same building as the Office of Admission. Student will make payment to the Cashier, obtain a receipt, and then provide proof of payment to the Office of Admission b. Redirect deposits by mail directly to the Cashiering Office, establishing a procedure for the Office of Admission to be notified when a deposit has been received c. Maintain a log of fees collected as notified by the Cashier's office d. Work with Financial Services as a process improvement to automate items 1 and 2 above within their stipulated implementation date of August 1, 2017	Matt Nolan Adrignola, Associate Dean of Administration & Student Services	3/1/2017 Rev. 08/01/2017	Closed
Internal	UNT System Internal Audit –	Fiscal Year 2016	16-022 HSC	Governance and Regulatory Compliance	School of Public Health (Unit Specific Management Control Review)	UNTHSC	While obtaining an understanding of UNTHSC Cashiering as it related to the process of receipting and depositing funds by the School of Public Health, we noted opportunities for improvement. Although, UNTHSC Cashiering Office is a keypad control access room with glass windows and limited access to only authorized personnel, the following exceptions were noted: • The drawers (cash registers) in which funds are kept do not have locks to ensure that each cashier is accountable for her assigned drawer. • The bank deposit bag is not kept in the safe until the armored truck arrives for pick up. • Cashiers have their purses in the cashiering room rather than having purses kept in a locker. • The two cashiers have only received cash handling training once, which was at the beginning of their employment in the last three and six year tenure.	Moderate	Recommendations for the Director of Financial Services – Student Finance: 4a. Establish a mandatory annual cash handling training for all personnel handling cash at UNTHSC.	We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNTHSC campus in Fort Worth. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than August 1, 2017.	Jeane Olson, Director of Financial Services – Student Finance	8/1/2017	Closed
Internal	UNT System Internal Audit –	Fiscal Year 2016	16-022 HSC	Governance and Regulatory Compliance	School of Public Health (Unit Specific Management Control Review)	UNTHSC	While obtaining an understanding of UNTHSC Cashiering as it related to the process of receipting and depositing funds by the School of Public Health, we noted opportunities for improvement. Although, UNTHSC Cashiering Office is a keypad control access room with glass windows and limited access to only authorized personnel, the following exceptions were noted: • The drawers (cash registers) in which funds are kept do not have locks to ensure that each cashier is accountable for her assigned drawer. • The bank deposit bag is not kept in the safe until the armored truck arrives for pick up. • Cashiers have their purses in the cashiering room rather than having purses kept in a locker. • The two cashiers have only received cash handling training once, which was at the beginning of their employment in the last three and six year tenure.	Moderate	Recommendations for the Director of Financial Services – Student Finance: 4b. Require all cash handling personnel to sign a statement acknowledging that they have been trained, read and understand the relevant policies and procedures.	We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNTHSC campus in Fort Worth. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than August 1, 2017.	Jeane Olson, Director of Financial Services – Student Finance	8/1/2017	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-022 HSC	Governance and Regulatory Compliance	School of Public Health (Unit Specific Management Control Review)	UNTHSC	While obtaining an understanding of UNTHSC Cashiering as it related to the process of receipting and depositing funds by the School of Public Health, we noted opportunities for improvement. Although, UNTHSC Cashiering Office is a keypad control access room with glass windows and limited access to only authorized personnel, the following exceptions were noted: • The drawers (cash registers) in which funds are kept do not have locks to ensure that each cashier is accountable for her assigned drawer. • The bank deposit bag is not kept in the safe until the armored truck arrives for pick up. • Cashiers have their purses in the cashiering room rather than having purses kept in a locker. • The two cashiers have only received cash handling training once, which was at the beginning of their employment in the last three and six year tenure.	Moderate	Recommendations for the Director of Financial Services – Student Finance: 4c. Work with the UNTHSC Controller's Office to modify Cash Handling Procedures to require cash handling annual training.	We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNTHSC campus in Fort Worth. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than August 1, 2017.	Jeane Olson, Director of Financial Services – Student Finance	8/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-022 HSC	Governance and Regulatory Compliance	School of Public Health (Unit Specific Management Control Review)	UNTHSC	While obtaining an understanding of UNTHSC Cashiering as it related to the process of receipting and depositing funds by the School of Public Health, we noted opportunities for improvement. Although, UNTHSC Cashiering Office is a keypad control access room with glass windows and limited access to only authorized personnel, the following exceptions were noted: • The drawers (cash registers) in which funds are kept do not have locks to ensure that each cashier is accountable for her assigned drawer. • The bank deposit bag is not kept in the safe until the armored truck arrives for pick up. • Cashiers have their purses in the cashiering room rather than having purses kept in a locker. • The two cashiers have only received cash handling training once, which was at the beginning of their employment in the last three and six year tenure.	Moderate	Recommendations for the Director of Financial Services – Student Finance: 4d. Consider expanding the mandatory annual cash handling training and acknowledgement statement requirements to other University components.	We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNTHSC campus in Fort Worth. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than August 1, 2017.	Jeane Olson, Director of Financial Services – Student Finance	8/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-022 HSC	Governance and Regulatory Compliance	School of Public Health (Unit Specific Management Control Review)	UNTHSC	While obtaining an understanding of UNTHSC Cashiering as it related to the process of receipting and depositing funds by the School of Public Health, we noted opportunities for improvement. Although, UNTHSC Cashiering Office is a keypad control access room with glass windows and limited access to only authorized personnel, the following exceptions were noted: • The drawers (cash registers) in which funds are kept do not have locks to ensure that each cashier is accountable for her assigned drawer. • The bank deposit bag is not kept in the safe until the armored truck arrives for pick up. • Cashiers have their purses in the cashiering room rather than having purses kept in a locker. • The two cashiers have only received cash handling training once, which was at the beginning of their employment in the last three and six year tenure.	Moderate	Recommendations for the Director of Financial Services – Student Finance: 4e. Ensure all bank deposit bags are kept in the safe until the armored truck arrives.	We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNTHSC campus in Fort Worth. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than August 1, 2017.	Jeane Olson, Director of Financial Services – Student Finance	8/1/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-022 HSC	Governance and Regulatory Compliance	School of Public Health (Unit Specific Management Control Review)	UNTHSC	While obtaining an understanding of UNTHSC Cashiering as it related to the process of receipting and depositing funds by the School of Public Health, we noted opportunities for improvement. Although, UNTHSC Cashiering Office is a keypad control access room with glass windows and limited access to only authorized personnel, the following exceptions were noted: • The drawers (cash registers) in which funds are kept do not have locks to ensure that each cashier is accountable for her assigned drawer. • The bank deposit bag is not kept in the safe until the armored truck arrives for pick up. • Cashiers have their purses in the cashiering room rather than having purses kept in a locker. • The two cashiers have only received cash handling training once, which was at the beginning of their employment in the last three and six year tenure.	Moderate	Recommendations for the Director of Financial Services – Student Finance: 4f. Consider utilizing a desktop check scanner.	We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNTHSC campus in Fort Worth. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than August 1, 2017.	Jeane Olson, Director of Financial Services – Student Finance	8/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-022 HSC	Governance and Regulatory Compliance	School of Public Health (Unit Specific Management Control Review)	UNTHSC	While obtaining an understanding of UNTHSC Cashiering as it related to the process of receipting and depositing funds by the School of Public Health, we noted opportunities for improvement. Although, UNTHSC Cashiering Office is a keypad control access room with glass windows and limited access to only authorized personnel, the following exceptions were noted: • The drawers (cash registers) in which funds are kept do not have locks to ensure that each cashier is accountable for her assigned drawer. • The bank deposit bag is not kept in the safe until the armored truck	Moderate	Recommendations for the Director of Financial Services – Student Finance: 4g. Place all purses and belongings in a locker or drawer away from where the money is kept.	We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNTHSC campus in Fort Worth. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than August 1, 2017.	Jeane Olson, Director of Financial Services – Student Finance	8/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-022 HSC	Governance and Regulatory Compliance	School of Public Health (Unit Specific Management Control Review)	UNTHSC	During our review of School of Public Health Payroll, we noted that UNT System Administration Policies 03.503 Longevity Pay is outdated and it is not in compliance with the statute. Specifically, as of September 1, 2005 the longevity pay was raised from $20 per month for every three years of state service to $20 per month for every two years of state service which is not reflected in the policy. Additionally, it is important to note that the longevity pay is appropriately calculated in the University Payroll System in accordance with the statute.	Low	Recommendation for the Human Resources Director: 5a. Modify University Administrative Policy regarding Longevity Pay to help ensure compliance with the state laws.	Management worked with the UNT System Policy Manager, to update/modify the University Administrative Policy. The updated policy was submitted to the Office of General Counsel for review during the audit.	Gary Finney, Human Resources Director	7/19/2016	Closed
Internal	UNTHSC Institutional Review Board	Fiscal Year 2016	NA	Governance and Regulatory Compliance	PKU Human Microbiome Protocol	UNTHSC	None	NA	NA	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2016	16-102 SYS	Information Technology	IT Privacy and Data Protection	UNT System	Responsibility for IT Security is decentralized and communication concerning the responsibilities of each party should be strengthened. ITSS establishes the policies for the UNT Enterprise concerning requirements for installing and maintaining anti-virus and encryption software on all laptops. It is then the responsibility of the IT Managers or Custodians to ensure these policies are carried out. IA talked to the IT Managers of UNTS, UNT CAS and UNTD and they were not aware of their responsibility for ongoing maintenance of the anti-virus and encryption software on the laptops. The IT Managers do not follow procedures to ensure the software installed is maintained and current. They do not receive directive communication from ITSS detailing accountability and responsibility for maintaining this software.	High	Recommendations for ITSS: ITSS should utilize a communication framework detailing how responsibility for installation and maintenance of anti-virus and encryption software on laptops, as well as inventory of laptops, will be disseminated.	IT Shared Services will utilize the following existing frameworks that address the recommendations of this observation (#1): 1. The framework that establishes security responsibilities for the management of information resources, including laptops, which is defined and communicated online in the following resources: a. UNT System Information Security Regulation 6.1000, Section 6.1004(3), "Information Security Structure"; b. UNT System Information Security Policy 8.1000, Section 2, "Information Security Roles"; c. UNT System Information Security Handbook, Section 6, "Information Security Structure"; and d. Texas Administrative Code Chapter 202 and ISO 27001 and ISO 27002; and e. UNT System Information Security Mandate: Mobile Device Encryption. 2. The UNT System Information Security Handbook, sections 10.4.1-10.4.4, and 12.4.1-12.4.2, which is available online and establishes requirements for management and installation of anti-virus and encryption software. 3. UNT and UNT System committees established to communicate campus related IT projects and issues, in addition to a listserv that is used to communicate information technology, security, antivirus and encryption services issues to IT personnel across the UNT System and the Institutions. The UNT Committee is called the Technical Architecture Group. This group meets monthly. The name of the UNT System committee is called the ITSS Technology Advisory group. This group meets every other month. Representation in each committee includes individuals who hold technical and non-technical positions.	Charlotte Russell, Chief Information Security Officer	3/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-102 SYS	Information Technology	IT Privacy and Data Protection	UNT System	Responsibility for IT Security is decentralized and communication concerning the responsibilities of each party should be strengthened. ITSS establishes the policies for the UNT Enterprise concerning requirements for installing and maintaining anti-virus and encryption software on all laptops. It is then the responsibility of the IT Managers or Custodians to ensure these policies are carried out. IA talked to the IT Managers of UNTS, UNT CAS and UNTD and they were not aware of their responsibility for ongoing maintenance of the anti-virus and encryption software on the laptops. The IT Managers do not follow procedures to ensure the software installed is maintained and current. They do not receive directive communication from ITSS detailing accountability and responsibility for maintaining this software.	High	Recommendations for ITSS: ITSS may use an appropriate existing committee or create a new committee to communicate accountability and responsibility for security concerns, including anti-virus and encryption software maintenance. Such a committee should include representatives from across the University at all levels, not just IT personnel.	IT Shared Services will utilize the following existing frameworks that address the recommendations of this observation (#1): 1. The framework that establishes security responsibilities for the management of information resources, including laptops, which is defined and communicated online in the following resources: a. UNT System Information Security Regulation 6.1000, Section 6.1004(3), "Information Security Structure"; b. UNT System Information Security Policy 8.1000, Section 2, "Information Security Roles"; c. UNT System Information Security Handbook, Section 6, "Information Security Structure"; and d. Texas Administrative Code Chapter 202 and ISO 27001 and ISO 27002; and e. UNT System Information Security Mandate: Mobile Device Encryption. 2. The UNT System Information Security Handbook, sections 10.4.1-10.4.4, and 12.4.1-12.4.2, which is available online and establishes requirements for management and installation of anti-virus and encryption software. 3. UNT and UNT System committees established to communicate campus related IT projects and issues, in addition to a listserv that is used to communicate information technology, security, antivirus and encryption services issues to IT personnel across the UNT System and the Institutions. The UNT Committee is called the Technical Architecture Group. This group meets monthly. The name of the UNT System committee is called the ITSS Technology Advisory group. This group meets every other month. Representation in each committee	Charlotte Russell, Chief Information Security Officer	3/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-102 SYS	Information Technology	IT Privacy and Data Protection	UNT System	Inventory list of laptops provided by Asset Management is not complete and accurate. Asset Management (AM) is responsible for maintaining an inventory of assets owned by the UNT Enterprise. This listing is maintained in EIS. IA obtained a list of laptops from asset management for UNT, UNTS, and UNTD, which contained 4688 entries. Listing from ePO provided to IA contained 3771 laptops for the entire UNT Enterprise. IA selected a random sample of 100 machines from the ePO report and attempted to find those machines in the asset management listing. Only 53 machines were found due to the asset management listing only sporadically including the machine name, the key field in ePO. Neither of the lists provided, from EIS or ePO, indicated the type of asset/machine. UNTD maintains an inventory list which contained 85 laptops. Asset Management's listing indicated 387 laptops assigned to UNTD. CAS does not maintain an independent inventory list of laptops purchased, and those assigned to CAS could not be identified in Asset Management's listing.	High	IA recommends Asset Management review their processes to ensure they result in an accurate laptop inventory across the Enterprise. IA should then conduct an audit of the Asset Management inventory process. IA recommends this occurs soon, as there are other UNT areas dependent on an accurate inventory. ITSS does not own AM, and AM was not the subject of this audit. IA is recommending an audit of the Asset Management process as a result of this audit.	NA	NA	NA	N/A

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-102 SYS	Information Technology	IT Privacy and Data Protection	UNT System	Inventory listing of laptops from Asset Management and listing of laptops in ePO are not reconciled. IA obtained a list of laptops from Asset Management pulled from EIS 9.0, which contained 4688 entries for UNT, UNTS, and UNTD. 3771 laptops containing anti-virus software were found in ePO for the entire UNT Enterprise. IA selected a random sample of 100 machines from this ePO report and attempted to find those machines in the asset management listing. Only 53 machines were found due to the asset management listing only sporadically including the machine name, the key field in ePO.	High	Recommendation for ITSS: ITSS should develop and submit a policy requiring a periodic reconciliation of laptops in Asset Management's inventory to the list of laptops in ePO. This will help determine if all required laptops are equipped with encryption and anti-virus software.	Per discussions that ensued between the leadership of ITSS (Rama Dhuwaraha, Charlotte Russell, Dorothy Flores, and Kendra Ketchum) and Internal Audit (Tracy Grunig, Mickie Tate, and Sue Pagel) on August 11, 2016, all parties agreed to an alternative to this recommendation, due to non-compatibility of the asset management system with ePO. The two technologies are used for unique purposes: The asset management system is used by institutions to track inventory, and ePO is a software management tool used by ITSS to centrally manage the distribution of anti-virus and encryption software to institutionally owned devices. These tools do not capture the same type of information that would be needed to support reconciliation, thus correlated, or comparable information, is not stored in either system. ITSS will establish a requirement for departments to install current versions of anti-virus and encryption software deployment tools on all newly acquired laptops. By installing the anti-virus and encryption software tools on devices prior to deployment and use, the asset management inventory will initially be indicative of devices that are protected with these solutions. Thereafter, the annual check-in recommendation will support review and compliance as noted in Observation #4.	Charlotte Russell, Chief Information Security Officer	3/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-102 SYS	Information Technology	IT Privacy and Data Protection	UNT System	Inventory listing of laptops from Asset Management and listing of laptops in ePO are not reconciled. IA obtained a list of laptops from Asset Management pulled from EIS 9.0, which contained 4688 entries for UNT, UNTS, and UNTD. 3771 laptops containing anti-virus software were found in ePO for the entire UNT Enterprise. IA selected a random sample of 100 machines from this ePO report and attempted to find those machines in the asset management listing. Only 53 machines were found due to the asset management listing only sporadically including the machine name, the key field in ePO.	High	Recommendation for IT Managers: IT Managers should develop a process to periodically reconcile the laptop asset management inventory with ePO in compliance with the new policy.	Per discussions that ensued between the leadership of ITSS (Rama Dhuwaraha, Charlotte Russell, Dorothy Flores, and Kendra Ketchum) and Internal Audit (Tracy Grunig, Mickie Tate, and Sue Pagel) on August 11, 2016, all parties agreed to an alternative to this recommendation, due to non-compatibility of the asset management system with ePO. The two technologies are used for unique purposes: The asset management system is used by institutions to track inventory, and ePO is a software management tool used by ITSS to centrally manage the distribution of anti-virus and encryption software to institutionally owned devices. These tools do not capture the same type of information that would be needed to support reconciliation, thus correlated, or comparable information, is not stored in either system. ITSS will establish a requirement for departments to install current versions of anti-virus and encryption software deployment tools on all newly acquired laptops. By installing the anti-virus and encryption software tools on devices prior to deployment and use, the asset management inventory will initially be indicative of devices that are protected with these solutions. Thereafter, the annual check-in recommendation will support review and compliance as noted in Observation #4.	Charlotte Russell, Chief Information Security Officer	3/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-102 SYS	Information Technology	IT Privacy and Data Protection	UNT System	No follow-up for laptops not checking in. ITSS maintains the ePO system, supplying the McAfee tool for people building laptops to put anti-virus and encryption software on machines. ePO also updates these machines with the most recent software upgrades when the machines access the network, normally every 15 minutes. ITSS does not require follow-up on machines that have not checked in within a certain timeframe.	High	Recommendations for ITSS: ITSS should develop and submit a policy requiring IT Managers investigate machines not checking into ePO within a defined timeframe or not containing anti-virus updates per definition.	Computer images that include anti-virus and encryption software are deployed to laptops by campus departments. ITSS does not have access to the images and is therefore unable to update them. In addition, ITSS does not manage departmental operations or processes associated with management of laptops. ITSS will establish a requirement for laptops to be connected to institutionally owned networks at least annually in order to receive anti-virus and encryption software updates. In cases where a laptop is not capable of running a specific institutionally managed anti-virus or encryption software solution, a security exception will be considered if mitigating controls can be established to protect the respective device. ITSS will establish a requirement for IT managers to remove laptops from ePO that have been surplussed and are no longer in use. ITSS will establish a requirement for IT managers to investigate the following: • Laptops that do not check into ePO within an established timeframe; and • Laptops that do not receive anti-virus updates. Documentation listing the reasons why a laptop does not check into ePO will be required to be maintained by the IT Manager. In cases where a laptop is not capable of checking in due to inability to run an institutionally owned and managed anti-virus or encryption software tool or solution, a security exception will be considered if mitigating	Charlotte Russell, Chief Information Security Officer	3/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-102 SYS	Information Technology	IT Privacy and Data Protection	UNT System	No follow-up for laptops not checking in. ITSS maintains the ePO system, supplying the McAfee tool for people building laptops to put anti-virus and encryption software on machines. ePO also updates these machines with the most recent software upgrades when the machines access the network, normally every 15 minutes. ITSS does not require follow-up on machines that have not checked in within a certain timeframe.	High	Recommendations for ITSS: ITSS should develop and submit a policy requiring laptop owners to bring the laptop into campus and connect directly to the UNT network at least annually to receive required updates. Reason for not checking in should be documented, and/or machine access removed from the UNT network.	Computer images that include anti-virus and encryption software are deployed to laptops by campus departments. ITSS does not have access to the images and is therefore unable to update them. In addition, ITSS does not manage departmental operations or processes associated with management of laptops. ITSS will establish a requirement for laptops to be connected to institutionally owned networks at least annually in order to receive anti-virus and encryption software updates. In cases where a laptop is not capable of running a specific institutionally managed anti-virus or encryption software solution, a security exception will be considered if mitigating controls can be established to protect the respective device. ITSS will establish a requirement for IT managers to remove laptops from ePO that have been surplussed and are no longer in use. ITSS will establish a requirement for IT managers to investigate the following: • Laptops that do not check into ePO within an established timeframe; and • Laptops that do not receive anti-virus updates. Documentation listing the reasons why a laptop does not check into ePO will be required to be maintained by the IT Manager. In cases where a laptop is not capable of checking in due to inability to run an institutionally owned and managed anti-virus or encryption software tool or solution, a security exception will be considered if mitigating controls can be established to ensure that the respective device is	Charlotte Russell, Chief Information Security Officer	3/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-102 SYS	Information Technology	IT Privacy and Data Protection	UNT System	No follow-up for laptops not checking in. ITSS maintains the ePO system, supplying the McAfee tool for people building laptops to put anti-virus and encryption software on machines. ePO also updates these machines with the most recent software upgrades when the machines access the network, normally every 15 minutes. ITSS does not require follow-up on machines that have not checked in within a certain timeframe.	High	Recommendation for IT Managers: IT Managers should remove laptops from ePO that are surplused and no longer in use.	IA communicated with CAS Assistant Dean for Information Technology Services, Tim Christian, regarding removing laptops from ePO that are surplused and no longer in use. He agreed to follow the policy set by ITSS.	Tim Christian, Assistant Dean for Information Technology Services	3/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-102 SYS	Information Technology	IT Privacy and Data Protection	UNT System	Use of the ePO tool is not required to install and monitor anti-virus and encryption software on laptops. While most IT Managers use the ePO agent to install anti-virus and encryption software on laptops, there is no requirement to do so. Installation of anti-virus and encryption software is required but use of a specific tool is not required.	Moderate	Recommendation for ITSS: ITSS should develop and submit a standard requiring all IT Managers use one tool to install anti-virus and encryption software on laptops during the build process.	Anti-virus software is deployed to devices in a variety of methods, including direct acquisition from anti-virus software vendors (e.g., McAfee), and also via ePolicy Orchestrator (ePO), a software management tool used by IT Shared Services to centrally manage the distribution of anti-virus and encryption software to institutionally owned devices, including laptops. Detection of the installation of anti-virus and encryption software can be done manually (by physically locating and assessing installation), or it can be done through the use of management tools such as ePO. ITSS will establish a standard requiring the use of the ITSS sanctioned anti-virus and encryption software distribution tool. In cases where a device is not capable of running a specific anti-virus or encryption software solution, a security exception will be considered if mitigating controls can be established to protect the respective device.	Charlotte Russell, Chief Information Security Officer	3/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-102 SYS	Information Technology	IT Privacy and Data Protection	UNT System	Standard for compliant and non-compliant anti-virus updates on laptops does not take into account last check-in date. The current definition of laptops being compliant with anti-virus	Moderate	Recommendation for ITSS: ITSS should establish a new definition of when a laptop is considered compliant, taking into account when they last	ITSS will update and document the conditions in which a laptop is considered compliant with the last check-in date requirement.	Charlotte Russell, Chief Information Security Officer	3/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-306 UNT	Governance and Regulatory Compliance	Selected Grants Review - National Science Foundation Audit	UNT	No findings/deficiencies.	NA	None	NA	NA	NA	N/A

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-020 UNT	Governance and Regulatory Compliance	International Travel Process Audit	UNT	Listed below are reasons for conducting an audit at a later time: 1. A System-wide travel regulation, which will contain a section on international travel requiring registration for all individuals travelling internationally on University business, will need to be approved and implemented. 2. RMS international travel registration mechanism will need to be implemented. 3. There is a need to establish an internal control to ensure that all individuals traveling internationally on University business register their travel. 4. Management may want to consider possible consequences for those individuals who do not comply with the international travel registration requirement in the System travel regulation. 5. Funding for future improvements and/or expansion of the international travel registration mechanism, if determined applicable, has not been obtained. 6. Need to update the UNT System Travel Guidelines and applicable travel procedures.	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2016	16-401 UNT	Governance and Regulatory Compliance	Toulouse Graduate School	UNT	1. No Application Fee Policy: Internal Audit was unable to locate any University policies that directly address the use of the Graduate School Application fee. The Interim Dean of the Toulouse Graduate School, stated that application fees can be used for any purpose due to their flexibility, and the Interim Dean was not aware of any policies governing the use of application fees. The Interim Dean of the Toulouse Graduate School, stated that application fees can be used for any purpose due to their flexibility,	Moderate	Recommendation for Vice Provost of the Toulouse Graduate School: 1a. Consult with the Vice President for Finance and Administration to develop a policy specifying appropriate uses for the Graduate School application fee.	Historically the majority of the application fee was used to fund staff positions in the Toulouse Graduate School. Within the last six months the funding of these staff lines were adjusted so that the staff directly responsible for application processing are paid from the application fee account. This is consistent with the intended use of the funds. In addition the residual funds will be directed toward processing of applications and the associated expenses. However, the application fee and the staff on that fee have moved under admissions and, consistent with the change in the budget line, we communicated with	Rebecca Lothringer, Executive Director of Admissions	1/15/2017 Rev. 08/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	1. Intercollegiate Athletics Fee - The UNT Intercollegiate Athletics Fee was increased $1 per semester credit hour (SCH) from $10/SCH to $11/SCH starting in the Spring of 2016 without a student general election conducted to approve the increase, which was not in compliance with the Texas Education Code Chapter 54 Section 54.5191. Therefore, this action resulted in the overbilling of students.	High	Recommendations for the Vice President of Finance and Administration and the Vice President of Athletics: a. Coordinate with the Office of General Counsel to take appropriate actions to rectify the overbilling of students.	The fees for athletics were returned to $10 per hour with limits, the last appropriately authorized amount, prior to registration and fee payment for spring, 2017. The university will refund the extra $1 per hour collected for the two previous terms. All refunds will be made by November 30, 2016.	Bob Brown, Vice President for Finance and Administration	11/30/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	1. Intercollegiate Athletics Fee - The UNT Intercollegiate Athletics Fee was increased $1 per semester credit hour (SCH) from $10/SCH to $11/SCH starting in the Spring of 2016 without a student general election conducted to approve the increase, which was not in compliance with the Texas Education Code Chapter 54 Section 54.5191. Therefore, this action resulted in the overbilling of students.	High	Recommendations for the Vice President of Finance and Administration and the Vice President of Athletics: b. Identify and refund students who were charged excess fees as a result of non-compliance with the Texas Education Code 54.5191 from Spring 2016 to current.	The fees for athletics were returned to $10 per hour with limits, the last appropriately authorized amount, prior to registration and fee payment for spring, 2017. The university will refund the extra $1 per hour collected for the two previous terms. All refunds will be made by November 30, 2016.	Bob Brown, Vice President for Finance and Administration	11/30/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	2. Inadequate Safeguarding Measures - Safeguarding measures of blank check stock are not adequate. Specifically, the following were noted: • There is a small unsecured movable safe on a shelf in the custodian's office which includes blank pre-numbered checks and the safe combination of another safe located in Athletics administration. • There is no documentation listing the check numbers of the blank checks kept in safe. • The Athletic Department Working Fund maximum balance is $20,000, though the estimated potential amount needed during peak months is $5,000.	High	Recommendation for Assistant Athletic Director, Business Operations: a. Obtain a larger unmovable safe.	The Department of Athletics agrees with the recommendations. A large unmovable safe has been purchased.	Pilar Bradfield, Assistant Athletic Director	2/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	2. Inadequate Safeguarding Measures - Safeguarding measures of blank check stock are not adequate. Specifically, the following were noted: • There is a small unsecured movable safe on a shelf in the custodian's office which includes blank pre-numbered checks and the safe combination of another safe located in Athletics administration. • There is no documentation listing the check numbers of the blank checks kept in safe. • The Athletic Department Working Fund maximum balance is $20,000, though the estimated potential amount needed during peak months is $5,000.	High	Recommendation for Assistant Athletic Director, Business Operations: b. Maintain a listing of check numbers for the blank check stock that is kept secured in the safe.	The Department of Athletics agrees with the recommendations. Blank check stock will be inventoried on a quarterly basis. The listing of check numbers for blank stock will be maintained and updated after each inventory.	Pilar Bradfield, Assistant Athletic Director	2/1/2017	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	2. Inadequate Safeguarding Measures - Safeguarding measures of blank check stock are not adequate. Specifically, the following were noted: • There is a small unsecured movable safe on a shelf in the custodian's office which includes blank pre-numbered checks and the safe combination of another safe located in Athletics administration. • There is no documentation listing the check numbers of the blank checks kept in safe. • The Athletic Department Working Fund maximum balance is $20,000, though the estimated potential amount needed during peak months is $5,000.	High	Recommendation for Assistant Athletic Director, Business Operations: c. Reduce the working fund balance of the Athletic Department Working Fund to a lower amount which will still meet the needs of the department.	The Department of Athletics agrees with the recommendations. Athletics will work with the Controller's office in BSC to reduce the fund to $10,000.00.	Pilar Bradfield, Assistant Athletic Director	2/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	3. Parking Revenue - Testing of parking revenue identified the following: • Parking reconciliation reports had material differences between expected receipts and actual monies deposited to Student Accounting and University Cashiering Services. In detail parking payments from four football games identified a shortage of $558.00, $515.00, $366.00, and an overage of $140.00. • The explanations noted on the reconciliation report regarding the over/short dollar difference were inadequate or missing. • The reconciliation reports reviewed were signed by a UNT Athletic employee; however, the signature on the report by the representative for Contemporary Services Corporation (CSC) signed as "CSC" and the actual name was not used. • There are no written procedures outlining the steps to be taken by UNT Athletic personnel with regards to parking operations after CSC collects and provides the parking funds to UNT Athletics personnel.	High	Recommendations for Senior Associate Athletic Director, Business Operations: a. Develop procedures to help ensure that funds are appropriately accounted for, reconciled and deposited timely.	The Department of Athletics agrees with the recommendations. • Procedures related to the parking funds will be formally documented. • All pertinent personnel will be trained on the procedures. • Reconciliation of parking funds will take place in a timely manner to ensure compliance with the institutional mandates regarding cash deposits. All overage/shortages will be appropriately documented.	Pilar Bradfield, Assistant Athletic Director	11/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	3. Parking Revenue - Testing of parking revenue identified the following: • Parking reconciliation reports had material differences between expected receipts and actual monies deposited to Student Accounting and University Cashiering Services. In detail parking payments from four football games identified a shortage of $558.00, $515.00, $366.00, and an overage of $140.00. • The explanations noted on the reconciliation report regarding the over/short dollar difference were inadequate or missing. • The reconciliation reports reviewed were signed by a UNT Athletic employee; however, the signature on the report by the representative for Contemporary Services Corporation (CSC) signed as "CSC" and the actual name was not used. • There are no written procedures outlining the steps to be taken by UNT Athletic personnel with regards to parking operations after CSC collects and provides the parking funds to UNT Athletics personnel.	High	Recommendations for Senior Associate Athletic Director, Business Operations: b. Train pertinent UNT personnel on the parking procedures expected to be developed.	The Department of Athletics agrees with the recommendations. • Procedures related to the parking funds will be formally documented. • All pertinent personnel will be trained on the procedures. • Reconciliation of parking funds will take place in a timely manner to ensure compliance with the institutional mandates regarding cash deposits. All overage/shortages will be appropriately documented.	Pilar Bradfield, Assistant Athletic Director	11/1/2016	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	3. Parking Revenue - Testing of parking revenue identified the following: • Parking reconciliation reports had material differences between expected receipts and actual monies deposited to Student Accounting and University Cashiering Services. In detail parking payments from four football games identified a shortage of $558.00, $515.00, $366.00, and an overage of $140.00. • The explanations noted on the reconciliation report regarding the over/short dollar difference were inadequate or missing. • The reconciliation reports reviewed were signed by a UNT Athletic employee; however, the signature on the report by the representative for Contemporary Services Corporation (CSC) signed as "CSC" and the actual name was not used. • There are no written procedures outlining the steps to be taken by UNT Athletic personnel with regards to parking operations after CSC collects and provides the parking funds to UNT Athletics personnel.	High	Recommendations for Senior Associate Athletic Director, Business Operations: c. Ensure adequate documentation is noted when there is an overage/shortage.	The Department of Athletics agrees with the recommendations. • Procedures related to the parking funds will be formally documented. • All pertinent personnel will be trained on the procedures. • Reconciliation of parking funds will take place in a timely manner to ensure compliance with the institutional mandates regarding cash deposits. All overage/shortages will be appropriately documented.	Pilar Bradfield, Assistant Athletic Director	11/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	3. Parking Revenue - Testing of parking revenue identified the following: • Parking reconciliation reports had material differences between expected receipts and actual monies deposited to Student Accounting and University Cashiering Services. In detail parking payments from four football games identified a shortage of $558.00, $515.00, $366.00, and an overage of $140.00. • The explanations noted on the reconciliation report regarding the over/short dollar difference were inadequate or missing. • The reconciliation reports reviewed were signed by a UNT Athletic employee; however, the signature on the report by the representative for Contemporary Services Corporation (CSC) signed as "CSC" and the actual name was not used. • There are no written procedures outlining the steps to be taken by UNT Athletic personnel with regards to parking operations after CSC collects and provides the parking funds to UNT Athletics personnel.	High	Recommendations for Senior Associate Athletic Director, Business Operations: d. Monitor until sustained compliance is achieved.	The Department of Athletics agrees with the recommendations. • Procedures related to the parking funds will be formally documented. • All pertinent personnel will be trained on the procedures. • Reconciliation of parking funds will take place in a timely manner to ensure compliance with the institutional mandates regarding cash deposits. All overage/shortages will be appropriately documented.	Pilar Bradfield, Assistant Athletic Director	11/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	4. Deposit of Funds - Testing identified that funds are not delivered timely to the UNT Student Accounting and University Cashiering Services (SAUCS) within five days in accordance with the UNT Policy 10.024. Additionally, funds are not deposited timely within seven days after received by the institution in accordance with the Texas Education Code § 51.003. In detail, the following were noted: • Funds were received on September 19, 2015 (total amount of $12,592.00) for parking; however, these funds were not provided to SAUCS for deposit until September 25, 2015; and subsequently, deposited by SAUCS into the bank on September 28, 2015. • Funds were received on October 17, 2015 (total amount of $4,100.00) for parking; however, these funds were not provided to SAUCS for deposit until October 26, 2015 and deposited by SAUCS into the bank on the same day. • Funds were received on October 31, 2015 (total amount of $6,334.00) for parking; however, these funds were not provided to SAUCS for deposit until November 17, 2015; and subsequently, deposited by SAUCS into the bank on November 18, 2015. • Funds were received from November 23 – 25, 2015 (total amount of $4,011.00) from concessions; however, these funds were not provided to SAUCS for deposit until December 1, 2015; and subsequently, deposited by SAUCS into the bank on December 3, 2015. • Funds were received from July 5 – 17, 2016 (total amount of $51,289.00) from the ticketing office; however, these funds were not provided to SAUCS for deposit until July 25, 2016; and subsequently, deposited by SAUCS into the bank on July 26, 2016.	Moderate	Recommendations for the Senior Associate Athletic Director, Business Operations: a. Re-educate applicable personnel on cash handling policy requirements.	The Department of Athletics Agrees with the recommendations. • The Business Process Trainer-UNT Finance and Administration will conduct cash handling training on a regular basis to Athletics staff whose responsibilities including the use of cash. • Athletics has scheduled a meeting with UNTS Financial Services on October 18, 2016 to determine the best options to deposit checks and cash. • The Athletic Department Business Office will perform periodic reviews to ensure funds are being deposited timely.	Pilar Bradfield, Assistant Athletic Director	8/1/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	4. Deposit of Funds - Testing identified that funds are not delivered timely to the UNT Student Accounting and University Cashiering Services (SAUCS) within five days in accordance with the UNT Policy 10.024. Additionally, funds are not deposited timely within seven days after received by the institution in accordance with the Texas Education Code § 51.003. In detail, the following were noted: • Funds were received on September 19, 2015 (total amount of $12,592.00) for parking; however, these funds were not provided to SAUCS for deposit until September 25, 2015; and subsequently, deposited by SAUCS into the bank on September 28, 2015. • Funds were received on October 17, 2015 (total amount of $4,100.00) for parking; however, these funds were not provided to SAUCS for deposit until October 26, 2015 and deposited by SAUCS into the bank on the same day. • Funds were received on October 31, 2015 (total amount of $6,334.00) for parking; however, these funds were not provided to SAUCS for deposit until November 17, 2015; and subsequently, deposited by SAUCS into the bank on November 18, 2015. • Funds were received from November 23 – 25, 2015 (total amount of $4,011.00) from concessions; however, these funds were not provided to SAUCS for deposit until December 1, 2015; and subsequently, deposited by SAUCS into the bank on December 3, 2015. • Funds were received from July 5 – 17, 2016 (total amount of $51,289.00) from the ticketing office; however, these funds were not provided to SAUCS for deposit until July 25, 2016; and subsequently, deposited by SAUCS into the bank on July 26, 2016.	Moderate	Recommendations for the Senior Associate Athletic Director, Business Operations: b. Management should perform a periodic review to ensure funds are being deposited timely.	The Department of Athletics Agrees with the recommendations. • The Business Process Trainer-UNT Finance and Administration will conduct cash handling training on a regular basis to Athletics staff whose responsibilities including the use of cash. • Athletics has scheduled a meeting with UNTS Financial Services on October 18, 2016 to determine the best options to deposit checks and cash. • The Athletic Department Business Office will perform periodic reviews to ensure funds are being deposited timely.	Pilar Bradfield, Assistant Athletic Director	8/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	4. Deposit of Funds - Testing identified that funds are not delivered timely to the UNT Student Accounting and University Cashiering Services (SAUCS) within five days in accordance with the UNT Policy 10.024. Additionally, funds are not deposited timely within seven days after received by the institution in accordance with the Texas Education Code § 51.003. In detail, the following were noted: • Funds were received on September 19, 2015 (total amount of $12,592.00) for parking; however, these funds were not provided to SAUCS for deposit until September 25, 2015; and subsequently, deposited by SAUCS into the bank on September 28, 2015. • Funds were received on October 17, 2015 (total amount of $4,100.00) for parking; however, these funds were not provided to SAUCS for deposit until October 26, 2015 and deposited by SAUCS into the bank on the same day. • Funds were received on October 31, 2015 (total amount of $6,334.00) for parking; however, these funds were not provided to SAUCS for deposit until November 17, 2015; and subsequently, deposited by SAUCS into the bank on November 18, 2015. • Funds were received from November 23 – 25, 2015 (total amount of $4,011.00) from concessions; however, these funds were not provided to SAUCS for deposit until December 1, 2015; and subsequently, deposited by SAUCS into the bank on December 3, 2015. • Funds were received from July 5 – 17, 2016 (total amount of $51,289.00) from the ticketing office; however, these funds were not provided to SAUCS for deposit until July 25, 2016; and subsequently, deposited by SAUCS into the bank on July 26, 2016. • Funds were received from July 30 – August 1, 2016 (total amount of	Moderate	Recommendations for the Senior Associate Athletic Director, Business Operations: c. Coordinate with UNTS Financial Services to determine best options with regards to the deposit of cash and checks (i.e. lockbox, desktop check scanner, and secure safe) to meet UNT Policy 10.024 and Texas Education Code 51.003 deposit requirements.	The Department of Athletics Agrees with the recommendations. • The Business Process Trainer-UNT Finance and Administration will conduct cash handling training on a regular basis to Athletics staff whose responsibilities including the use of cash. • Athletics has scheduled a meeting with UNTS Financial Services on October 18, 2016 to determine the best options to deposit checks and cash. • The Athletic Department Business Office will perform periodic reviews to ensure funds are being deposited timely.	Pilar Bradfield, Assistant Athletic Director	8/1/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	4. Deposit of Funds - Testing identified that funds are not delivered timely to the UNT Student Accounting and University Cashiering Services (SAUCS) within five days in accordance with the UNT Policy 10.024. Additionally, funds are not deposited timely within seven days after received by the institution in accordance with the Texas Education Code § 51.003. In detail, the following were noted: • Funds were received on September 19, 2015 (total amount of $12,592.00) for parking; however, these funds were not provided to SAUCS for deposit until September 25, 2015; and subsequently, deposited by SAUCS into the bank on September 28, 2015. • Funds were received on October 17, 2015 (total amount of $4,100.00) for parking; however, these funds were not provided to SAUCS for deposit until October 26, 2015 and deposited by SAUCS into the bank on the same day. • Funds were received on October 31, 2015 (total amount of $6,334.00) for parking; however, these funds were not provided to SAUCS for deposit until November 17, 2015; and subsequently, deposited by SAUCS into the bank on November 18, 2015. • Funds were received from November 23 – 25, 2015 (total amount of $4,011.00) from concessions; however, these funds were not provided to SAUCS for deposit until December 1, 2015; and subsequently, deposited by SAUCS into the bank on December 3, 2015. • Funds were received from July 5 – 17, 2016 (total amount of $51,289.00) from the ticketing office; however, these funds were not provided to SAUCS for deposit until July 25, 2016; and subsequently, deposited by SAUCS into the bank on July 26, 2016.	Moderate	Recommendations for the Director of Financial Services – Student Finance: d. Evaluate the current requirements for the cash handling policy to ensure the funds received from other departments within five days is sufficient to meet the Texas Education Code deposit requirement of seven days.	The Department of Athletics Agrees with the recommendations. • Student Financial Services will work with the UNT Operations Support department in identifying the departments that are not in compliance with the UNT Cash Handling policy 10.006. The UNT Cash Handling policy was updated as of 10/11/2016 to change the days that department need to deposit funds from five days to three days.	Jeane Olson, Director of Financial Services - Student Finance	8/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	4. Deposit of Funds - Testing identified that funds are not delivered timely to the UNT Student Accounting and University Cashiering Services (SAUCS) within five days in accordance with the UNT Policy 10.024. Additionally, funds are not deposited timely within seven days after received by the institution in accordance with the Texas Education Code § 51.003. In detail, the following were noted: • Funds were received on September 19, 2015 (total amount of $12,592.00) for parking; however, these funds were not provided to SAUCS for deposit until September 25, 2015; and subsequently, deposited by SAUCS into the bank on September 28, 2015. • Funds were received on October 17, 2015 (total amount of $4,100.00) for parking; however, these funds were not provided to SAUCS for deposit until October 26, 2015 and deposited by SAUCS into the bank on the same day. • Funds were received on October 31, 2015 (total amount of $6,334.00) for parking; however, these funds were not provided to SAUCS for deposit until November 17, 2015; and subsequently, deposited by SAUCS into the bank on November 18, 2015. • Funds were received from November 23 – 25, 2015 (total amount of $4,011.00) from concessions; however, these funds were not provided to SAUCS for deposit until December 1, 2015; and subsequently, deposited by SAUCS into the bank on December 3, 2015. • Funds were received from July 5 – 17, 2016 (total amount of $51,289.00) from the ticketing office; however, these funds were not provided to SAUCS for deposit until July 25, 2016; and subsequently, deposited by SAUCS into the bank on July 26, 2016.	Moderate	Recommendations for the Director of Financial Services – Student Finance: e. If a policy change is made regarding deposit requirements, communicate this information to all pertinent departments that receive money.	The Department of Athletics Agrees with the recommendations. • Student Financial Services will assist UNT Operations Support with communicating any changes to the UNT Cash Handling policy 10.006 as requested by UNT Operations Support to the UNT campus. Student Financial Services communicated the changes in the new Cash Handling policy to the Athletics department during a meeting on 10/19/2016 and will continue to coordinate training and awareness of the new policy to other campus departments by August 1, 2017.	Jeane Olson, Director of Financial Services - Student Finance	8/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	5. Sexual Abuse and Child Molestation Awareness Training and Background Checks - Testing for the completion of sexual abuse and child molestation awareness training and background checks for sports camp workers (i.e. Men's Basketball, Women's Basketball, Football, Tennis, Swimming and Soccer) in FY 2016 identified the following: • 13 out of 158 (8%) did not complete the mandatory sexual abuse and child molestation awareness training • 8 out of 158 (5%) did not have evidence that a background check was conducted.	Moderate	Recommendations for Senior Associate Athletic Director, Business Operations: a. Establish controls to ensure that all sports camp workers complete the required sexual abuse and child molestation awareness training prior to the start of the sports camp.	The Department of Athletics agrees with the recommendations. • Athletics will work with sports camp directors to ensure that all sports camp employees complete the required sexual abuse and child molestation awareness training prior to the start of each camp.	Mike Ashbaugh, Sr. Associate Athletic Director, Pilar Bradfield, Assistant Athletic Director, and Cindy Ford, Business Office Coordinator	4/15/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	5. Sexual Abuse and Child Molestation Awareness Training and Background Checks - Testing for the completion of sexual abuse and child molestation awareness training and background checks for sports camp workers (i.e. Men's Basketball, Women's Basketball, Football, Tennis, Swimming and Soccer) in FY 2016 identified the following: • 13 out of 158 (8%) did not complete the mandatory sexual abuse and child molestation awareness training • 8 out of 158 (5%) did not have evidence that a background check was conducted.	Moderate	Recommendations for Senior Associate Athletic Director, Business Operations: b. Establish controls to ensure that Risk Management personnel receive the necessary information to ensure that background checks are conducted for all sports camp workers prior to the start of the sport camp.	The Department of Athletics agrees with the recommendations. • Athletics will work with Risk management to establish controls and ensure that they receive the necessary information that background checks are conducted for all camp employees.	Mike Ashbaugh, Sr. Associate Athletic Director, Pilar Bradfield, Assistant Athletic Director, and Cindy Ford, Business Office Coordinator	4/15/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	5. Sexual Abuse and Child Molestation Awareness Training and Background Checks - Testing for the completion of sexual abuse and child molestation awareness training and background checks for sports camp workers (i.e. Men's Basketball, Women's Basketball, Football, Tennis, Swimming and Soccer) in FY 2016 identified the following: • 13 out of 158 (8%) did not complete the mandatory sexual abuse and child molestation awareness training • 8 out of 158 (5%) did not have evidence that a background check was conducted.	Moderate	Recommendations for Senior Associate Athletic Director, Business Operations: c. Communicate consistently with Risk Management personnel to ensure that they have received and/or have on file for each sports camp worker evidence of completion of sexual abuse and child molestation awareness training and background checks.	The Department of Athletics agrees with the recommendations. • Athletics will communicate with Risk Management personnel to ensure they have received or have on file evidence of the completion of sexual abuse and child molestation awareness training and background checks.	Mike Ashbaugh, Sr. Associate Athletic Director, Pilar Bradfield, Assistant Athletic Director, and Cindy Ford, Business Office Coordinator	4/15/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	6. Insurance Coverage for Sports Camps - Testing of insurance coverage for sports camp participants (i.e. Men's Basketball, Women's Basketball, Football, Tennis, Swimming and Soccer) in FY 2016 identified the following: • 3 out of 136 (2%) volleyball sports camp participants did not have insurance coverage. • Volleyball did not provide notification and documentation to Risk Management for the camp participants who had insurance coverage. • Swimming was sponsored through NIKE which requires insurance; however, the proof of insurance certificate was not provided to Risk Management by the camp director.	Moderate	Recommendation for Senior Associate Athletic Director, Business Operations: a. Re-educate the Sports Camp Directors on the importance of providing notification and documentation to UNT Risk Management that camp insurance for participants has been obtained (i.e. through UNT or outside means) for their sports camp prior to the start of the camp.	The Department of Athletics agrees with the recommendations. • Athletics will work with each sports camp director to ensure that they provide UNT Risk Management with documentation that insurance has been purchased for their camps prior to the start of each camp.	Mike Ashbaugh, Sr. Associate Athletic Director	4/15/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	7. Endowed Scholarships - The following observations were noted with regards to Endowed Athletic Scholarships: • Criteria used by the committee did not always fully agree with the donor Memorandum of Understanding and/or other support documentation eligibility requirements. • Documented procedures are not in place with regards to the awarding process for endowed Athletic scholarships. • Minutes are not being prepared to document the actions taken at Athletics endowed awarding committee meetings.	Moderate	Recommendations for Associate Athletic Director, Compliance: a. Ensure that the endowed scholarship criteria used by the committee agrees with eligibility requirements established by the donor.	The Department of Athletics agrees with the recommendations. Athletics awards all of the athletic endowed scholarships during the month of August every year. This process involves selecting recipients for the upcoming academic year as well as completing the paperwork for the award winners of the previous year. • The Athletic Compliance Office is currently working with the University and Athletic Development Offices to obtain Memorandums of Understanding (MOUs) for all endowed athletic scholarships. The complete gathering of this information will help to ensure the criteria used by the committee matches the requirements and intentions of the donor.	Scott Hobbs, Sr. Associate Athletics Director – Compliance.	2/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	7. Endowed Scholarships - The following observations were noted with regards to Endowed Athletic Scholarships: • Criteria used by the committee did not always fully agree with the donor Memorandum of Understanding and/or other support documentation eligibility requirements. • Documented procedures are not in place with regards to the awarding process for endowed Athletic scholarships. • Minutes are not being prepared to document the actions taken at Athletics endowed awarding committee meetings.	Moderate	Recommendations for Associate Athletic Director, Compliance: b. Develop written procedures to document processes and procedures pertaining to the awarding of Athletic endowed scholarships for eligible student athletes.	The Department of Athletics agrees with the recommendations. Athletics awards all of the athletic endowed scholarships during the month of August every year. This process involves selecting recipients for the upcoming academic year as well as completing the paperwork for the award winners of the previous year. • Once all the MOUs have been gathered, Athletics will formally develop its written policies and procedures for awarding of both the endowed scholarships and any general athletic donor scholarships.	Scott Hobbs, Sr. Associate Athletics Director – Compliance.	2/1/2017	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2016	16-408 UNT	Governance and Regulatory Compliance	Business Process Operations - Athletic Department	UNT	7. Endowed Scholarships - The following observations were noted with regards to Endowed Athletic Scholarships: • Criteria used by the committee did not always fully agree with the donor Memorandum of Understanding and/or other support documentation eligibility requirements. • Documented procedures are not in place with regards to the awarding process for endowed Athletic scholarships. • Minutes are not being prepared to document the actions taken at Athletics endowed awarding committee meetings.	Moderate	Recommendations for Associate Athletic Director, Compliance: c. Written minutes should be maintained on Athletics endowed scholarship committee meetings.	The Department of Athletics agrees with the recommendations. Athletics awards all of the athletic endowed scholarships during the month of August every year. This process involves selecting recipients for the upcoming academic year as well as completing the paperwork for the award winners of the previous year. • Athletics will maintain official records for actions taken at committee meetings for endowed scholarships.	Scott Hobbs, Sr. Associate Athletics Director – Compliance.	2/1/2017 Rev. 08/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-005 UNT	Governance and Regulatory Compliance	Student-Managed Investment Fund Review	UNT	Annual Report Completion Date – The annual report was prepared 47 days late.	Moderate	Prepare and present financial results as the annual report. Disseminate the annual report to all required parties within the time frame set forth in Article IX, section B(c) of the SIG By-Laws.	The department chair has visited with the incoming President of the SIG regarding the recommendations. He has agreed to share the recommendations with the SIG Board of Directors and will plan to meet the 45 day deadline for the 2017 annual financial report and reports thereafter.	SIG Board of Directors	NA	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-005 UNT	Governance and Regulatory Compliance	Student-Managed Investment Fund Review	UNT	Annual Report Completion Date – The annual report was prepared 47 days late.	Moderate	Present additional information, such as remarks from the Board of Directors, symposiums attended, and other activities, in a separate report at a later date.	The department chair has visited with the incoming President of the SIG regarding the recommendations. He has agreed to share the recommendations with the SIG Board of Directors and will plan to meet the 45 day deadline for the 2017 annual financial report and reports thereafter.	SIG Board of Directors	NA	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-005 UNT	Governance and Regulatory Compliance	Student-Managed Investment Fund Review	UNT	Voting Summary Form – The number of shares voted to be purchased was missing from two Voting Summary forms.	Low	Ensure that Senior Analysts and Portfolio Managers include the number of shares on the Voting Summary form. Designate one specific location on the Voting Summary form to include the number of shares.	In Spring 2016, the SIG Board of Directors adopted and began using a Recommendation Form and an Equity Order Form. Each form provides a specific location for the number of shares to be sold or purchased.	SIG Board of Directors	NA	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	1. Conflict of Interest – UNT System / UNT / UNT Dallas – The current Conflict of Interest policy relies on self-disclosure. Currently, there is no formal process in place to determine and document if an investment officer or any authorized designee has a personal business relationship with a business organization offering to engage in an investment transaction with UNT System, UNT, and UNT Dallas.	High	1a. Management to work with Office of General Counsel and Human Resources to establish a mechanism, which includes a conflict of interest disclosure form, through which investment officers self-report annually any real or perceived conflicts of interest.	Management will work with Office of General Counsel, Human Resources, and the campuses to establish and implement a documented formal procedure that will both provide training on and address conflicts of interest.	James Mauldin, Associate Vice Chancellor for Treasury	Original 8/31/2016 Revised 06/01/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	1. Conflict of Interest – UNT System / UNT / UNT Dallas – The current Conflict of Interest policy relies on self-disclosure. Currently, there is no formal process in place to determine and document if an investment officer or any authorized designee has a personal business relationship with a business organization offering to engage in an investment transaction with UNT System, UNT, and UNT Dallas.	High	1b. Implement a required annual conflict of interest training program to provide investment officers a clear understanding of their roles and responsibilities related to conflict of interest and steps they would need to take in the event of a concern.	Management will work with Office of General Counsel, Human Resources, and the campuses to establish and implement a documented formal procedure that will both provide training on and address conflicts of interest.	James Mauldin, Associate Vice Chancellor for Treasury	Original 08/31/206 Revised 06/01/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	1. Conflict of Interest – UNT System / UNT / UNT Dallas – The current Conflict of Interest policy relies on self-disclosure. Currently, there is no formal process in place to determine and document if an investment officer or any authorized designee has a personal business relationship with a business organization offering to engage in an investment transaction with UNT System, UNT, and UNT Dallas.	High	1c. For staff positions which do not require an annual conflict of interest disclosure form to be completed, consider requiring periodic acknowledgement of the institution's ethics policy from staff, which has conflict of interest embedded within the policy.	Management will work with Office of General Counsel, Human Resources, and the campuses to establish and implement a documented formal procedure that will both provide training on and address conflicts of interest.	James Mauldin, Associate Vice Chancellor for Treasury	Original 08/31/2016 Revised 03/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	2. Bank Addendum Certificate of Authority – UNT - Testing identified two terminated employees with access to the UNT repurchase sweep account ending in account number 2633.	Moderate	2a. To work with the Institutional CFO's in establishing an annual review process to ensure that bank account access for employees are appropriate based on their roles and responsibilities.	Online log on credentials were disabled prior to the employees' termination. Management will review existing processes for improvement opportunities regarding immediate removal of all access for terminated employees. In addition, Treasury will work with the CFO's regarding establishing a review that occurs no less than annually.	James Mauldin, Associate Vice Chancellor for Treasury	6/30/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	2. Bank Addendum Certificate of Authority – UNT - Testing identified two terminated employees with access to the UNT repurchase sweep account ending in account number 2633.	Moderate	2b. For employees that have an employment status change which includes termination, establish a process to remove access immediately.	Online log on credentials were disabled prior to the employees' termination. Management will review existing processes for improvement opportunities regarding immediate removal of all access for terminated employees. In addition, Treasury will work with the CFO's regarding establishing a review that occurs no less than annually.	James Mauldin, Associate Vice Chancellor for Treasury	6/30/2016	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	3. Conflict of Interest – UNTHSC – One out of three employees (33%) who have access to investment related bank accounts did not complete a conflict of interest disclosure form.	Moderate	3a. Require all applicable staff to be re-educated on the policy.	Management will work with the UNTHSC Compliance Office to establish and implement procedures to notify employees when they have not completed the Conflict Disclosure Form within the required time frame established by UNTHSC and a process for educating staff about possibly detecting conflicts of interest.	Debra Willett, UNTHSC Director Financial Planning & Policy Analysis	5/31/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	3. Conflict of Interest – UNTHSC – One out of three employees (33%) who have access to investment related bank accounts did not complete a conflict of interest disclosure form.	Moderate	3b. Work with the Office of Compliance to implement a monitoring process to ensure applicable staff completes an annual conflict of interest disclosure form.	Management will work with the UNTHSC Compliance Office to establish and implement procedures to notify employees when they have not completed the Conflict Disclosure Form within the required time frame established by UNTHSC and a process for educating staff about possibly detecting conflicts of interest.	Debra Willett, UNTHSC Director Financial Planning & Policy Analysis	5/31/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	4. Inaccuracy of Quarterly Investment Report – UNT System / UNT / UNT Dallas - Testing of the accuracy of quarterly investment reports identified footing errors, instances of ending and beginning balances for successive quarters not matching, incorrect balances for the third quarter and incorrect investment report posted on the investment disclosure website.	Moderate	4a. Review fiscal year 2015 quarterly investment reports for which ending and beginning balances for successive quarters did not match and make necessary corrections. Then, update the investment disclosure websites with the corrected reports.	Fiscal Year 2015 was a transitional year organizationally for a consolidated treasury operation. Treasury has already begun working with the campuses to ensure that the investment reports on the websites are accurate and will continue to do so. A quality review process of these reports has been implemented and will going forward include ensuring that the posting to each campus' website is accurate and complete.	James Mauldin, Associate Vice Chancellor for Treasury	3/31/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	4. Inaccuracy of Quarterly Investment Report – UNT System / UNT / UNT Dallas - Testing of the accuracy of quarterly investment reports identified footing errors, instances of ending and beginning balances for successive quarters not matching, incorrect balances for the third quarter and incorrect investment report posted on the investment disclosure website.	Moderate	4b. Implement a review process for quarterly investment reports to ensure the accuracy of data to be reported prior to the issuance to the Board of Regents and posting on the institution's investment disclosure website.	Fiscal Year 2015 was a transitional year organizationally for a consolidated treasury operation. Treasury has already begun working with the campuses to ensure that the investment reports on the websites are accurate and will continue to do so. A quality review process of these reports has been implemented and will going forward include ensuring that the posting to each campus' website is accurate and complete.	James Mauldin, Associate Vice Chancellor for Treasury	3/31/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	5. Reconciliation to the General Ledger – UNTHSC - The cash account balance per the investment report was different from the balances recorded in the general ledger as of August 31, 2015. The balance per the quarterly investment report was understated by $4,430,968.57.	Moderate	5a. Establish a process to ensure year-end close is performed on a timely basis.	FY15 was the first time UNTHSC's financial close was managed by UNT System Controller staff, none of whom had experience in prior UNTHSC year-end financial close activities. The year-end financial close process continues to improve since the Financial Transformation Project began. For the preparation of the FY16 Annual Financial Reports, the System Controller is preparing a timeline/schedule that will require each institution to complete their annual financial reports by early October. This would result in general ledger balances being fully reconciled and finalized by the end of September. In addition, the new review process for investment reports will include Accounting staff to ensure reported cash balances reconcile to the GL.	Paula Welch, Associate Controller James Mauldin, Associate Vice Chancellor for Treasury	10/31/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	5. Reconciliation to the General Ledger – UNTHSC - The cash account balance per the investment report was different from the balances recorded in the general ledger as of August 31, 2015. The balance per the quarterly investment report was understated by $4,430,968.57.	Moderate	5b. Establish a review process to ensure balances in the quarterly investment reports reconcile to the balances in the general ledger.	FY15 was the first time UNTHSC's financial close was managed by UNT System Controller staff, none of whom had experience in prior UNTHSC year-end financial close activities. The year-end financial close process continues to improve since the Financial Transformation Project began. For the preparation of the FY16 Annual Financial Reports, the System Controller is preparing a timeline/schedule that will require each institution to complete their annual financial reports by early October. This would result in general ledger balances being fully reconciled and finalized by the end of September. In addition, the new review process for investment reports will include Accounting staff to ensure reported cash balances reconcile to the GL.	Paula Welch, Associate Controller James Mauldin, Associate Vice Chancellor for Treasury	10/31/2016	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	6. Presentation of the UNTHSC and UNTHSC Foundation Investments on the Quarterly Investment Reports – UNTHSC - The August 31, 2015 UNTHSC Quarterly Investment Report did not reflect the separation of investments belonging to UNTHSC and to UNTHSC Foundation.	Low	6a. For subsequent periods, UNTHSC should identify and exclude all investments belonging to UNTHSC Foundation from the financial statements and investment reports. If investments are not excluded, properly define on the investment reports which amount is for UNTHSC and for Foundation.	Management believes the Board of Regents should have quarterly visibility to all investments that exist for the benefit of the System and therefore each Foundation's investments should not be excluded. However, we do agree that they should be clearly labeled as such. Treasury is in the process of reformatting all investment reports and will ensure that endowments, both campus and foundation, are included yet clearly labeled. A quality review of these reports is important and has been implemented to ensure that reports to the Board are accurate.	James Mauldin, Associate Vice Chancellor for Treasury	3/31/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	6. Presentation of the UNTHSC and UNTHSC Foundation Investments on the Quarterly Investment Reports – UNTHSC - The August 31, 2015 UNTHSC Quarterly Investment Report did not reflect the separation of investments belonging to UNTHSC and to UNTHSC Foundation.	Low	6b. Establish a review process to ensure investments in the quarterly investment reports are appropriate.	Management believes the Board of Regents should have quarterly visibility to all investments that exist for the benefit of the System and therefore each Foundation's investments should not be excluded. However, we do agree that they should be clearly labeled as such. Treasury is in the process of reformatting all investment reports and will ensure that endowments, both campus and foundation, are included yet clearly labeled. A quality review of these reports is important and has been implemented to ensure that reports to the Board are accurate.	James Mauldin, Associate Vice Chancellor for Treasury	3/31/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	7. Short Term Pool/Long Term Pool Ranges – UNT System / UNT / UNT Dallas - For certain months in fiscal year 2015, short term working capital funds and long term reserves percentage of available cash on hand were outside the ranges prescribed by policy. Additionally, necessary adjustments were not performed to ensure percentages remained within this range as required by the Regulation.	Low	7a. Review the Investment of System Funds Regulation 08.2000 pertaining to short and long term investment percentages to determine if the percentage requirement ranges should be updated to reflect the financial environment of UNT System and its' institutions.	This has already been addressed in the investment policy adopted by the Board on November 20, 2015.	James Mauldin, Associate Vice Chancellor for Treasury	11/20/2015	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	8. Collateralization Below 102% – UNTHSC - For 11 days in August 2015, collateralization for deposit accounts fell below 102% of deposits.	Low	8a. Management should establish and follow procedures to inform the bank of changes in the amount or activity of deposits, that may exceed UNTHSC's collateral value, within a reasonable time before the change occurs.	Management agrees with the recommendation. Management will add additional steps to the current set of collateralization review procedures to ensure that the bank is notified in a more timely manner before large changes in deposits occur and when collateralization falls below the required amount.	Barbara Holt, UNTHSC Senior Director Financial Operations	3/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	9. Format and Content of Quarterly Investment Reports – UNT System / UNT / UNT Dallas / UNTHSC - The format and content of quarterly investment reports is not consistent across all institutions.	Low	9a. Management should determine if cash should be included in the quarterly investment reports, and once defined apply methodology consistently for all institutions.	Management has been aware of this need and has already targeted the implementation of a new format that will be standard across the System for the first report on Fiscal Year 2016.	James Mauldin, Associate Vice Chancellor for Treasury	2/25/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	9. Format and Content of Quarterly Investment Reports – UNT System / UNT / UNT Dallas / UNTHSC - The format and content of quarterly investment reports is not consistent across all institutions.	Low	9b. Management should determine an appropriate reporting format and once established utilize the new format for all institutions.	Management has been aware of this need and has already targeted the implementation of a new format that will be standard across the System for the first report on Fiscal Year 2016.	James Mauldin, Associate Vice Chancellor for Treasury	2/25/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	10. Annual Review and Adoption of Financial Institutions – UNT System - There was no indication that Board of Regents reviewed and adopted a list of financial institutions for fiscal year 2015.	Low	10a. Establish procedures to ensure compliance with System Regulation 08.2000, Section 2005, paragraph 10 or review the System Regulation to see if requirement is applicable as is and make changes as necessary.	Management will review the regulation to determine appropriateness of the wording as this is not a requirement in the Public Funds Investment Act. Based upon the findings, either the regulation will be revised or procedures will be modified to ensure compliance.	James Mauldin, Associate Vice Chancellor for Treasury	11/30/2016 Revised Date: 06/30/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-004, 16-009	Governance and Regulatory Compliance	FY 2015 Investment Compliance Audit	UNT System, UNT, UNT Dallas, UNTHSC	11. Outdated Investment Policy – UNTHSC - An outdated institutional investment policy is posted on the webpage under Chapter 10: Fiscal Management. However, this policy was superseded by System Regulation 08.2000 which was approved in August 2012.	Low	11a. Management should update the website to reflect System Regulation 08.2000 and revisions made should be communicated to appropriate personnel.	Management is in agreement with the recommendation. Management will implement additional steps to the current set of procedures to insure timely updating of investment policies and maintaining all required investment disclosures on the institution's website.	Debra Willett, UNTHSC Director Financial Planning & Policy Analysis	5/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Non-Compliance with University Policy - The Joint Admission Medical Program (JAMP) agreement was not properly set up in accordance to University Policy Chapter 13.123.	High	Work with appropriate management from the Office of Grants and Contract Management and the Office of Finance to set up JAMP as a sponsored project.	We are in agreement with moving JAMP funds to the Office of Grants and Contract Management. It should be noted that this has never been recommended in any previous audit.	Mike Kennedy, Director of Admissions	12/31/2015	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	UNT Information Security Users Guidelines- Credit Card Sensitive Information	High	Provide training to appropriate personnel in regards to the UNT Information Security Users Guide and PCI Best Practices.	The Purchasing Card Program Supervisor sends a copy of the Citibank statement that includes the full account number each month as supporting documentation for the payment. The account number will be redacted going forward.	Kimberly Bien, Purchasing Card Program Supervisor	10/28/2015	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	UNT Information Security Users Guidelines- Credit Card Sensitive Information	High	Mask credit card information that is transmitted by email, uploaded and retained in the document management system, ApplicationXtender, to help ensure sensitive information is not compromised.	The Purchasing Card Program Supervisor sends a copy of the Citibank statement that includes the full account number each month as supporting documentation for the payment. The account number will be redacted going forward.	Kimberly Bien, Purchasing Card Program Supervisor	10/28/2015	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Lack of Reconciliation Process - Internal Audit was unable to validate the reconciliation process between the FY 2015 Expenditure Reports to the University's Accounting System.	High	Develop procedures to help ensure that the expenditures recorded in the Expenditure Report are reconciled on a regular basis to the Accounting System.	We are in agreement with this assessment. We will set aside periodic reconciliation periods to review JAMP expenditures to the Accounting System.	Mike Kennedy, Director of Admissions	3/1/2016	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Non-Compliance with JAMP Medical School Expenditure Guidelines - Time and Effort Reporting - During our review of payroll activities related to JAMP, we noted that the JAMP Coordinator salary devoted to the project was based on an estimated average of annual time and effort.	High	Develop procedures to track and verify the accuracy of actual time and effort devoted to the program to help ensure compliance with the JAMP Medical School Expenditure Guidelines.	We are in agreement with the assessment that there is no official tracking of the JAMP Coordinator time and effort (only estimates). With the move of financials to the Office of Grants and Contract Management this will be a part of a new process for reporting time. It should be noted that this has never been recommended in any previous audit.	Mike Kennedy, Director of Admissions	3/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Non-Compliance with JAMP Medical School Expenditure Guidelines - Time and Effort Reporting - During our review of payroll activities related to JAMP, we noted that the JAMP Coordinator salary devoted to the project was based on an estimated average of annual time and effort.	High	Re-evaluate percentage of salary distribution based on actual time and effort to help ensure that it is proportionate to the direct support to the JAMP Project.	We are in agreement with the assessment that there is no official tracking of the JAMP Coordinator time and effort (only estimates). With the move of financials to the Office of Grants and Contract Management this will be a part of a new process for reporting time. It should be noted that this has never been recommended in any previous audit.	Mike Kennedy, Director of Admissions	3/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Non-Compliance with JAMP Medical School Expenditure Guidelines - Out of State Travel (Unallowable Cost) - A total of $1,309.11 was used to fund out-of-state travel as a direct administrative cost under the JAMP Administrative Distribution.	High	Use a different funding source to cover the out of state travel expenditures and reimburse the JAMP Program account for the amount of $1,309.11.	We are in agreement with this assessment. We will review JAMP expenditure guidelines to ensure compliance. We will identify another account to reimburse JAMP for the aforementioned expenditures. We also feel that the move of JAMP financials to the Office of Grants and Contract Management will be a better process moving forward.	Mike Kennedy, Director of Admissions	12/1/2015	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Non-Compliance with JAMP Medical School Expenditure Guidelines - Out of State Travel (Unallowable Cost) - A total of $1,309.11 was used to fund out-of-state travel as a direct administrative cost under the JAMP Administrative Distribution.	High	Re-educate the JAMP Coordinator on the JAMP Medical Expenditure Guidelines.	We are in agreement with this assessment. We will review JAMP expenditure guidelines to ensure compliance. We will identify another account to reimburse JAMP for the aforementioned expenditures. We also feel that the move of JAMP financials to the Office of Grants and Contract Management will be a better process moving forward.	Mike Kennedy, Director of Admissions	12/1/2015	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Inadequate Monitoring of Expenditures - Two expenditures were incorrectly processed resulting in an overpayment of $1,725.00 from the JAMP fund.	High	Request repayment from the JAMP Coordinator for the amount over-reimbursed of $225.00.	The $225 reimbursement has been repaid as of 10/22/2015. We will request a refund from the Department of Medical Education for $1,500.00. We will set aside periodic reconciliation periods (approximately every 90 days) to review JAMP expenditures.	Mike Kennedy, Director of Admissions	12/1/2015	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Inadequate Monitoring of Expenditures - Two expenditures were incorrectly processed resulting in an overpayment of $1,725.00 from the JAMP fund.	High	Develop expenditure verification procedures to help ensure that all transactions entered into the Accounting System are verified for accuracy and any errors are timely reported to the appropriate office for correction.	The $225 reimbursement has been repaid as of 10/22/2015. We will request a refund from the Department of Medical Education for $1,500.00. We will set aside periodic reconciliation periods (approximately every 90 days) to review JAMP expenditures.	Mike Kennedy, Director of Admissions	12/1/2015	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Student Wages - For 27 timecards reviewed, hours reported on three timecards could not be reconciled to the student employees' payroll disbursement, for a net effect of $55.00.	Moderate	Require all personnel entering and approving time and labor to be re-educated on the Hourly Payroll Guidelines.	We are in agreement with this assessment. All staff who are in responsible for time cards will undergo training through BSC on time and labor entry. Internal office procedures will be put in the place to allow more time for reconciliation of hourly payroll.	Mike Kennedy, Director of Admissions	3/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Student Wages - For 27 timecards reviewed, hours reported on three timecards could not be reconciled to the student employees' payroll disbursement, for a net effect of $55.00.	Moderate	Implement a process to reconcile time entered in EIS Time and Labor to the employee's timecard prior to the payroll cut-off date.	We are in agreement with this assessment. All staff who are in responsible for time cards will undergo training through BSC on time and labor entry. Internal office procedures will be put in the place to allow more time for reconciliation of hourly payroll.	Mike Kennedy, Director of Admissions	3/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Non-Compliance with Purchasing Card (P-Card) Guidelines – Pcard Guidelines were not always followed.	Moderate	Require all current P-Card holders, reconcilers and approvers to be retrained on P-Card policies and procedures.	We are in agreement with this assessment. Prior to this audit, changes were made in the P-Card usage process within the department. We have moved all P-Card spending to one account holder and assigned a new reconciler to all P-Card transactions. We expect this change will be decrease risk for noncompliance.	Mike Kennedy, Director of Admissions	1/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Non-Compliance with Purchasing Card (P-Card) Guidelines – Pcard Guidelines were not always followed.	Moderate	Follow University Business Service P-Card Guidelines.	We are in agreement with this assessment. Prior to this audit, changes were made in the P-Card usage process within the department. We have moved all P-Card spending to one account holder and assigned a new reconciler to all P-Card transactions. We expect this change will be decrease risk for noncompliance.	Mike Kennedy, Director of Admissions	1/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Inappropriately Billing Expenditures to Incorrect Fiscal Years - Testing identified two expenditures that they were not processed within the appropriate fiscal year.	Moderate	Re-educate the JAMP Coordinator on the JAMP Expenditure Report process and monitor until sustained compliance is achieved.	We are in agreement with this assessment. We will set aside periodic reconciliation periods (approximately every 90 days) to review JAMP expenditures. We also feel that the move of JAMP financials to the Office of Grants and Contract Management will be a better process moving forward.	Mike Kennedy, Director of Admissions	12/1/2015	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Improper Commingling of Revenues and Expenditures - Testing identified that the Summer Internship Program and the Administration Distribution funds are deposited into and expended from the same Department ID.	Low	Consider separating the sources of funds after the JAMP funds are set up as a sponsored project, to help ensure that expenditures are applied to the appropriate funding source.	Office of Grants and Contract Management will follow all standard policies and procedures for project ID management and JAMP terms and conditions.	LeAnn Forsberg, Assistant VP, Research Administration, Grants and Contract Management	12/31/2015	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Untimely Replenishment of Petty Cash - An amount of $20.47 spent from the JAMP Petty Cash Fund was not replenished in order to be reflected on the Accounting System and the Expenditure Report.	Low	Modify HSC Petty Cash Fund Procedures to enforce the requirement for custodians to replenish the petty cash on a monthly basis, at a minimum, and communicate the updated procedures to all appropriate personnel.	We concur.	Paula J. Welch, Associate Controller	7/31/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Inadequate Support Documentation - Adequate support documentation of attendees were not kept (i.e. missing, not used or not sufficient to support the expenditure) for 12 of 31 (39%) expenditures reviewed related to JAMP activities.	Low	Maintain adequate support for JAMP activities to help ensure that fund is expended for the direct support of JAMP participants.	We are in agreement with this assessment. The Director of Admissions will require all JAMP funded activities maintain a log of participants.	Mike Kennedy, Director of Admissions	12/1/2015	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Untimely Return of Unspent FY 2014 Funds - An amount of $361.91 of unspent FY 2014 funds was returned untimely to the JAMP Council. The check was issued on December 2, 2014 to refund unspent FY 2014 funds.	Low	Develop a procedure to help ensure that any unspent JAMP funds are returned to the JAMP Council in a timely manner in accordance with JAMP Medical Expenditure Guidelines.	We are in agreement with this assessment. We will establish an internal deadline prior to September 30 for reimbursement for unused funds. This is predicated that the Office of Grants and Contract Management is able to provide timely financial data.	Mike Kennedy, Director of Admissions	3/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Non-Compliance with Travel Guidelines - Untimely Submission of Travel Vouchers - Travel Guidelines were not always followed.	Low	Provide training to faculty and staff on travel policies to help ensure that University Travel Guidelines are followed.	We are in agreement with this assessment. All staff who work with JAMP travel funding will undergo training from BSC. We will set aside periodic reconciliation periods (approximately every 90 days) to review JAMP expenditures. We also feel that the move of JAMP financials to the Office of Grants and Contract Management will be a better process moving forward.	Mike Kennedy, Director of Admissions	3/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-011 HSC	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNTHSC	Non-Compliance with Travel Guidelines - Untimely Submission of Travel Vouchers - Travel Guidelines were not always followed.	Low	Develop procedures to help ensure travel vouchers are submitted timely to the Business Support Services Travel department.	We are in agreement with this assessment. All staff who work with JAMP travel funding will undergo training from BSC. We will set aside periodic reconciliation periods (approximately every 90 days) to review JAMP expenditures. We also feel that the move of JAMP financials to the Office of Grants and Contract Management will be a better process moving forward.	Mike Kennedy, Director of Admissions	3/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	1. UNT System: Personally Identifiable Information -During our review of the cashiering area, we identified personally identifiable information (PII) (i.e. social security numbers, birth certificates, marriage license) related to waiver support documentation which dates back to 2007.	High	1a. Develop procedures to help ensure that all personally identifiable information (PII) is appropriately protected against inappropriate access and use in compliance with applicable laws and regulations.	We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus and UNT Dallas College of Law campus in downtown Dallas. Certain key PII information included in the referenced binder has been imaged and the actual binder has been secured in a locked cabinet. In addition, the waiver documentation and review process requiring the need for this PII information has been transferred out of the UNT Dallas cashier's area and into the UNTS Student Accounting team to centrally manage this important operational matter for all campuses. In addition, key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at both campus locations to ensure PII document retention policies are in compliance with applicable state & federal statutes.	Jeane Olson, Director of Financial Service- Student Finance	11/30/2016	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	1. UNT System: Personally Identifiable Information -During our review of the cashiering area, we identified personally identifiable information (PII) (i.e. social security numbers, birth certificates, marriage license) related to waiver support documentation which dates back to 2007.	High	1b. Review applicable retention policy and statute limitation in regards to identifying if these documents can be destroyed.	We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus and UNT Dallas College of Law campus in downtown Dallas. Certain key PII information included in the referenced binder has been imaged and the actual binder has been secured in a locked cabinet. In addition, the waiver documentation and review process requiring the need for this PII information has been transferred out of the UNT Dallas cashier's area and into the UNTS Student Accounting team to centrally manage this important operational matter for all campuses. In addition, key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at both campus locations to ensure PII document retention policies are	Jeane Olson, Director of Financial Service- Student Finance	11/30/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	2. UNT System: Cash Control – Deposits - Testing identified that funds are not deposited timely within seven days after received by the institution in accordance with the Texas Education Code § 51.003. Additionally, it was noted that funds are received from students by multiple departments within the College of Law but not delivered to the Assistant Registrar for deposit on a timely basis.	High	2a. Develop procedures to help ensure that funds are timely deposited in the institution's bank account in accordance with the statute.	We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus and UNT Dallas College of Law campus in downtown Dallas. Key team members from UNT System Student Accounting, UNT System Controller's Office, and UNT System Treasury are working with certain 3rd party vendors from the banking and security industries to evaluate the cost / benefit of available improved cash collection technology & armored car service collection procedures.	Jeane Olson, Director of Financial Service- Student Finance	11/30/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	3. UNT System: Inadequate Safeguarding Measures for Payments Received - Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes.	High	3a. Re-educate personnel on cash handling procedures.	We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus and UNT Dallas College of Law campus in downtown Dallas. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at both campus locations to ensure these recommendations, and others as deemed appropriate, are implemented by no later than November 30, 2016 (six months or less).	Jeane Olson, Director of Financial Service- Student Finance	11/30/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	3. UNT System: Inadequate Safeguarding Measures for Payments Received - Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes.	High	3b. Maintain a receipt logs for pre-numbered receipts and routinely review to help ensure that all receipts are accounted for.	We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus and UNT Dallas College of Law campus in downtown Dallas. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at both campus locations to ensure these recommendations, and others as deemed appropriate, are implemented by no later than November 30, 2016 (six months or less).	Jeane Olson, Director of Financial Service- Student Finance	11/30/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	3. UNT System: Inadequate Safeguarding Measures for Payments Received - Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes.	High	3c. Ensure staff do not perform incompatible duties in the cashiering area, re-evaluate system access rights accordingly and develop compensating controls where not possible.	We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus and UNT Dallas College of Law campus in downtown Dallas. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at both campus locations to ensure these recommendations, and others as deemed appropriate, are implemented by no later than November 30, 2016 (six months or less).	Jeane Olson, Director of Financial Service- Student Finance	11/30/2016	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	3. UNT System: Inadequate Safeguarding Measures for Payments Received - Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes.	High	3d. Work with the College of Law to identify all areas collecting cash/checks and establish departmental cash controls to help ensure proper segregation of duties are in place in all areas.	We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus and UNT Dallas College of Law campus in downtown Dallas. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at both campus locations to ensure these recommendations, and others as deemed appropriate, are implemented by no later than November 30, 2016 (six months or less).	Jeane Olson, Director of Financial Service- Student Finance	11/30/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	4. UNT System: Cash Controls - Safe Combination - Combinations to the safe are not modified when there is a change in staff or change in custody of the safe.	High	4a. Develop departmental procedures to help ensure that safe combination is changed periodically and always when there is employee turnover or reassignment in accordance with UNT Cash Control and Departmental Deposit Handbook.	UNT System Student Accounting and UNT System Controller's Office: We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus and UNT Dallas College of Law campus in downtown Dallas. The safe combination at UNT Dallas main campus has been recently changed and new procedures will be put in place to change the safe combination immediately upon key employee turnover or reassignment and on a semi-annual basis at minimum. Due to mechanical limitations preventing the staff's ability to change the existing safe combination located at the UNT Dallas College of Law campus, a new safe will be	Jeane Olson, Director of Financial Service- Student Finance Reynaldo Valencia, College of Law Associate Dean for Finance and Administration and Professor of Law	11/30/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	5. UNT System: Unauthorized Change Fund - An unauthorized change fund for the amount of $250.00 was established at the UNT System for the purpose of providing change for parking token sales to students and faculty members.	High	5a. Work with University Student Accounting and University Cashiering Services to assist you in establishing departmental cash controls and depositing any cash on hand.	We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT System in downtown Dallas. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than November 30, 2016 (six months or less).	Cynthia Hall, External Relations Director Jeane Olson, Director of Financial Services - Student Finance	11/30/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	5. UNT System: Unauthorized Change Fund - An unauthorized change fund for the amount of $250.00 was established at the UNT System for the purpose of providing change for parking token sales to students and faculty members.	High	5b. Submit a justification to the University Purchasing Services Division to establish a cash fund.	We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT System in downtown Dallas. Key team members from UNT System Student Accounting and UNT System Controller's Office will work with the appropriate staff (as necessary) at the campus to ensure these recommendations, and others as deemed appropriate, are implemented by no later than November 30, 2016 (six months or less).	Cynthia Hall, External Relations Director Jeane Olson, Director of Financial Services - Student Finance	11/30/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	6. UNT System: Cash Controls - Change Fund - A change fund has not been established at the Office of Student Financial Services (University Cashiering) for the purpose of supporting their daily operations in a campus environment where an increased number of student population pays tuition and fees with cash.	Moderate	6a. Establish a change fund at UNT Dallas and update the website to not require students to pay the exact amount.	We concur with your findings and agree to evaluate and implement the recommendations as presented for reducing risk and improving internal controls at the UNT Dallas main campus. The campus has always maintained a desired goal of being a "cash-less" campus (where possible) in order to limit the potential fraud and safety risk inherent with this form of payment. Students are encouraged to pay with check online or at the cashier window and with credit card via online. However, given the greater goal to offer UNT Dallas students the highest quality, student-centered billing and payment services available on campus, key team members from UNT System Student Accounting and UNT System Controller's Office will evaluate and implement an acceptable change fund process at UNT Dallas that adequately serves the needs of the students while still limiting unnecessary risk associated with on-site cash handling procedures.	Jeane Olson, Director of Financial Services - Student Finance	11/30/2016	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	7. UNT Dallas: Security Devices - Although our walkthrough of UNT Dallas Security Devices identified the following, University Administration has initiated a search of security technology vendors prior to this review: • 4 out of 25 cameras (16%) were not working properly and no video images were available at the time of review • cameras were not identifiable by a location • record retention protocols were not established • cameras over cashiering were not appropriately positioned to ensure full coverage • cameras and panic buttons were not being tested; therefore, we were unsure whether or not they are actually functioning.	High	7a. Test all cameras and panic buttons currently in place.	UNT Dallas has begun work on a comprehensive building security technology project as recommended by Internal Audit. The project includes an overhaul of the campus' current security alarm, access, and camera systems. Additionally the campus will implement an emergency notification system including laptop/desktop computer panic buttons in specified locations. The two cameras in the Student Finance cash handling area have been re-positioned as requested. The remainder of the project will be implemented in stages as soon as vendors and funding are approved.	Cliff Jaynes, Chief of Police	3/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	7. UNT Dallas: Security Devices - Although our walkthrough of UNT Dallas Security Devices identified the following, University Administration has initiated a search of security technology vendors prior to this review: • 4 out of 25 cameras (16%) were not working properly and no video images were available at the time of review • cameras were not identifiable by a location • record retention protocols were not established • cameras over cashiering were not appropriately positioned to ensure full coverage • cameras and panic buttons were not being tested; therefore, we were unsure whether or not they are actually functioning.	High	7b. Repair / replace / reposition nonfunctioning devices.	UNT Dallas has begun work on a comprehensive building security technology project as recommended by Internal Audit. The project includes an overhaul of the campus' current security alarm, access, and camera systems. Additionally the campus will implement an emergency notification system including laptop/desktop computer panic buttons in specified locations. The two cameras in the Student Finance cash handling area have been re-positioned as requested. The remainder of the project will be implemented in stages as soon as vendors and funding are approved.	Cliff Jaynes, Chief of Police	3/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	7. UNT Dallas: Security Devices - Although our walkthrough of UNT Dallas Security Devices identified the following, University Administration has initiated a search of security technology vendors prior to this review: • 4 out of 25 cameras (16%) were not working properly and no video images were available at the time of review • cameras were not identifiable by a location • record retention protocols were not established • cameras over cashiering were not appropriately positioned to ensure full coverage	High	7c. Develop a process to periodically test all cameras and panic buttons.	UNT Dallas has begun work on a comprehensive building security technology project as recommended by Internal Audit. The project includes an overhaul of the campus' current security alarm, access, and camera systems. Additionally the campus will implement an emergency notification system including laptop/desktop computer panic buttons in specified locations. The two cameras in the Student Finance cash handling area have been re-positioned as requested. The remainder of the project will be implemented in stages as soon as vendors and funding are approved.	Cliff Jaynes, Chief of Police	3/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	8. UNT Dallas: Reconciliation of Application/Orientation Fees -The number of undergraduate/ graduate applicants submitting an application fee payment and the number of students submitting an orientation fee payment are not reconciled to revenues recorded in each respective account in the University Accounting System to help ensure that all payments received were posted in the proper accounts.	High	8a. Develop procedures to help ensure that all application fee and orientation fee revenues collected are reconciled on a regular basis to the University Accounting System.	VP of Student Access and Success will work with the Director of Undergraduate Admissions and the Director of Graduate Admissions to document procedures that ensure application and orientation fee payments are reconciled to match payments with postings of the revenue in the proper accounts. VP and Directors will also work together with Student Finance to correct any inaccurate postings for FY16.	Stephanie Holley, Vice President of Student Access and Success	2/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	8. UNT Dallas: Reconciliation of Application/Orientation Fees -The number of undergraduate/ graduate applicants submitting an application fee payment and the number of students submitting an orientation fee payment are not reconciled to revenues recorded in each respective account in the University Accounting System to help ensure that all payments received were posted in the proper accounts.	High	8b. Identify any application and orientation fees recorded in the incorrect account and work with Accounting to make any necessary adjusting entries for FY 2016.	VP of Student Access and Success will work with the Director of Undergraduate Admissions and the Director of Graduate Admissions to document procedures that ensure application and orientation fee payments are reconciled to match payments with postings of the revenue in the proper accounts. VP and Directors will also work together with Student Finance to correct any inaccurate postings for FY16.	Stephanie Holley, Vice President of Student Access and Success	2/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	9. UNT Dallas: Conflict of Interest- Student Workers -During our review of payroll expenditures funded by Student Services Fees, we noted that 3 out of 5 Student Service Fee Advisory Committee members for FY 2015 and 2 out 5 members for FY 2016 appointed by the Student Government Association were also working as Student Assistants for the Office of Student Affairs.	High	9a. Update the UNT Dallas Student Service Fee Advisory Committee bylaws to prohibit any Student Service Fee Advisory Committee member to be a compensated Student Assistant of any Student Services Fee funded departments other than the Committee itself.	The Student Service Fee Advisory Committee By-laws will be updated to reflect that students who are currently student assistants and funded by student fees may not hold a seat by either Student Government Association appointment or President appointment.	Jamaica Chapple, Dean of Student Affairs	8/22/2016 Revised 01/24/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	10. UNT Dallas: Academic Catalogs- During our review of the UNT Dallas Undergraduate and Graduate Catalogs for academic years 2013-2014, 2014-2015 and 2015-2016, we noted that the Catalogs available online did not provide the students current, complete and accurate information.	Moderate	10a. Update the University Catalogs to include accurate tuition and fee information.	VP of Student Access and Success will work with Office of the Registrar to implement a thorough catalog review and revision process to be conducted by each department, even when department information is listed in another department's section, not owned by that division/department. Catalog will be updated to cover current, complete and accurate information.	Stephanie Holley, Vice President of Student Access and Success	2/1/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	10. UNT Dallas: Academic Catalogs- During our review of the UNT Dallas Undergraduate and Graduate Catalogs for academic years 2013-2014, 2014-2015 and 2015-2016, we noted that the Catalogs available online did not provide the students current, complete and accurate information.	Moderate	10b. Develop departmental procedures to help ensure that published University Catalogs reflect current tuition and fee information in compliance with University Board of Regents Rules.	VP of Student Access and Success will work with Office of the Registrar to implement a thorough catalog review and revision process to be conducted by each department, even when department information is listed in another department's section, not owned by that division/department. Catalog will be updated to cover current, complete and accurate information.	Stephanie Holley, Vice President of Student Access and Success	2/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	11. UNT Dallas: Apply Texas Billing and Refunds - During our review of graduate application fee credit card payments submitted through ApplyTexas, we noted that applicants were inconsistently charged from February 2014 to September 2015 for graduate application fees.	Moderate	11a. Work with ApplyTexas to identify the reason for the rate discrepancy between fall and spring semesters.	VP of Student Access and Success will work with the Director of Graduate Admissions to request that ApplyTexas identify why inaccurate charging was applied inconsistently to applicants during fall and spring semesters. VP and Directors will also work together with ApplyTexas to identify students improperly charged and refund any overcharges.	Stephanie Holley, Vice President of Student Access and Success	2/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	11. UNT Dallas: Apply Texas Billing and Refunds - During our review of graduate application fee credit card payments submitted through ApplyTexas, we noted that applicants were inconsistently charged from February 2014 to September 2015 for graduate application fees.	Moderate	11b. Identify and refund any applicants that have been overcharged.	VP of Student Access and Success will work with the Director of Graduate Admissions to request that ApplyTexas identify why inaccurate charging was applied inconsistently to applicants during fall and spring semesters. VP and Directors will also work together with ApplyTexas to identify students improperly charged and refund any overcharges.	Stephanie Holley, Vice President of Student Access and Success	2/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	12. UNT Dallas: Discrepancy in Billing of 2nd Bachelor's Degree Program - The 2nd Bachelor's application fee amount was not consistently charged to students paying online and via check, money order, or cash. Students are asked to pay $50.00 via check, money order, or cash to UNT Dallas but $60.00 online through Nelnet (Online Business/Payment Solution). Although students are not instructed to pay online, this payment option is available on the University website.	Moderate	12a. Work with Student Accounting and University Cashiering to update Nelnet to $50.00.	VP of Student Access and Success will work with the UNT System Director of Financial Services, Student Finance and the Director of Graduate Admissions to ensure Nelnet is charging the correct amount to 2nd Bachelor's Degree students. VP and Directors will also work together to ensure that all students who may have overpaid are refunded.	Stephanie Holley, Vice President of Student Access and Success	2/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	12. UNT Dallas: Discrepancy in Billing of 2nd Bachelor's Degree Program - The 2nd Bachelor's application fee amount was not consistently charged to students paying online and via check, money order, or cash. Students are asked to pay $50.00 via check, money order, or cash to UNT Dallas but $60.00 online through Nelnet (Online Business/Payment Solution). Although students are not instructed to pay online, this payment option is available on the University website.	Moderate	12b. Identify and refund all students that have overpaid since Summer 2014.	VP of Student Access and Success will work with the UNT System Director of Financial Services, Student Finance and the Director of Graduate Admissions to ensure Nelnet is charging the correct amount to 2nd Bachelor's Degree students. VP and Directors will also work together to ensure that all students who may have overpaid are refunded.	Stephanie Holley, Vice President of Student Access and Success	2/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	13. UNT Dallas: Student Services Fee Assessment Process - Since FY2011, Student Services Fee (SSF) has been set at $10.00 per credit hour. During our review, we noted that current SSF process does not encompass the study of SSF amount to assist in evaluating if current rate/amount is sufficient to cover the cost of student services.	Moderate	13a. The Student Service Fee Advisory Committee should expand their processes to include the study of Student Services Fee amount. This will allow stakeholders to perform a student services fee assessment based on feasibility/cost analysis and submit request/propose fee increases with justifications to be study and approved by the SSFAC.	The Student Service Fee Advisory Committee will identify an individual to conduct a needs assessment. A Needs Assessment Survey will be developed and distributed to all students to identify areas of increased need of student service fee funds. Based on the survey data collected the SSFAC will conduct a cost analysis to address feasibility. Based on the results of the analysis and survey data the SSFAC will develop a report so as to address the increase of fees which will be substantiated by the cost analysis and results from the needs assessment survey.	Jamaica Chapple, Dean of Student Affairs	4/30/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	14. UNT Dallas: Instructional Fee Assessment Process -There is not an instructional fee assessment process in place to allow colleges/schools to request a review of new fees or changes to existing fees.	Moderate	14a. Develop procedures and detailed guidelines to help ensure that colleges/schools could request the establishment of new instructional fees or changes to existing instructional fees for review and approval before presented to the President.	The UNT Dallas Instructional Fees policy was drafted and submitted to the Office of General Counsel for review and approval.	Glenda Balas, UNT Dallas Interim Provost and Senior Vice President for Academic Excellence and Student Success	June 6, 2016 (action plan implemented)	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	15. UNT Dallas: Student Tuition and Fees Policy - During our review, we noted that UNT Dallas has not adopted policies on student tuition and fees. However, a draft policy on Tuition and Fees has been developed and will be submitted to the Office of General Counsel for review and approval.	Moderate	15a. The draft Tuition and Fees policy should be modified to reflect and define important Tuition and Fee elements and be submitted to the Office of General Council for review and approval.	The UNT Dallas Tuition and Fees policy was drafted and submitted to the Office of General Counsel for review and approval.	Daniel Edelman, Chief Financial Officer and the Executive Vice President for Finance and Administration	3/28/2016 (action plan implemented)	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	16. UNT Dallas: Incidental Fee Account Balances - During our review of six incidental fee accounts for UNT Dallas and UNT Dallas College of Law for FY 2014, FY 2015 and FY 2016, we noted incidental fee account balances were not rolled forward at the end of each fiscal year. Furthermore, testing identified 1 out of 6 incidental fee accounts had a large unexpended balance for FY 2015.	Moderate	16a. Update the accounts in University Accounting System to roll forward at the end of each fiscal year.	With these recommendations, the Budget Office will have a chance to edit budget closing rules and determine which budget balances roll forward into next fiscal year and which fund balances will close at the end of the fiscal year. A proposed list of incidental and student services fees accounts to roll forward will be communicated and approved by Chief Financial Officer and the Executive Vice President for Finance and Administration.

Also, for any incidental fee budget roll forward balance that exceeds 25% of original budget, a formal justification will be required from the account manager. This justification shall include the reason for the unexpended balance and plans for the unexpended balance. Additionally, if the incidental fee account is projected to roll forward a deficit balance, regardless of dollar amount, the account manager shall submit a formal justification that includes the reason and plan for deficit coverage. All formal justifications shall be submitted to the Assistance Vice President for Budget and Planning by no later than February 1st each fiscal year and must contain the signature of the respective Vice President. | April Barnes, Assistant Vice President of Budgeting and Planning | 7/31/2016 Revised 01/02/2017 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2016 | 16-024 DAL | Academic and Students | UNT Dallas Student Fees Audit | UNT Dallas | 16. UNT Dallas: Incidental Fee Account Balances - During our review of six incidental fee accounts for UNT Dallas and UNT Dallas College of Law for FY 2014, FY 2015 and FY 2016, we noted incidental fee account balances were not rolled forward at the end of each fiscal year. Furthermore, testing identified 1 out of 6 incidental fee accounts had a large unexpended balance for FY 2015. | Moderate | 16b. Establish an annual requirement for accountholders to provide a formal justifications or action plans for accumulated unexpended balances over an established threshold. | With these recommendations, the Budget Office will have a chance to edit budget closing rules and determine which budget balances roll forward into next fiscal year and which fund balances will close at the end of the fiscal year. A proposed list of incidental and student services fees accounts to roll forward will be communicated and approved by Chief Financial Officer and the Executive Vice President for Finance and Administration.

Also, for any incidental fee budget roll forward balance that exceeds 25% of original budget, a formal justification will be required from the account manager. This justification shall include the reason for the unexpended balance and plans for the unexpended balance. Additionally, if the incidental fee account is projected to roll forward a deficit balance, regardless of dollar amount, the account manager shall submit a formal justification that includes the reason and plan for deficit coverage. All formal justifications shall be submitted to the Assistance Vice President for Budget and Planning by no later than February 1st each fiscal year and must contain the signature of the respective Vice President. | April Barnes, Assistant Vice President of Budgeting and Planning | 7/31/2016 Revised 03/01/2017 | Closed |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Service Fees Audit	UNT Dallas	17. UNT Dallas: Student Service Fee Advisory Committee Composition - During our review of the FY 2014-2015 UNT Dallas Student Service Fee Advisory Committee composition, we noted that the student government appointed five undergraduate students as representative of all students enrolled at the institution. When the committee deliberated in FY 2015, none of the members appointed by the student government were graduate students. Additionally, when the committee deliberated on FY 2016, none of the members appointed by the student government were graduate or law students. Furthermore, we noted that since UNT Dallas and UNT Dallas College of Law are not within the same reasonably contiguous geographic area, some activities funded partially with student services fees may not be easily accessible and directly benefiting the Law student community.	Moderate	17a. Modify current Fee Advisory Committee bylaws to include composition requirements provided by the Texas Education Code § 54.5031 Student Fee Advisory Committee to help ensure that student government appointees are representative of all students enrolled at the institution.	The Student Service Fee Advisory Committee will ensure that the Student Government Association appoint one graduate student, and one college of law student to ensure representation of all students at UNT Dallas. Student Affairs will continue to expand the current process to ensure core services are available for students at the college of law. Currently (includes all of FY 2016) College of Law students have access to our Veterans Success Center and the Gym. They are also notified through UNT Dallas Announcements each week with the weekly programming and activities that we offer for our students via the Jaguar Roar • We will continue to work in collaboration with the Student Affairs office at the College of Law, so that COL students continue to be notified through UNT Dallas Announcements (sent by a member of Student Affairs) each week with the weekly programming and activities that we offer for our students. Student Affairs remains committed to ensuring that all UNT Dallas students have access to services for which their fees provide. • We will continue to diligently work with the College of Law to further that students can take advantage of services that their fees provide for on both campuses.	Jamaica Chapple, Dean of Student Affairs	8/22/2016 Revised 01/24/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Service Fees Audit	UNT Dallas	17. UNT Dallas: Student Service Fee Advisory Committee Composition - During our review of the FY 2014-2015 UNT Dallas Student Service Fee Advisory Committee composition, we noted that the student government appointed five undergraduate students as representative of all students enrolled at the institution. When the committee deliberated in FY 2015, none of the members appointed by the student government were graduate students. Additionally, when the committee deliberated on FY 2016, none of the members appointed by the student government were graduate or law students. Furthermore, we noted that since UNT Dallas and UNT Dallas College of Law are not within the same reasonably contiguous geographic area, some activities funded partially with student services fees may not be easily accessible and directly benefiting the Law student community.	Moderate	17b. Develop a process to help ensure that student services activities funded with student services fees at UNT Dallas are more easily accessible to the College of Law students.	The Student Service Fee Advisory Committee will ensure that the Student Government Association appoint one graduate student, and one college of law student to ensure representation of all students at UNT Dallas. Student Affairs will continue to expand the current process to ensure core services are available for students at the college of law. Currently (includes all of FY 2016) College of Law students have access to our Veterans Success Center and the Gym. They are also notified through UNT Dallas Announcements each week with the weekly programming and activities that we offer for our students via the Jaguar Roar • We will continue to work in collaboration with the Student Affairs office at the College of Law, so that COL students continue to be notified through UNT Dallas Announcements (sent by a member of Student Affairs) each week with the weekly programming and activities that we offer for our students. Student Affairs remains committed to ensuring that all UNT Dallas students have access to services for which their fees provide. • We will continue to diligently work with the College of Law to further that students can take advantage of services that their fees provide for on both campuses.	Jamaica Chapple, Dean of Student Affairs	8/22/2016 Revised 01/24/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	18. UNT Dallas: Incidental Fee Approval Documentation - The application fees for undergraduate and graduate students changed from $60.00 to $40.00 and $60.00 to $50.00, respectively, and a $30.00 late application fee was no longer assessed for any applications submitted since Summer 2014. However, a formal documentation that include the President as the final reviewer and approver of this change in application fee was not available for our review.	Moderate	18a. Develop procedures to help to ensure appropriate approval processes are in place when there are changes in fees and support documentation is retained.	The following management action plans and affirmation in regards to incidental fees were communicated and approved by the UNT Dallas President on June 3, 2016: • Effective immediately, all incidental fees shall be frozen at rates established as set forth in this memo and no new incidental fees shall be assessed without prior written approval from the UNT Dallas President until such time an approved policy can be implemented. • A proposed policy regarding incidental fees shall be submitted for your approval within the next 60 days and implemented by February 2017. • Please be aware that incidental fees charged for FY 2016 (and prior years) do not reconcile to the UNT System Board Briefing dated January 22, 2010 (UNT at Dallas Tuition for FY 2011 and 2012 and Fees for FY 2011). Apparently, over the years, a number of incidental fees being charged has increased as well as changes in the rates assessed. Unfortunately, documentation with Presidential approval cannot be located. Pursuant with UNT System Board of Regents Rule, Chapter 7 – Student Affairs, Education and Funding (07.403.2.d), authority has been delegated to the President of UNT Dallas to set the appropriate rates and rules pertaining to collection and distribution. • Incidental Fees shall be assessed through Student Financial Services by SF Item Type. College of Law specific fees shall contain appropriate General Ledger interface mapping to direct the activity to Organizational Departments located in the College of Law. We are aware of three incidental fees being assessed outside of Student Financial Services, they include: application fee	Daniel Edelman, Chief Financial Officer and the Executive Vice President for Finance and Administration	8/15/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	19. UNT Dallas: Additional Funds Collected from Students - The Office of Student Affairs collects additional funds from students for a few student oriented activities as a participation fee to ensure proper planning for activities. Specifically, the College of Law may charge this additional fee to ensure student participation. The participation fee varies for these events from $5.00 to $15.00 and is determined in collaboration with the Student Bar Association (SBA) elected leaders. For FY 2016 the College of Law was allocated $60,000.00 by the Student Service Fee Advisory Committee to be able to serve the College's student body needs. Although the College of Law expended only $7,157.66 as of January 2016, major events funded by student services fees such as the Barristers' Ball and Over-the-Hump are planned later in the Spring Semester.	Moderate	19a. Plan/Determine what the student services fees will be utilized for.	We concur that we need to plan/determine what the student services fees will be utilized for and will continue to do so within the guidelines of the statutory Student Services Fee Advisory Committee (SSFAC) process. • We will work with the SBA and student organizations on their budget proposal deadlines each semester. • While we will expend all Student Services Fees each year, we will notify students that some events may require a minimal participation fee. • No additional funds will be commingled with student services fees. Funds collected will have appropriate segregation of duties when receiving, processing, and depositing money. • The Office of Student Affairs will record cash/money order payments on carbon receipts. The receipts will state the name of the payer and the name of the Student Affairs staff person who received the payment. An administrative assistant from another law school department will review/reconcile the payments received with the receipts and sign/verify that the payments match the receipts. The deposit of the cash/money order payments will be given to Candice Birks, the law school bursar, who will sign a statement confirm receipt of the funds.	Rebecca Greenan, College of Law - Assistant Dean of Students	5/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	19. UNT Dallas: Additional Funds Collected from Students - The Office of Student Affairs collects additional funds from students for a few student oriented activities as a participation fee to ensure proper planning for activities. Specifically, the College of Law may charge this additional fee to ensure student participation. The participation fee varies for these events from $5.00 to $15.00 and is determined in collaboration with the Student Bar Association (SBA) elected leaders. For FY 2016 the College of Law was allocated $60,000.00 by the Student Service Fee Advisory Committee to be able to serve the College's student body needs. Although the College of Law expended only $7,157.66 as of January 2016, major events funded by student services fees such as the Barristers' Ball and Over-the-Hump are planned later in the Spring Semester.	Moderate	19b. Determine if the fees allocated to the College by the Student Service Fee Advisory Committee will cover the cost and relay to students that additional funds will be needed to participate in the event/activity.	We concur that we need to plan/determine what the student services fees will be utilized for and will continue to do so within the guidelines of the statutory Student Services Fee Advisory Committee (SSFAC) process. • We will work with the SBA and student organizations on their budget proposal deadlines each semester. • While we will expend all Student Services Fees each year, we will notify students that some events may require a minimal participation fee. • No additional funds will be commingled with student services fees. Funds collected will have appropriate segregation of duties when receiving, processing, and depositing money. • The Office of Student Affairs will record cash/money order payments on carbon receipts. The receipts will state the name of the payer and the name of the Student Affairs staff person who received the payment. An administrative assistant from another law school department will review/reconcile the payments received with the receipts and sign/verify that the payments match the receipts. The deposit of the cash/money order payments will be given to Candice Birks, the law school bursar, who will sign a statement confirm receipt of the funds.	Rebecca Greenan, College of Law - Assistant Dean of Students	5/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	19. UNT Dallas: Additional Funds Collected from Students - The Office of Student Affairs collects additional funds from students for a few student oriented activities as a participation fee to ensure proper planning for activities. Specifically, the College of Law may charge this additional fee to ensure student participation. The participation fee varies for these events from $5.00 to $15.00 and is determined in collaboration with the Student Bar Association (SBA) elected leaders. For FY 2016 the College of Law was allocated $60,000.00 by the Student Service Fee Advisory Committee to be able to serve the College's student body needs. Although the College of Law expended only $7,157.66 as of January 2016, major events funded by student services fees such as the Barristers' Ball and Over-the-Hump are planned later in the Spring Semester.	Moderate	19c. Additional funds collected should be deposited within the same chart string account as a credit to expense with a unique identifying purpose value. Also, funds collected should have appropriate segregation of duties when receiving, processing and depositing the money.	We concur that we need to plan/determine what the student services fees will be utilized for and will continue to do so within the guidelines of the statutory Student Services Fee Advisory Committee (SSFAC) process. • We will work with the SBA and student organizations on their budget proposal deadlines each semester. • While we will expend all Student Services Fees each year, we will notify students that some events may require a minimal participation fee. • No additional funds will be commingled with student services fees. Funds collected will have appropriate segregation of duties when receiving, processing, and depositing money. • The Office of Student Affairs will record cash/money order payments on carbon receipts. The receipts will state the name of the payer and the name of the Student Affairs staff person who received the payment. An administrative assistant from another law school department will review/reconcile the payments received with the receipts and sign/verify that the payments match the receipts. The deposit of the cash/money order payments will be given to Candice Birks, the law school bursar, who will sign a statement confirm receipt of the funds.	Rebecca Greenan, College of Law - Assistant Dean of Students	5/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	20. UNT Dallas College of Law: Seat Deposit Reconciliation - Reconciliation procedures have not been performed to verify that seat deposits sent by admitted Law Students to UNT College of Law Admission's Office were properly credited towards the correct student account if the student enrolled, or were properly recorded in the correct chart of accounts if seat deposits were forfeited .	Moderate	20a. Develop reconciliation procedures to help ensure that seat deposit checks received were credited towards the correct student account if the student enrolled or were properly recorded in the correct chart of accounts if the seat deposit was forfeited.	The College of Law- Office of Admissions will work with the Information Technology Manager at Dallas to establish a query report to be run weekly to ensure seat deposits received by the Office are timely processed and the respective student accounts are updated by student finance timely. This will allow the Office of Admissions to prevent or identify processing errors early—as a checks and balance mechanism. Additionally, the Office of Admissions will work with the Information Technology Manager at Dallas to obtain needed access to the student account screens in EIS to verify this information in the system. If there is a discrepancy found with seat deposits not being posted to a student's account or posted to the wrong student account, the Office of Admissions will work with the Information Technology Manager at Dallas to handle correction of the error. This process will be explained to the Assistant Director of Admissions, in the event that the Assistant Dean is out of the office to ensure that the report is reconciled weekly in the Assistant Dean's absence.	Valerie James, College of Law Assistant Dean of Admissions and Scholarships	9/1/2016 Revised 01/31/2017	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-024 DAL	Academic and Students	UNT Dallas Student Fees Audit	UNT Dallas	21. UNT Dallas: College of Law Academic Catalog - Although the total cost of attendance is included in the 2015-2016 UNT Dallas College of Law Catalog, the catalog did not include a description of the amount of each fee to be charged to students.	Moderate	21a. Develop procedures to help ensure that future academic catalogs include a description of the amount of each fee to be charged to students in accordance with the statute.	The three individuals who work on this page for the College of Law catalog are: 1) Assistant Director of Registration and Student Finance, 2) Information Technology Manager, Accounting Office, and 3) Director of Marketing and Communications. These three have been informed that moving forward, the incidental fees should be broken down and specifically identified/explained so that students have complete transparency as to the fee being charged and paid. In addition, these fees are also available on the College of Law website, by semester: https://lawschool.untsystem.edu/current-students/student-financial-services/tuition-and-fees.	Reynaldo Valencia, College of Law Associate Dean for Finance and Administration and Professor of Law	8/15/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-008 HSC	Governance and Regulatory Compliance	President's Expenditure Review	UNTHSC	Travel reimbursements paid to or on behalf of the President were in compliance with employment agreement provisions, System/University policies, state and federal laws. Although all travel reimbursements included proper documentation, not all travel budget authorization forms were signature-approved by the Chancellor, as required by UNT System Travel Guidelines. Additionally, Business Support Services processed the payments without all the appropriate approval signatures.	NA	None	Management will ensure that approval from the Chancellor will be obtained for all Travel Budget Authorization forms.	NA	NA	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-101 SYS	Information Technology	Audit of IT Governance - IT Shared Services	UNT System	The IT Governance Audit was very enlightening as it involved an in depth analysis of the organizational structure and communication lines, and an overview of policies and procedures, security program and plan, strategic plan and risk assessment, and website / web application publishing. During the course of the audit, the team found that IT is making significant efforts to strengthen communication and governance throughout the System and found that all teams are working to	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2016	16-010 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program	UNTHSC	The Family Medicine Residency Program (FMRP) agreement is not set up as a sponsored project in accordance with the Health Science Center Policy and it is not processed or monitored for financial performance by the Office of Grant and Contract Management.	High	Recommendation for the Associate Dean for Educational Programs is to: Work with appropriate management from the Office of Grant and Contract Management and the Office of Finance to set up the FMRP as a sponsored project.	1. Associate Dean for Educational Programs will work with appropriate management from the Office of Grant and Contract Management(OGCM) and the Office of Finance to set up the FMRP as a sponsored project.	Lisa R. Nash, DO, Associate Dean for Educational Programs /Jessica Chavez, Texas OPTI Administrator.	5/31/2016,	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-010 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program	UNTHSC	The Family Medicine Residency Program (FMRP) agreement is not set up as a sponsored project in accordance with the Health Science Center Policy and it is not processed or monitored for financial performance by the Office of Grant and Contract Management.	High	Recommendation for the Provost & Executive Vice President, Academic Affairs is to: Identify all grants, contracts or cooperative agreements (i.e. externally-funded activities with a formal written agreement) and collaborate with the Office of Grant and Contract Management to assess if these agreements should be identified as sponsored projects. Once identified, work with Office of Grant and Contract Management to set up as sponsored projects.	2. The Provost office will coordinate review of the final outstanding Texas Higher Education Coordinating Board(THECB) contract number 14178 between Texas College of Osteopathic Medicine (TCOM) and OGCM to determine if a new ProjID should be established. Review will occur and if needed, ProjID will be established prior to January 30 to allow for necessary accounting corrections prior to the black-out dates. For future awards, the Provost's office will ensure that all contracts submitted for signature by the Provost will have been vetted and routed through the Office of Contract Administration (OCA). OGCM will coordinate with OCA to ensure contracts that incorporate the State of Texas Uniform Grant Management Standards as a requirement of the award are routed through OGCM for review and project management.	2.Thomas Yorio, Provost & Executive Vice President, Academic Affairs / LeAnn Forsberg, Assistant Vice President for Research Administration	9/30/2016	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-010 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program	UNTHSC	Internal Audit noted control deficiencies over the preparation of the FMRP Annual Financial Report (AFR). THE FMRP AFR is not prepared at a level required to ensure accurate financial reporting. We identified the following financial reporting errors after the FMRP AFR preparation methodology was validated by Texas Higher Education Coordinating Board(THECB): Revenues: B. Professional Service Revenue B1 - Total gross charge amount for Professional Service Charges was reported only for the FMRP primary locations (i.e. Seminary Family Medicine and Inpatient Plaza Medical Center) and not for all service	High	Recommendation for the Senior Vice President of Finance/ Chief Financial Officer and FMRP Director is to: The FMRP Annual Financial Report should be prepared by the Office of Finance in collaboration with the department in an effort to ensure accurate financial reporting.	Several areas/locations (specifically: PCC APC Family Medicine, Eagle Ranch Internal Medicine, PCC APC General Internal Medicine and PCC OMM) noted by the auditors under Revenues A., B. and C. above are unrelated in any way to the Family Residency Program funded under this grant and are not to be included in the financial report.	Lisa R. Nash, DO, Associate Dean for Educational Programs / Barbara Holt, Senior Director Financial Operations / Jessica Chavez, Texas OPTI Administrator	5/31/2016 Revised: 10/31/ 2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-010 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program	UNTHSC	Testing identified that faculty and staff devoting time to the FMRP do not certify that the effort charged was based on actual activity.	High	Recommendation for the FMRP Director is to: Work with the Office of Grant and Contract Management to help ensure that the grant is in compliance with the Texas' Uniform Grant Management Standards for time and effort reporting requirements.	The Associate Dean for Educational Programs will work with the Office of Finance to develop and implement procedures to collect and report on financial activity related to the program in a manner that is in compliance with the Coordinating Board's financial reporting guidelines.	Lisa R. Nash, DO, Associate Dean for Educational Programs / Jessica Chavez, Texas OPTI Administrator	5/31/2016 Revised: 10/31/ 2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-010 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program	UNTHSC	Testing identified the following: • The Procurement-Card (P-Card) Expenditure Report which was partially paid from the Texas Higher Education Coordinating Board(THECB) grant for fiscal year 2015 was not retained at the department level and was unavailable for review. • Occasionally, the reconciler and approver is serving a dual role in the P-Card Expenditure review process.	Moderate	Recommendations for the Associate Dean of Educational Programs are to: Require all current P-Card holders, reconcilers and approvers to be retrained on P-Card policies and procedures.	The Associate Dean for Educational Programs will require signature approval by three different individuals for final reconciliation/approval of P-card purchases. Transition to electronic filing of P-card documentation resolves issue on retention of documents.	Lisa R. Nash, DO, Associate Dean for Educational Programs / Jessica Chavez, Texas OPTI Administrator	5/31/2016 Revised: 10/31/ 2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-010 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program	UNTHSC	Testing identified the following: • The Procurement-Card (P-Card) Expenditure Report which was partially paid from the Texas Higher Education Coordinating Board(THECB) grant for fiscal year 2015 was not retained at the department level and was unavailable for review. • Occasionally, the reconciler and approver is serving a dual role in the P-Card Expenditure review process.	Moderate	Recommendations for the Associate Dean of Educational Programs are to: Follow University Business Service Center P-Card Guidelines.	The Associate Dean for Educational Programs will require signature approval by three different individuals for final reconciliation/approval of P-card purchases. Transition to electronic filing of P-card documentation resolves issue on retention of documents.	Lisa R. Nash, DO, Associate Dean for Educational Programs / Jessica Chavez, Texas OPTI Administrator	5/31/2016 Revised: 10/31/ 2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-010 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program	UNTHSC	The FMRP grant was not properly classified in the UNTHSC Accounting System for fiscal year 2013 and fiscal year 2014. During our review of classification of revenues and proper recording for the FMRP grant in the UNTHSC Accounting System, we noted that fiscal year 2013 and fiscal year 2014 funds passed from the Texas Higher Education Coordinating Board(THECB) to UNTHSC were classified as State Grant Pass Through Revenue - Operational compared to fiscal year 2015 funds, which were classified as State Grant Pass Through Revenue - Non Operational. Based on the audited fiscal year 2013 and fiscal year 2014 FMRP Annual Financial Reports, the support received from THECB was 3.11% and 6.85% of the total revenues for the FMRP and are supplemental to the Program. The Associate Dean for Educational Programs also confirmed that the FMRP will be conducted regardless of the additional funds received from THECB.	Low	Recommendations for the UNTHSC Associate Controller are to: Work with the Texas Comptroller of Public Accounts to determine if prior years' classifications should be corrected.	Associate Dean for Educational Programs will work with appropriate management from the UNT System's Controller's Office to ensure the funds are recorded appropriately within UNTHSC's Accounting System. In addition, the UNT System's Controller's Office will work with the Texas Comptroller of Public Accounts to make a determination if prior year Annual Financial Reports need to be adjusted to report the proper classification of the program's funds.	Lisa R. Nash, DO, Associate Dean for Educational Programs / Paula Welch, Associate Controller / Jessica Chavez, Texas OPTI Administrator	5/31/2016	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-010 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program	UNTHSC	The FMRP grant was not properly classified in the UNTHSC Accounting System for fiscal year 2013 and fiscal year 2014. During our review of classification of revenues and proper recording for the FMRP grant in the UNTHSC Accounting System, we noted that fiscal year 2013 and fiscal year 2014 funds passed from the Texas Higher Education Coordinating Board(THECB) to UNTHSC were classified as State Grant Pass Through Revenue - Operational compared to fiscal year 2015 funds, which were classified as State Grant Pass Through Revenue - Non Operational. Based on the audited fiscal year 2013 and fiscal year 2014 FMRP Annual Financial Reports, the support received from THECB was 3.11% and 6.85% of the total revenues for the FMRP and are supplemental to the Program. The Associate Dean for Educational Programs also confirmed that the FMRP will be conducted regardless of the additional funds received from THECB.	Low	Recommendations for the UNTHSC Associate Controller are to: Re-educate personnel on financial reporting of state grant pass through revenues to help ensure compliance with the Texas Comptroller of Public Accounts' guidelines.	Associate Dean for Educational Programs will work with appropriate management from the UNT System's Controller's Office to ensure the funds are recorded appropriately within UNTHSC's Accounting System. In addition, the UNT System's Controller's Office will work with the Texas Comptroller of Public Accounts to make a determination if prior year Annual Financial Reports need to be adjusted to report the proper classification of the program's funds.	Lisa R. Nash, DO, Associate Dean for Educational Programs / Paula Welch, Associate Controller / Jessica Chavez, Texas OPTI Administrator	5/31/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-021 UNT	Academic and Students	Student Service Fee Audit	UNT	The current process for monitoring Student Service Fee allocations is not sufficient to ensure funds are not overspent and funds are spent in accordance with approved purposes. Internal Audit reviewed and tested the Student Service Fee (SSF) process and allocations for fiscal year 2015. Out of 57 SSF dept ID allocations, 9 instances were identified where total expenditures exceeded available SSF account revenues. If additional other funding sources were not obtained by SSF dept ID holder then deficit balances were charged to the SSF reserve account at year end.	Low	Recommendations for Vice President for Student Affairs: 1a. Coordinate with the UNT Budget Office to establish a process to ensure that only transfers approved by the Vice President for Student Affairs Office are processed.	a. Management agrees. Establish process to ensure no transfers are processed by the UNT Budget Office without approval from the VPSA Office.	Dr. Elizabeth With, Vice President for Student Affairs	7/31/2016 Actual 08/29/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-021 UNT	Academic and Students	Student Service Fee Audit	UNT	The current process for monitoring Student Service Fee allocations is not sufficient to ensure funds are not overspent and funds are spent in accordance with approved purposes. Internal Audit reviewed and tested the Student Service Fee (SSF) process and allocations for fiscal year 2015. Out of 57 SSF dept ID allocations, 9 instances were identified where total expenditures exceeded available SSF account revenues. If additional other funding sources were not obtained by SSF dept ID holder then deficit balances were charged to the SSF reserve account at year end.	Low	Recommendations for Vice President for Student Affairs: 1b. Provide training to SSF dept ID holders with regard to their responsibilities on receiving SSF funding especially SSF approval process pertaining to requesting transfers of SSF funds.	b. Management agrees. Send memo to all dept ID holders outlining approval process to transfer funds; also discuss during meetings with SSF dept ID holders (held as SSF process begins and when awards are made).	Dr. Elizabeth With, Vice President for Student Affairs	7/31/2016 Actual 08/29/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-021 UNT	Academic and Students	Student Service Fee Audit	UNT	The current process for monitoring Student Service Fee allocations is not sufficient to ensure funds are not overspent and funds are spent in accordance with approved purposes. Internal Audit reviewed and tested the Student Service Fee (SSF) process and allocations for fiscal year 2015. Out of 57 SSF dept ID allocations, 9 instances were identified where total expenditures exceeded available SSF account revenues. If additional other funding sources were not obtained by SSF dept ID holder then deficit balances were charged to the SSF reserve account at year end.	Low	Recommendations for Vice President for Student Affairs: 1c. Establish a process to identify potential deficit situations, including steps/procedures to be taken, and consequences for SSF dept ID holders for non-compliance.	c. Management agrees. Send memo to all dept ID holders outlining consequences of account deficits; also discuss during meetings with SSF dept ID holders (held as SSF process begins and when awards are made).	Dr. Elizabeth With, Vice President for Student Affairs	7/31/2016 Actual 08/29/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-021 UNT	Academic and Students	Student Service Fee Audit	UNT	UNT Policy 18.4.7 Student Service Fee Committee does not reflect current member selection process by the Student Government Association President. UNT policy 18.4.7 states nine students will be selected to comprise a Student Service Fee Committee (SSFC). Five students to be selected by the Student Government Association (SGA) President and four students by UNT President. In the current process the SGA President selects four because the SGA President is to be a member of the committee and acts as Chair of the SSFC.	Low	Recommendation for Vice President for Student Affairs: 2a. Revise UNT Policy 18.4.7 Student Services Fee Committee to reflect the current process regarding the Student Government Association President's Student Services Fee Committee member selection process.	Management agrees. Update policy to reflect actual practice.	Dr. Elizabeth With, Vice President for Student Affairs	11/1/2016	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-021 UNT	Academic and Students	Student Service Fee Audit	UNT	Minutes are not taken on Student Service Fee Committee meetings. For selected Student Service Fee Committee (SSFC) members, annually the Vice President for Student Affairs management conducts meetings to explain to these members the committee's responsibilities, establish meeting dates, explanation of the deliberation and SSF allocation processes. During these meeting priorities and Student Service Fee (SSF) allocation criteria are established. Documentation as to priorities determined, proposed meeting agenda and meeting dates, and applications requests for SSF funding are submitted. However, meeting minutes including attendance of those SSFC members present are not documented and retained.	Low	Recommendation for Vice President for Student Affairs:

3a. Written minutes should be kept on Student Service Fee Committee meetings held. | Management agrees. Minutes will be taken at meetings. | Debbie Stevens, Budget Officer for Division of Student Affairs | Expected: 11/30/2016 Revised: 01/18/2017 | Closed |
Internal	UNT System Internal Audit	Fiscal Year 2016	16-014 DAL	Governance and Regulatory Compliance	Presidents' Expenditure Review	UNT Dallas	None	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2016	16-001 SYS	Governance and Regulatory Compliance	Chancellor's Expenditure Review	UNT System	None	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2016	16-003 UNT	Governance and Regulatory Compliance	Presidents' Expenditure Review	UNT	None	NA	None	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2016	16-405 UNT	Governance and Regulatory Compliance	UNT Student Money Management Center	UNT	1. The rate of default for the Green Loan Program (GLP) is high as compared to similar loans managed by the Student Money Management Center (SMMC), and at this rate, the loan program is unsustainable.
• High default rate; 67.5% at December 31, 2015 and 60% at January 31, 2016 as compared to about 10% for the other loan programs.
• For loans issued prior to August 2013, the collection rate since August 2013 to January 2016 is 9% , less than 4% per year. Overall default rate for old and new loans is 72%. | Moderate | Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center:

1a. Coordinate with Student Accounting and University Cashiering Services to determine an effective and efficient way to disburse loans and collect repayments. | a. Coordinate with Student Accounting and University Cashiering Services to transition loan program to an electronic disbursement, and repayment system (non-cash). Coordinate with Division of Student Affairs Advancement Specialist to secure a small allotment of gas and food cards for the purpose of disbursing to students facing critical and immediate need. | Paul Goebel, Assistant Director III, SMMC | 09/01/ 2016 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2016 | 16-405 UNT | Governance and Regulatory Compliance | UNT Student Money Management Center | UNT | 1. The rate of default for the Green Loan Program (GLP) is high as compared to similar loans managed by the Student Money Management Center (SMMC), and at this rate, the loan program is unsustainable.
• High default rate; 67.5% at December 31, 2015 and 60% at January 31, 2016 as compared to about 10% for the other loan programs.
• For loans issued prior to August 2013, the collection rate since August 2013 to January 2016 is 9% , less than 4% per year. Overall default rate for old and new loans is 72%. | Moderate | Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center:

1b. Coordinate with Student Accounting and University Cashiering Services to determine an effective way to display the blocks effectively in order to avoid any misconception. | b. For new loans posted directly to students' accounts, any unpaid balances will be clearly denoted on accounts that will avoid any misconceptions. Coordinate with Student Accounting and University Cashiering Services to add old defaulted loans to students' account balances. | Paul Goebel, Assistant Director III, SMMC | 01/15/17 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2016 | 16-405 UNT | Governance and Regulatory Compliance | UNT Student Money Management Center | UNT | 1. The rate of default for the Green Loan Program (GLP) is high as compared to similar loans managed by the Student Money Management Center (SMMC), and at this rate, the loan program is unsustainable.
• High default rate; 67.5% at December 31, 2015 and 60% at January 31, 2016 as compared to about 10% for the other loan programs.
• For loans issued prior to August 2013, the collection rate since August 2013 to January 2016 is 9% , less than 4% per year. Overall default rate for old and new loans is 72%. | Moderate | Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center:

1c. Review loans issued prior to August 2013 and document current status e.g. whether and when a student graduated, whether they are a current student, whether all appropriate blocks are in place, and whether all necessary documents are in file. | c. Review loans issued prior to August 2013 and document current status, all appropriate blocks are in place, and all necessary documents are in file. | Danielle Champagne, Student Services Coordinator II | 8/01/2016 | Closed |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-405 UNT	Governance and Regulatory Compliance	UNT Student Money Management Center	UNT	2. The current practice at Student Money Management Center (SMMC) is that management has some discretion as to the loan amounts and the repayment period for the Green Loan Program (GLP). Current procedures do not sufficiently document when and how much management discretion is allowable. • There is some management discretion as to the amount of fees to charge, for 1 out of 24 loans tested, an exception was noted where the total fees and charges due was $23; $20 late charge and $3 service charge. Only $17 was collected while $6 was waived. Additionally, procedures are not specific as to whether fees apply to a specific dollar amount of the loan i.e. $100 or $50. • Management also has some discretion as to the repayment date. For example, management can alter the repayment date if it falls on a weekend or if the student is aware of a difficulty in repaying before the deadline.	Moderate	Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center: 2a. Review current GLP manual and update for procedures related to management discretion, including but not limited to, defining the exceptions and stating how and when management discretion should be applied, and also ensure that it is consistent with the current practice.	a. Redraft Green Loan Program manual's management discretion reference. Include list of approved exceptions that would fall under the scope of "management discretion."	Paul Goebel, Assistant Director III, SMMC	8/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-405 UNT	Governance and Regulatory Compliance	UNT Student Money Management Center	UNT	2. The current practice at Student Money Management Center (SMMC) is that management has some discretion as to the loan amounts and the repayment period for the Green Loan Program (GLP). Current procedures do not sufficiently document when and how much management discretion is allowable. • There is some management discretion as to the amount of fees to charge, for 1 out of 24 loans tested, an exception was noted where the total fees and charges due was $23; $20 late charge and $3 service charge. Only $17 was collected while $6 was waived. Additionally, procedures are not specific as to whether fees apply to a specific dollar amount of the loan i.e. $100 or $50. • Management also has some discretion as to the repayment date.	Moderate	Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center: 2b. Establish a specific periodic review process to ensure that the GLP manual is accurate and adequately addresses relevant issues. The procedures should indicate the last time it was reviewed.	b. Identify a standard date of annual review for the GLP manual. Documentation of date of review on title page will be included in the updated GLP manual.	Paul Goebel, Assistant Director III, SMMC	8/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-405 UNT	Governance and Regulatory Compliance	UNT Student Money Management Center	UNT	3. Promissory notes and transcript blocks were not in place as required by the Green Loan Program (GLP) manual terms and conditions. Promissory notes and transcript blocks were missing for old loans issued prior to August 2013. There were also instances relating to loans issued after August 2013 where there were no blocks on non-current loans. Incomplete documentation and lack of enforcement of blocks reduce the chance of repayment of loans.	Moderate	Recommendation for Paul Goebel, Assistant Director III, Student Money Management Center: 3a. Review non-current loans and document current status e.g. whether and when a student graduated, whether they are a current student, and whether all necessary documents are in file and ensure proper blocks are in place.	a. Review loans issued prior to August 2013 and document current status, all appropriate blocks are in place, and all necessary documents are in file.	Danielle Champagne, Student Services Coordinator II	8/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-405 UNT	Governance and Regulatory Compliance	UNT Student Money Management Center	UNT	3. Promissory notes and transcript blocks were not in place as required by the Green Loan Program (GLP) manual terms and conditions. Promissory notes and transcript blocks were missing for old loans issued prior to August 2013. There were also instances relating to loans issued after August 2013 where there were no blocks on non-current loans. Incomplete documentation and lack of enforcement of blocks reduce the chance of repayment of loans.	Moderate	Recommendation for Paul Goebel, Assistant Director III, Student Money Management Center: 3b. Establish a review process to ensure that appropriate blocks are being placed on students' accounts with non-current loans.	b. Identify process to ensure timely posting of relevant blocks to student accounts. Documentation of the process and monthly review checklist will be included in the updated program manual.	Paul Goebel, Assistant Director III, SMMC	8/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-405 UNT	Governance and Regulatory Compliance	UNT Student Money Management Center	UNT	4. There is variance between petty cash records, total amount of donations received to the fund, and the general ledger. There is a variance between the amount of fund balance per the Student Money Management Center (SMMC) records - $16,345, tally of the total amount of donations received into the fund - $22,625, and fund balance per the general ledger - $16,217.	Moderate	Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center: 4a. Review current fund balance and coordinate with Financial Reporting to ensure that the correct balance is reflected in the general ledger.	a. Coordinate with Financial Reporting to conduct a thorough and comprehensive reconciliation of the Green Loan account.	Paul Goebel, Assistant Director III, SMMC	1/15/2017 Rev. 08/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-405 UNT	Governance and Regulatory Compliance	UNT Student Money Management Center	UNT	4. There is variance between petty cash records, total amount of donations received to the fund, and the general ledger. There is a variance between the amount of fund balance per the Student Money Management Center (SMMC) records - $16,345, tally of the total amount of donations received into the fund - $22,625, and fund balance per the general ledger - $16,217.	Moderate	Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center: 4b. Update policies to include procedures for periodic reconciliation with the General Ledger.	b. Coordinate with Financial Reporting to determine policies and procedures for periodic reconciliation. Include this information in GLP manual.	Danielle Champagne, Student Services Coordinator II	1/15/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2016	16-405 UNT	Governance and Regulatory Compliance	UNT Student Money Management Center	UNT	5. There are instances where information on Student Money Management Center (SMMC) website is not consistent with information in the procedures Green Loan Program (GLP) manual. One of the terms and conditions listed on the SMMC's website and in the GLP manual says that both transcript and registration blocks will be applied to late and default accounts but the intention and practice is to use transcript blocks only.	Low	Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center: 5a. Review information currently posted to SMMC website for accuracy and consistency with policies and procedures.	a. Information posted to SMMC website has been reviewed for consistency with policies and procedures.	Danielle Champagne, Student Services Coordinator II	8/15/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-405 UNT	Governance and Regulatory Compliance	UNT Student Money Management Center	UNT	5. There are instances where information on Student Money Management Center (SMMC) website is not consistent with information in the procedures Green Loan Program (GLP) manual. One of the terms and conditions listed on the SMMC's website and in the GLP manual says that both transcript and registration blocks will be applied to late and default accounts but the intention and practice is to use transcript blocks only.	Low	Recommendations for Paul Goebel, Assistant Director III, Student Money Management Center: 5b. Establish a process to ensure review of information posted to SMMC website is performed periodically.	b. Annual date of website review has been set as August 1, documentation of this step will be included in the revised Green Loan Program Manual.	Paul Goebel, Assistant Director III, SMMC	8/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-405 UNT	Governance and Regulatory Compliance	UNT Student Money Management Center	UNT	6. The Green Loan Program (GLP) is not being maintained on an imprest basis as required by UNT cash handling policies. The Green Loan petty cash fund is not being maintained on an imprest system; when repayments are received, only fees get deposited while the principal is retained in the petty cash fund to be used to disburse for new loans.	Low	Recommendation for Paul Goebel, Assistant Director III, Student Money Management Center: 6a. Coordinate with Financial Reporting and Vice President for Finance and Administration, UNT, to determine how to best comply with UNT cash handling policies.	a. Coordinate with Student Accounting and University Cashiering Services to transition loan program to an electronic disbursement, and repayment system (non-cash). This will eliminate the need for the SMMC to handle any cash.	Paul Goebel, Assistant Director III, SMMC	9/1/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-405 UNT	Governance and Regulatory Compliance	UNT Student Money Management Center	UNT	7. The Student Money Management Center (SMMC) uses pre-numbered receipts; however, the receipts do not comply with guidelines set forth in UNT policies. SMMC uses pre-numbered receipts but the receipts have not been approved by Student Accounting and University Cashiering Services (SAUCS) as to form and content as required by Cash Handling Controls Policy 2.1.10.1 and does not have UNT logo printed on as required by UNT Sales and Receipt of Funds Policy 2.2.1.	Low	Recommendations for Assistant Director III, Student Money Management Center: 7a. Coordinate with SAUCS to obtain receipts that comply with UNT sales and Receipt of Funds Policy 2.2.1.	a. Obtain approved receipt book from UNT Printing Services.	Danielle Champagne, Student Services Coordinator II	6/23/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2016	16-405 UNT	Governance and Regulatory Compliance	UNT Student Money Management Center	UNT	7. The Student Money Management Center (SMMC) uses pre-numbered receipts; however, the receipts do not comply with guidelines set forth in UNT policies. SMMC uses pre-numbered receipts but the receipts have not been approved by Student Accounting and University Cashiering Services (SAUCS) as to form and content as required by Cash Handling Controls Policy 2.1.10.1 and does not have UNT logo printed on as required by UNT Sales and Receipt of Funds Policy 2.2.1.	Low	Recommendations for Assistant Director III, Student Money Management Center: 7b. Establish a process to ensure that all receipts issued are cleared by SAUCS as to form.	b. Implement the use of SAUCS-approved receipts and payment deposit process.	Danielle Champagne, Student Services Coordinator II	6/23/2016	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2016	NA	Governance and Regulatory Compliance	UNT System Benefits Proportionality Internal Audit	UNT	Through review of the each entity's Benefits Proportionality processes and inspection of corresponding source documentation files, IA identified the following: - Even though UNT documented procedures, accounting information, and screenshots within the source documentation file, there were not sufficient comments and/or notes embedded in the cells in the Section tabs explaining where information was obtained or what information was used for calculation. - UNT and UNTD did not utilize a "Lead Workpaper" tab within their source documentation files. This separate tab could be used to document all amounts and calculations related to the amounts recorded in the Section tabs as well as to embed notes and comments explaining the source of information in a clearer and more concise manner. - There was not an "Information/Documentation Needed to Complete the APS 011 Form" section within the source documentation files used by each entity of the UNT System. As a result, significant information relevant to completing the APS 011 Form (such as completion and review instructions, State information, and other information), was not formally documented for use in subsequent years. It was noted,	Moderate	UNT should embed comments and/or notes within the supporting documentation Excel file to explain specific details of key amounts, calculations, and sources of information.	NA	NA	NA	N/A

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2016	NA	Governance and Regulatory Compliance	UNT System Benefits Proportionality Internal Audit	UNT	Through review of the each entity's Benefits Proportionality processes and inspection of corresponding source documentation files, IA identified the following: - Even though UNT documented procedures, accounting information, and screenshots within the source documentation file, there were not sufficient comments and/or notes embedded in the cells in the Section tabs explaining where information was obtained or what information was used for calculation. - UNT and UNTD did not utilize a "Lead Workpaper" tab within their source documentation files. This separate tab could be used to document all amounts and calculations related to the amounts recorded in the Section tabs as well as to embed notes and comments explaining the source of information in a clearer and more concise manner. - There was not an "Information/Documentation Needed to Complete the APS 011 Form" section within the source documentation files used by each entity of the UNT System. As a result, significant information relevant to completing the APS 011 Form (such as completion and review instructions, State information, and other information), was not formally documented for use in subsequent years. It was noted,	Moderate	UNT and UNTD should implement a "Lead Workpaper" separate from the formal sections that would be used to detail source documentation and other important information. This workpaper could include the Method of Finance calculation, the Local Funds Adjustment calculation, and each benefits calculation.	NA	NA	NA	N/A
Internal (Co-Sourced)	PwC	Fiscal Year 2016	NA	Governance and Regulatory Compliance	UNT System Benefits Proportionality Internal Audit	UNT Dallas	Through review of the each entity's Benefits Proportionality processes and inspection of corresponding source documentation files, IA identified the following: - Even though UNT documented procedures, accounting information, and screenshots within the source documentation file, there were not sufficient comments and/or notes embedded in the cells in the Section tabs explaining where information was obtained or what information was used for calculation. - UNT and UNTD did not utilize a "Lead Workpaper" tab within their source documentation files. This separate tab could be used to document all amounts and calculations related to the amounts recorded in the Section tabs as well as to embed notes and comments explaining the source of information in a clearer and more concise manner. - There was not an "Information/Documentation Needed to Complete the APS 011 Form" section within the source documentation files used by each entity of the UNT System. As a result, significant information relevant to completing the APS 011 Form (such as completion and review instructions, State information, and other information), was not formally documented for use in subsequent years. It was noted,	Moderate	UNT and UNTD should implement a "Lead Workpaper" separate from the formal sections that would be used to detail source documentation and other important information. This workpaper could include the Method of Finance calculation, the Local Funds Adjustment calculation, and each benefits calculation.	NA	NA	NA	N/A

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2016	NA	Governance and Regulatory Compliance	UNT System Benefits Proportionality Internal Audit	UNT	Through review of the each entity's Benefits Proportionality processes and inspection of corresponding source documentation files, IA identified the following: - Even though UNT documented procedures, accounting information, and screenshots within the source documentation file, there were not sufficient comments and/or notes embedded in the cells in the Section tabs explaining where information was obtained or what information was used for calculation. - UNT and UNTD did not utilize a "Lead Workpaper" tab within their source documentation files. This separate tab could be used to document all amounts and calculations related to the amounts recorded in the Section tabs as well as to embed notes and comments explaining the source of information in a clearer and more concise manner. - There was not an "Information/Documentation Needed to Complete the APS 011 Form" section within the source documentation files used by each entity of the UNT System. As a result, significant information relevant to completing the APS 011 Form (such as completion and review instructions, State information, and other information), was	Moderate	All entities within the UNT System should consider including a section for "Information/Documentation Needed to Complete the APS 011 Form". It would be helpful to include the following: - APS 011 Form and Instructions (FMX website) - Method of Finance (General Appropriations Act) - Applicable USAS Screens - Specific queries from PeopleSoft General Ledger - APS_Check report - Instructions for uploading the completed form and performing internal reviews by the entity and the UNT System - Key contacts within the State and the UNT System - Other related and important documentation	NA	NA	NA	N/A
Internal (Co-Sourced)	PwC	Fiscal Year 2016	NA	Governance and Regulatory Compliance	UNT System Benefits Proportionality Internal Audit	UNT Dallas	Through review of the each entity's Benefits Proportionality processes and inspection of corresponding source documentation files, IA identified the following: - Even though UNT documented procedures, accounting information, and screenshots within the source documentation file, there were not sufficient comments and/or notes embedded in the cells in the Section tabs explaining where information was obtained or what information was used for calculation. - UNT and UNTD did not utilize a "Lead Workpaper" tab within their source documentation files. This separate tab could be used to document all amounts and calculations related to the amounts recorded in the Section tabs as well as to embed notes and comments explaining the source of information in a clearer and more concise manner. - There was not an "Information/Documentation Needed to Complete the APS 011 Form" section within the source documentation files used by each entity of the UNT System. As a result, significant information relevant to completing the APS 011 Form (such as completion and review instructions, State information, and other information), was not formally documented for use in subsequent years. It was noted	Moderate	All entities within the UNT System should consider including a section for "Information/Documentation Needed to Complete the APS 011 Form". It would be helpful to include the following: - APS 011 Form and Instructions (FMX website) - Method of Finance (General Appropriations Act) - Applicable USAS Screens - Specific queries from PeopleSoft General Ledger - APS_Check report - Instructions for uploading the completed form and performing internal reviews by the entity and the UNT System - Key contacts within the State and the UNT System - Other related and important documentation	NA	NA	NA	N/A

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2016	NA	Governance and Regulatory Compliance	UNT System Benefits Proportionality Internal Audit	UNTHSC	Through review of the each entity's Benefits Proportionality processes and inspection of corresponding source documentation files, IA identified the following: - Even though UNT documented procedures, accounting information, and screenshots within the source documentation file, there were not sufficient comments and/or notes embedded in the cells in the Section tabs explaining where information was obtained or what information was used for calculation. - UNT and UNTD did not utilize a "Lead Workpaper" tab within their source documentation files. This separate tab could be used to document all amounts and calculations related to the amounts recorded in the Section tabs as well as to embed notes and comments explaining the source of information in a clearer and more concise manner. - There was not an "Information/Documentation Needed to Complete the APS 011 Form" section within the source documentation files used by each entity of the UNT System. As a result, significant information relevant to completing the APS 011 Form (such as completion and review instructions, State information, and other information), was	Moderate	All entities within the UNT System should consider including a section for "Information/Documentation Needed to Complete the APS 011 Form". It would be helpful to include the following: - APS 011 Form and Instructions (FMX website) - Method of Finance (General Appropriations Act) - Applicable USAS Screens - Specific queries from PeopleSoft General Ledger - APS_Check report - Instructions for uploading the completed form and performing internal reviews by the entity and the UNT System - Key contacts within the State and the UNT System - Other related and important documentation	NA	NA	NA	N/A
Internal (Co-Sourced)	PwC	Fiscal Year 2016	NA	Governance and Regulatory Compliance	UNT System Benefits Proportionality Internal Audit	UNT	Through review of processes related to Benefits Proportionality, IA identified that as part of APS 011 Form completion procedures, UNT and UNTD do not obtain an APS_Check Report from the ACO and compare the report information to the amounts used in the APS 011 Form. This APS_Check report includes the USAS expenses by benefit and appropriation. As such, UNT and UNTD were not performing a reconciliation comparing their recorded amounts to amounts provided by the State in order to ensure accuracy of the overall form.	Moderate	UNT and UNTD should obtain the APS_Check report from the assigned ACO and perform a reconciliation of UNT and UNTD amounts, respectively, to State amounts.	NA	NA	NA	N/A
Internal (Co-Sourced)	PwC	Fiscal Year 2016	NA	Governance and Regulatory Compliance	UNT System Benefits Proportionality Internal Audit	UNT Dallas	Through review of processes related to Benefits Proportionality, IA identified that as part of APS 011 Form completion procedures, UNT and UNTD do not obtain an APS_Check Report from the ACO and compare the report information to the amounts used in the APS 011 Form. This APS_Check report includes the USAS expenses by benefit and appropriation. As such, UNT and UNTD were not performing a reconciliation comparing their recorded amounts to amounts provided by the State in order to ensure accuracy of the overall form.	Moderate	UNT and UNTD should obtain the APS_Check report from the assigned ACO and perform a reconciliation of UNT and UNTD amounts, respectively, to State amounts.	NA	NA	NA	N/A
Internal (Co-Sourced)	PwC	Fiscal Year 2016	NA	Governance and Regulatory Compliance	UNT System Benefits Proportionality Internal Audit	UNT Dallas	Through review of processes related to Benefits Proportionality, IA identified that as part of APS 011 Form completion procedures, HSC and UNTD were not periodically performing a "mock completion" of the APS 011 Form based on estimates and information obtained up to the date of the mock completion. To perform this procedure, an institution fills out a preliminary APS 011 Template, which assists them in tracking payments from the GR and GR-D funds, as well as remaining balances to monitor what amounts may still be utilized. Additionally, completing the preliminary templates can provide opportunities for additional feedback and make the year-end process less time consuming.	Moderate	UNTD and HSC should establish a routine for periodically completing preliminary templates of the APS011 form and formally documenting the preliminary templates in source documentation files.	NA	NA	NA	N/A

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2016	NA	Governance and Regulatory Compliance	UNT System Benefits Proportionality Internal Audit	UNTHSC	Through review of processes related to Benefits Proportionality, IA identified that as part of APS 011 Form completion procedures, HSC and UNTD were not periodically performing a "mock completion" of the APS 011 Form based on estimates and information obtained up to the date of the mock completion. To perform this procedure, an institution fills out a preliminary APS 011 Template, which assists them in tracking payments from the GR and GR-D funds, as well as remaining balances to monitor what amounts may still be utilized. Additionally, completing the preliminary templates can provide opportunities for additional feedback and make the year-end process less time consuming.	Moderate	UNTD and HSC should establish a routine for periodically completing preliminary templates of the APS011 form and formally documenting the preliminary templates in source documentation files.	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	1. AED, CPR, First-Aid Training Each residence hall has an AED (Automated External Defibrillator). Hall Directors and residence hall staff have not received training by UNT to use the AED, administer CPR (Cardiopulmonary Resuscitation), and basic first aid. Each residence hall has a document called a flip chart that provides instructions on procedures to be taken in certain situations. The flip	High	Recommendation for Gina Vanacore, Director of Housing and Residence Life: 1.1.a. Provide AED, CPR, and basic first-aid training to Hall Directors, Resident Assistants and Desk Clerks.	1a. Language compelling staff to apply first aid or CPR has been removed from staff operating and instruction flip charts. Voluntary first aid / cpr training will be offered to staff each semester beginning fall 2017	Gina M. Vanacore, Director of Housing and Residence Life	12/31/2017	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-303 UNT	Governance and Regulatory Compliance	Student Managed Investment Fund (SMIF)	UNT	1. Broker cost and services evaluation A broker services evaluation was not performed since appointment of Fidelity as the investment broker as required by the MOU. The Fidelity broker services have not been re-evaluated since establishing the account in 2008 as required by Section 9-2 of the MOU. The MOU	Low	1.1.a.The SIG should implement a documented Policy & process for periodically evaluating the cost and benefits of the investment broker.	1a. Because of the small balance in the fund and the fact that the fund is currently with a leading low cost broker (Fidelity), the probability of acquiring better service for less cost seems unlikely. Regardless, the SIG shall implement and document	SIG Board of Directors	Exp. Impl. Date: 12/31/2017 Revised Impl. Date: 03/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	1. Commingled Funds When the new chart of accounts went into implementation, Lifelong Learning and Professional Development (LLPD) donations, University of North Texas Retiree Association (UNTRA) fees, and camp and conference revenue and expenses were commingled into the same chart string totaling approximately $620,000 as of August 31, 2017. Upon approval of the Osher Lifelong Learning Institute (OLLI) program at UNT, $100,000 of OLLI grant funds were also commingled in the	High	Recommendations for Stephanie Reinke, Director of Lifelong Learning and Professional Development (LLPD): 1.1.b. Reconcile all LLPD funds in the account.	1b./c. Our office is still working with the budget and financial reporting offices to reconcile and verify that all funds (expenses and revenue) are in the correct and appropriate chartstrings as it pertains to (OLLI).	Stephanie Reinke, Director of Lifelong Learning and Professional Development	Orig. 2/28/2018 Rev. 05/15/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	1. Commingled Funds When the new chart of accounts went into implementation, Lifelong Learning and Professional Development (LLPD) donations, University of North Texas Retiree Association (UNTRA) fees, and camp and conference revenue and expenses were commingled into the same chart string totaling approximately $620,000 as of August 31, 2017. Upon approval of the Osher Lifelong Learning Institute (OLLI) program at UNT, $100,000 of OLLI grant funds were also commingled in the	High	Recommendations for Stephanie Reinke, Director of Lifelong Learning and Professional Development (LLPD): 1.1.d. Ensure all LLPD activities are moved into separate chart strings to be tracked and reported individually.	1d. Camps and conferences will be managed by "One Stop Shop" effective immediately, thus removing all financial concerns out of the LLPD office. All entities of LLPD: CERT, UNTRA & OLLI all have their own dedicated fund cats and funds, with plans to assign purpose codes for better financial reporting/tracking for all chartstrings.	Stephanie Reinke, Director of Lifelong Learning and Professional Development	Orig. 2/28/2018 Rev. 05/15/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-414 UNT	Governance and Regulatory Compliance	Classroom Support Services	UNT	1. Computer Use policy needs clarification UNT 14.003 Computer Use policy needs clarification. UNT 14.003 Computer Use policy, section I.B states "The University will not limit access to any information due to its content as long as it meets the standard of legality." Such activity is further defined in section II.A, which states "Criminal and illegal use may involve, but is not limited to, unauthorized access, intentional corruption or misuse of computer resources, theft, obscenity and child pornography."	High	Recommendations for Associate Vice President, Information Services & Accreditation: 1.1.a. The Associate Vice President, Information Services & Accreditation, under authority of the Vice President for Finance and Administration, should convene a series of discussions with senior-level officials in Academic and Student Affairs, campus and System IT professionals and the UNT System Office of General Counsel to identify evolutions in campus missions, operations and environments and evaluate where and how changes in technology and the law have affected these areas since the last revision to the computer use policy in 2005; and to the extent possible, project future technological and legal developments over the next reasonable number of years and their possible impact.	1a. We agree. Dr. Clark will convene the series of discussions with senior level officials. In the changing and evolving world of technology, we know that it is important to investigate the evolution of technology and establish a mission and operational policy that helps to guide the increasing use of technology at the UNT campus. It will be important to define the elements of technology and to determine proper protocol for information/cyber security.	Dr. Allen Clark, Associate Vice President for Information Services and Transportation, UNT	12/31/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-414 UNT	Governance and Regulatory Compliance	Classroom Support Services	UNT	1. Computer Use policy needs clarification UNT 14.003 Computer Use policy needs clarification. UNT 14.003 Computer Use policy, section I.B states "The University will not limit access to any information due to its content as long as it meets the standard of legality." Such activity is further defined in section II.A, which states "Criminal and illegal use may involve, but is not limited to, unauthorized access, intentional corruption or misuse of computer resources, theft, obscenity and child pornography."	High	Recommendations for Associate Vice President, Information Services & Accreditation: 1.1.b. Assign responsibility for amending UNT 14.003 Computer Use policy per the committee's decisions.	1b. We agree. Based on the committee's findings, the Computer Use Policy will be assigned for an update by the appropriate individual.	Dr. Allen Clark, Associate Vice President for Information Services and Transportation, UNT	12/31/2018	Open
Internal	UNT System Internal Audit	Fiscal Year 2017	17-415 UNT	Governance and Regulatory Compliance	Faculty and Staff International Travel Audit	UNT	1. International Travel Registration Control Process An internal control process is not established to ensure that all individuals traveling internationally on either UNT System, UNT, UNTHSC or UNT Dallas business have registered with UNT Risk Management prior to departure. Thus, UNT Risk Management does not know the total number and location of individuals traveling internationally. Additionally, there are no travel policies that address international travel registration at the UNT System, UNT, UNTHSC, and UNT Dallas. Currently, the international traveler acknowledges they will register their travel plans with UNT Risk Management using the TBA form acknowledgement statement. However, there is no certification that the international traveler has registered prior to departure.	High	Recommendations for Doug Welch, Executive Director Risk Management Services: 1.2.a. Develop a procedure to reconcile TBA forms received from UNT System Business Support Services Travel Department, to UNT Risk Management's international travel registration database.	2a. Once UNT System Travel Office begins forwarding TBA (Travel Budget Authorization) forms for international travel, UNT Risk Management Services will utilize those forms to verify whether a traveler has registered the documented trip on the TBA form with Risk Management Services. This will be done by reconciling the information on the TBA form with previously submitted travel registrations, which are housed in an online Webform and in an internal excel document	Doug Welch, Executive Director Risk Management Services	4/20/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-415 UNT	Governance and Regulatory Compliance	Faculty and Staff International Travel Audit	UNT	1. International Travel Registration Control Process An internal control process is not established to ensure that all individuals traveling internationally on either UNT System, UNT, UNTHSC or UNT Dallas business have registered with UNT Risk Management prior to departure. Thus, UNT Risk Management does not know the total number and location of individuals traveling internationally. Additionally, there are no travel policies that address international travel registration at the UNT System, UNT, UNTHSC, and UNT Dallas. Currently, the international traveler acknowledges they will register their travel plans with UNT Risk Management using the TBA form acknowledgement statement. However, there is no certification that the international traveler has registered prior to departure.	High	Recommendations for Doug Welch, Executive Director Risk Management Services: 1.2.b. Develop a procedure to follow up on any discrepancies identified, which includes contacting and directing traveler to register their international travel prior to departure and escalation to supervisor and/or management if necessary.	2b. The following procedures will be utilized to follow up on any discrepancies identified: i. Will notify traveler via email of the need to register their trip with Risk Management Services within 5 business days of receipt of notice or within the next 2 business days if the departure date is within 5 business days. If traveler fails to comply; ii. Will notify traveler and their supervisor via email of the need to register the traveler's trip with Risk Management Services immediately upon receipt of notice. If travel is not registered within one business day; iii. Will notify traveler, their supervisor, and the next level of authority via email the need to register travel immediately upon receipt of notice. If travel is not registered within one business day; iv. Will notify UNT Institutional Compliance, the traveler, their supervisor, and all other appropriate lines of authority, up to the VP of the occurrence of non-compliance with UNT System's travel regulation and any other applicable campus policies.	Doug Welch, Executive Director Risk Management Services	4/20/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-415 UNT	Governance and Regulatory Compliance	Faculty and Staff International Travel Audit	UNT System	1. International Travel Registration Control Process

An internal control process is not established to ensure that all individuals traveling internationally on either UNT System, UNT, UNTHSC or UNT Dallas business have registered with UNT Risk Management prior to departure. Thus, UNT Risk Management does not know the total number and location of individuals traveling internationally.
Additionally, there are no travel policies that address international travel registration at the UNT System, UNT, UNTHSC, and UNT Dallas. Currently, the international traveler acknowledges they will register their travel plans with UNT Risk Management using the TBA form acknowledgement statement. However, there is no certification that the international traveler has registered prior to departure. | High | Recommendation for Rachel Burlage, UNT System Policy Manager:

1.3.a. Revise UNT System travel policy for consistency with UNT System Regulation 08.15000. | 3a. I will revise UNT System Administration travel policy for consistency with UNT System Regulation 08.15000. | Rachel Burlage, UNT System Policy Manager | 2/28/2018 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-415 UNT | Governance and Regulatory Compliance | Faculty and Staff International Travel Audit | UNT | 1. International Travel Registration Control Process

An internal control process is not established to ensure that all individuals traveling internationally on either UNT System, UNT, UNTHSC or UNT Dallas business have registered with UNT Risk Management prior to departure. Thus, UNT Risk Management does not know the total number and location of individuals traveling internationally.
Additionally, there are no travel policies that address international travel registration at the UNT System, UNT, UNTHSC, and UNT Dallas. Currently, the international traveler acknowledges they will register their travel plans with UNT Risk Management using the TBA form acknowledgement statement. However, there is no certification that the international traveler has registered prior to departure. | High | Recommendation for Stephanie McDonald, UNT Policy Manager:

1.4.a. Revise UNT travel policy for consistency with UNT System Regulation 08.15000. | 4a. Will route the language below through the institution policy revision process.
Potential additional language: "all UNT System Administration and Institution travel must comply with the requirements detailed in the UNT System Travel Guidelines, including individual responsibility for registering international travel through UNT Risk Management prior to departure". | Stephanie McDonald, UNT Policy Manager | 5/1/2018 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-415 UNT | Governance and Regulatory Compliance | Faculty and Staff International Travel Audit | UNTHSC | 1. International Travel Registration Control Process

An internal control process is not established to ensure that all individuals traveling internationally on either UNT System, UNT, UNTHSC or UNT Dallas business have registered with UNT Risk Management prior to departure. Thus, UNT Risk Management does not know the total number and location of individuals traveling internationally.
Additionally, there are no travel policies that address international travel registration at the UNT System, UNT, UNTHSC, and UNT Dallas. Currently, the international traveler acknowledges they will register their travel plans with UNT Risk Management using the TBA form acknowledgement statement. However, there is no certification that the international traveler has registered prior to departure. | High | Recommendation for Desiree Ramirez, Chief Compliance and Enterprise Risk Officer, UNTHSC

1.5.a. Establish a UNTHSC travel policy consistent with UNT System Regulation 08.15000. | 5a. UNTHSC will work with the other campuses to create a consistent policy with applicable procedures and related policies. | Greg Anderson, Executive Vice President for Finance and Chief Financial Officer and Anuja Ghorpade, Interim Vice President for Research | 4/1/2018 | Closed |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-415 UNT	Governance and Regulatory Compliance	Faculty and Staff International Travel Audit	UNT Dallas	1. International Travel Registration Control Process An internal control process is not established to ensure that all individuals traveling internationally on either UNT System, UNT, UNTHSC or UNT Dallas business have registered with UNT Risk Management prior to departure. Thus, UNT Risk Management does not know the total number and location of individuals traveling internationally. Additionally, there are no travel policies that address international travel registration at the UNT System, UNT, UNTHSC, and UNT Dallas. Currently, the international traveler acknowledges they will register their travel plans with UNT Risk Management using the TBA form acknowledgement statement. However, there is no certification that the international traveler has registered prior to departure.	High	Recommendation for HD Stearman, Assistant Vice President for Accreditation, Planning and Policy: 1.6.a. Establish a UNT Dallas travel policy consistent with UNT System Regulation 08.15000.	6a. The management action plan is to look at the UNT System regulation and tailor our policy to track the regulation.	H.D. Stearman, Assistant Vice President Accreditation, Planning, Office of Provost (UNT Dallas)	Exp: 3/1/2018 Rev.: 09/01/2018	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-310 DAL	Governance and Regulatory Compliance	Scholarships Review	UNT Dallas	1. Overall Governance of Scholarships Opportunities exist for strengthening internal control processes related to the management of scholarships. Donations are received by various departments at UNT Dallas (including UNT Dallas College of Law). If the funds are received by any department other than Financial Aid & Scholarships to be awarded to students, an authorization form is filled out and sent to the UNT Dallas' Financial Aid & Scholarships office. While Institutional scholarship decisions are automated, and External scholarships are selected by the donor and passed through the system from the donor to the students, Donor scholarships are backed by a written gift agreement outlining the use of the funds. Note: Management was aware of concerns around Scholarship Committee and Sharing of Information and requested that the review specifically address these areas. See below for details on the observations related to the management of scholarships I. Scholarship Compliance Through review of documentation for a sample of 20 students (out of 1,263) receiving various scholarships and awards in FY16, our testing identified the following (refer to bullets a. – e. for details): a. One donor scholarship application (Fund#	Moderate	1.1.a. Financial Aid & Scholarships should work with Advancement to update the incorrect application criteria for Fund# 240776 to be in alignment with the MOU and consider removing the additional criteria or creating an addendum to the original MOU.	1a. Director of Financial Aid has been hired effective 8/28/2017. Also, funding has been allocated to hire an Accountant focused on Scholarships, Financial Aid, and gift funds. Additionally, management is in the process of creating a general scholarship committee, updating application criteria to be in alignment with respective MOUs, and developing necessary processes and procedures and policy if applicable based on the study of best practices.	Stephanie Holley, VP for Student Access & Success	9/1/2018	Open
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-310 DAL	Governance and Regulatory Compliance	Scholarships Review	UNT Dallas	1. Overall Governance of Scholarships Opportunities exist for strengthening internal control processes related to the management of scholarships. Donations are received by various departments at UNT Dallas (including UNT Dallas College of Law). If the funds are received by any department other than Financial Aid & Scholarships to be awarded to students, an authorization form is filled out and sent to the UNT Dallas' Financial Aid & Scholarships office. While Institutional scholarship decisions are automated, and External scholarships are selected by the donor and passed through the system from the donor to the students, Donor scholarships are backed by a written gift agreement outlining the use of the funds. Note: Management was aware of concerns around Scholarship Committee and Sharing of Information and requested that the review specifically address these areas. See below for details on the observations related to the management of scholarships I. Scholarship Compliance Through review of documentation for a sample of 20 students (out of 1,263) receiving various scholarships and awards in FY16, our testing identified the following (refer to bullets a. – e. for details): a. One donor scholarship application (Fund# 240776) does not meet the criteria as outlined in the MOU. The MOU requires two letters of recommendation, a minimum GPA of 3.0, an on-campus interview, and need for financial assistance. However, the application only requires one letter of recommendation, a 2.25 minimum GPA, and does not mention an on-campus interview or need for financial assistance. The application also requires additional criterion, a personal statement, not included in the MOU. The review disclosed that at least one student, who was awarded this scholarship	Moderate	1.1.b. UNT Dallas should establish a review process for the recommended scholarship committee to ensure that awarded scholarships and scholarship applications are in compliance with established MOUs. Additionally, Advancement should consider removing the additional criteria or creating an addendum to the original MOU for Fund# 240003.	1b. Director of Financial Aid has been hired effective 8/28/2017. Also, funding has been allocated to hire an Accountant focused on Scholarships, Financial Aid, and gift funds. Additionally, management is in the process of creating a general scholarship committee, updating application criteria to be in alignment with respective MOUs, and developing necessary processes and procedures and policy if applicable based on the study of best practices.	Stephanie Holley, VP for Student Access & Success	9/1/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-310 DAL	Governance and Regulatory Compliance	Scholarships Review	UNT Dallas	1. Overall Governance of Scholarships Opportunities exist for strengthening internal control processes related to the management of scholarships. Donations are received by various departments at UNT Dallas (including UNT Dallas College of Law). If the funds are received by any department other than Financial Aid & Scholarships to be awarded to students, an authorization form is filled out and sent to the UNT Dallas' Financial Aid & Scholarships office. While Institutional scholarship decisions are automated, and External scholarships are selected by the donor and passed through the system from the donor to the students, Donor scholarships are backed by a written gift agreement outlining the use of the funds. Note: Management was aware of concerns around Scholarship Committee and Sharing of Information and requested that the review specifically address these areas. See below for details on the observations related to the management of scholarships I. Scholarship Compliance Through review of documentation for a	Moderate	1.1.c. Financial Aid & Scholarships should evaluate the date at which the automated packaging plan is initiated and/or implement a system of reviewing all open/current recipients of renewable awards to verify eligibility.	1c. Director of Financial Aid has been hired effective 8/28/2017. Also, funding has been allocated to hire an Accountant focused on Scholarships, Financial Aid, and gift funds. Additionally, management is in the process of creating a general scholarship committee, updating application criteria to be in alignment with respective MOUs, and developing necessary processes and procedures and policy if applicable based on the study of best practices.	Stephanie Holley, VP for Student Access & Success	9/1/2018	Open
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-310 DAL	Governance and Regulatory Compliance	Scholarships Review	UNT Dallas	1. Overall Governance of Scholarships Opportunities exist for strengthening internal control processes related to the management of scholarships. Donations are received by various departments at UNT Dallas (including UNT Dallas College of Law). If the funds are received by any department other than Financial Aid & Scholarships to be awarded to students, an authorization form is filled out and sent to the UNT Dallas' Financial Aid & Scholarships office. While Institutional scholarship decisions are automated, and External scholarships are selected by the donor and passed through the system from the donor to the students, Donor scholarships are backed by a written gift agreement outlining the use of the funds. Note: Management was aware of concerns around Scholarship Committee and Sharing of Information and requested that the review specifically address these areas. See below for details on the observations related to the management of scholarships I. Scholarship Compliance Through review of documentation for a sample of 20 students (out of 1,263) receiving various scholarships and awards in FY16, our testing identified the following (refer to bullets a. – e. for details): a. One donor scholarship application (Fund# 240776) does not meet the criteria as outlined in the MOU. The MOU requires two letters of recommendation, a minimum GPA of 3.0, an on-campus interview, and need for financial assistance. However, the	Moderate	1.1.d. Financial Aid & Scholarships should perform a review of students who are eligible for scholarships based on enrollment in a second 8- week mini-mester after the respective "Last Day to Drop" to make sure they still meet eligibility requirements. Additionally, Financial Aid & Scholarships should consider withholding disbursement of funds until after this date or recollecting the funds if the class is dropped before this date.	1d. Director of Financial Aid has been hired effective 8/28/2017. Also, funding has been allocated to hire an Accountant focused on Scholarships, Financial Aid, and gift funds. Additionally, management is in the process of creating a general scholarship committee, updating application criteria to be in alignment with respective MOUs, and developing necessary processes and procedures and policy if applicable based on the study of best practices.	Stephanie Holley, VP for Student Access & Success	9/1/2018	Open
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-310 DAL	Governance and Regulatory Compliance	Scholarships Review	UNT Dallas	1. Overall Governance of Scholarships Opportunities exist for strengthening internal control processes related to the management of scholarships. Donations are received by various departments at UNT Dallas (including UNT Dallas College of Law). If the funds are received by any department other than Financial Aid & Scholarships to be awarded to students, an authorization form is filled out and sent to the UNT Dallas' Financial Aid & Scholarships office. While Institutional scholarship decisions are automated, and External scholarships are selected by the donor and passed through the system from the donor to the students, Donor scholarships are backed by a written gift agreement outlining the use of the funds. Note: Management was aware of concerns around Scholarship Committee and Sharing of Information and requested that the review specifically address these areas. See below for details on the observations related to the management of scholarships I. Scholarship Compliance Through review of documentation for a sample of 20 students (out of 1,263) receiving various scholarships and awards in FY16, our testing identified the following (refer to bullets a. – e. for details): a. One donor scholarship application (Fund# 240776) does not meet the criteria as outlined in the MOU. The MOU requires two letters of recommendation, a minimum GPA of 3.0, an on-campus interview, and need for financial assistance. However, the application only requires one letter of recommendation, a 2.25 minimum GPA, and does not mention an on-campus interview or need for financial assistance. The application also requires additional criterion, a personal statement, not included in the MOU. The review disclosed that at least one student, who was awarded this scholarship	Moderate	1.1.e. Financial Aid & Scholarships should evaluate how many individuals should have access to the disbursement override function (i.e. Director and a delegate), restrict disbursement override access to appropriate personnel as necessary, and consider requiring a second level of approval for manual overrides.	1e. Director of Financial Aid has been hired effective 8/28/2017. Also, funding has been allocated to hire an Accountant focused on Scholarships, Financial Aid, and gift funds. Additionally, management is in the process of creating a general scholarship committee, updating application criteria to be in alignment with respective MOUs, and developing necessary processes and procedures and policy if applicable based on the study of best practices.	Stephanie Holley, VP for Student Access & Success	9/1/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-310 DAL	Governance and Regulatory Compliance	Scholarships Review	UNT Dallas	1. Overall Governance of Scholarships Opportunities exist for strengthening internal control processes related to the management of scholarships. Donations are received by various departments at UNT Dallas (including UNT Dallas College of Law). If the funds are received by any department other than Financial Aid & Scholarships to be awarded to students, an authorization form is filled out and sent to the UNT Dallas' Financial Aid & Scholarships office. While Institutional scholarship decisions are automated, and External scholarships are selected by the donor and passed through the system from the donor to the students, Donor scholarships are backed by a written gift agreement outlining the use of the funds. Note: Management was aware of concerns around Scholarship Committee and Sharing of Information and requested that the review specifically address these areas. See below for details on the observations related to the management of scholarships I. Scholarship Compliance Through review of documentation for a sample of 20 students (out of 1,263) receiving various scholarships and awards in FY16, our testing identified the following (refer to bullets a. – e. for details): a. One donor scholarship application (Fund# 240776) does not meet the criteria as outlined in the MOU. The MOU requires two letters of recommendation, a minimum GPA of 3.0, an on-campus interview, and need for financial assistance. However, the application only requires one letter of recommendation, a 2.25 minimum GPA, and does not mention an on-campus interview or need for financial assistance. The application also requires additional criterion, a personal statement, not included in the MOU. The review disclosed that at least one student, who was awarded this scholarship...	Moderate	1.2.a. UNT Dallas Student Access and Success, along with Advancement, should work together to create a general scholarship committee, which would be comprised of members from various departments, including, but not limited to, Student Access and Success, Advancement, Financial Aid & Scholarships, Leadership Development & Multicultural Programs, Academic Affairs, and Finance & Administration. This committee should establish a system of communication to ensure that affected departments receive pertinent information regarding related scholarships. Additionally, the committee should establish policies and procedures around scholarships, establish a system for reviewing/updating policies and procedures on at least an annual basis, and keep minutes for each scholarship committee meeting to document the recipient selection process and final decisions.	2a. Director of Financial Aid has been hired effective 8/28/2017. Also, funding has been allocated to hire an Accountant focused on Scholarships, Financial Aid, and gift funds. Additionally, management is in the process of creating a general scholarship committee, updating application criteria to be in alignment with respective MOUs, and developing necessary processes and procedures and policy if applicable based on the study of best practices.	Stephanie Holley, VP for Student Access & Success	9/1/2018	Open
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-302 HSC	Governance and Regulatory Compliance	Financial Review of UNTHSC Reserves	UNTHSC	1. PeopleSoft Upgrade

Several IT system-related issues have resulted from the recent PeopleSoft upgrade and subsequent chart of accounts conversion, causing HSC schools, colleges, and departments to ineffectively monitor their accounts. As part of the PeopleSoft system upgrade that went live on March 1, 2016, changes were made to the chart of accounts to accommodate new system functionality. The upgrade project experienced delays prior to going live, and the new chart of accounts was provided to schools, colleges, and departments with very little time to provide feedback and testing. Consequently, there was insufficient time to verify that all accounts were appropriate by department or to perform proper testing, and the upgrade | Moderate | 1.1.a. HSC should work with the UNT System Controller's Office to perform an analysis of financial and budget related information, including queries and tables from the reporting tools as well as the reporting capabilities of those tools, to identify the issue causing the errors in the budget reports and ensure alignment with the new version of PeopleSoft. Additionally, Finance and Planning should perform a detailed review of their chart of accounts to identify and resolve any errors that resulted from the PeopleSoft upgrade.

Refer to the recommendations below for details:

a.   Finance & Planning should provide additional training to HSC personnel responsible for account management to increase understanding of the relevant account chart strings. Additionally, HSC should consider adding system controls (i.e. data input validation controls such as check digits or drop-down menus) to EIS or PeopleSoft to reduce the risk of human error in allocating fund balances. | 1a. HSC Finance and Planning and the HSC System Controller's Office are currently developing curriculum to provide training for HSC departments to increase the understanding on how to use the accounting chart strings to effectively record departmental transactions.

Currently, the EIS/PeopleSoft system has high level combination edits in place to validate accounting chart strings at a high level such as Fund Category and Fund. Drop | Geoffrey Scarpelli, Vice President for Planning, and Paula Welch, Associate Controller | 8/31/2018 | Closed |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-302 HSC	Governance and Regulatory Compliance	Financial Review of UNTHSC Reserves	UNTHSC	1. PeopleSoft Upgrade Several IT system-related issues have resulted from the recent PeopleSoft upgrade and subsequent chart of accounts conversion, causing HSC schools, colleges, and departments to ineffectively monitor their accounts. As part of the PeopleSoft system upgrade that went live on March 1, 2016, changes were made to the chart of accounts to accommodate new system functionality. The upgrade project experienced delays prior to going live, and the new chart of accounts was provided to schools, colleges, and departments with very little time to provide feedback and testing. Consequently, there was insufficient time to verify that all accounts were appropriate by department or to perform proper testing, and the upgrade went live with a significant amount of errors (as described below), creating confusion among the majority of users. For example, one concern was regarding significant delays in the reception of purchasing card transaction data. Since the PeopleSoft upgrade went live, departments, schools, and colleges sometimes did	Moderate	Note: In previous Audit Inventory Appendixes, this recommendation was split into two making 6 recommendations for 17-302 HSC. It was combined into 1 rec (making 5 total recommendations) but this row is included so FY 2017 rec numbers do not change. 1.1.a. HSC should work with the UNT System Controller's Office to perform an analysis of financial and budget related information, including queries and tables from the reporting tools as well as the reporting capabilities of those tools, to identify the issue causing the errors in the budget reports and ensure alignment with the new version of PeopleSoft. Additionally, Finance and Planning should perform a detailed review of their chart of accounts to identify and resolve any errors that resulted from the PeopleSoft upgrade. Refer to the recommendations below for details: a. Finance & Planning should provide additional training to HSC personnel responsible for account management to increase understanding of the relevant account chart strings. Additionally, HSC should consider adding system controls (i.e. data input validation controls such as check digits or drop-down menus) to EIS or PeopleSoft to reduce the risk of human error in allocating fund balances.	1a. HSC Finance and Planning and the HSC System Controller's Office are currently developing curriculum to provide training for HSC departments to increase the understanding on how to use the accounting chart strings to effectively record departmental transactions. Currently, the EIS/PeopleSoft system has high level combination edits in place to validate accounting chart strings at a high level such as Fund Category and Fund. Drop down menus are also available when transactions are created online. Additionally, the HSC Finance & Planning Office and the HSC System	Geoffrey Scarpelli, Vice President for Planning, and Paula Welch, Associate Controller	8/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	1. Protected Health Information During our review of the Clinic, we noted that the patient health information (PHI) is not protected sufficiently to ensure compliance with the Texas Medical Records Privacy Act (Texas House Bill 300/ Texas Health & Safety Code § 181). Specifically, we noted the following: a. Graduate students were asked to purchase their own flash drive to store Clinic's PHI. Although graduate students were instructed in the course syllabus, to purchase an encrypted flash drive, no authorized Clinic personnel (i.e. faculty, staff) verified what type of flash drive the students were using. The students kept their own flash drive after the completion of the course and the Clinic did not have a protocol or procedure to sanitize sensitive information on the students' flash drive to permanently delete patient PHI. b. We were informed by the Interim Director that graduate students documented their session notes on their personal computers/laptops at home. The Clinic did not have a protocol or procedure for ensuring that the patient health records on students' personal computers/laptops were encrypted or properly sanitized after the semester ended. c. We were informed by the Interim Director and the Administrative Specialist that graduate students were asked to record counseling sessions on their personal iPad and/or laptop since January 2014 when the Clinic's recording equipment were not operating. This practice stopped at the beginning of Spring 2017 semester. d. Recorded sessions on the Clinic's recording equipment were stored	High	Recommendations for the Provost: 1.1.a. Prohibit Clinic personnel (i.e. faculty, staff) and students from using any personal electronic and external devices (i.e. iPad, smartphones, laptops, flash and hard drives, etc.) to record and/or store PHI.	1a. To ensure security we discontinued the use of personal electronic and external devices to record or store PHI in the clinic. We have purchased four (4) University Mini iPads to be used in therapy rooms. We need to purchase additional university equipment for the remaining therapy rooms.	Betty Stewart, Provost/ Executive Vice President of Academic Affairs	8/31/2019	Open

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	1. Protected Health Information During our review of the Clinic, we noted that the patient health information (PHI) is not protected sufficiently to ensure compliance with the Texas Medical Records Privacy Act (Texas House Bill 300/ Texas Health & Safety Code § 181). Specifically, we noted the following: a. Graduate students were asked to purchase their own flash drive to store Clinic's PHI. Although graduate students were instructed in the course syllabus, to purchase an encrypted flash drive, no authorized Clinic personnel (i.e. faculty, staff) verified what type of flash drive the students were using. The students kept their own flash drive after the completion of the course and the Clinic did not have a protocol or procedure to sanitize sensitive information on the students' flash drive to permanently delete patient PHI. b. We were informed by the Interim Director that graduate students documented their session notes on their personal computers/laptops at home. The Clinic did not have a protocol or procedure for ensuring that the patient health records on students' personal computers/laptops were encrypted or properly sanitized after the semester ended. c. We were informed by the Interim Director and the Administrative Specialist that graduate students were asked to record counseling sessions on their personal iPad and/or laptop since January 2014 when the Clinic's recording equipment were not operating. This practice stopped at the beginning of Spring 2017 semester. d. Recorded sessions on the Clinic's recording equipment were stored	High	Recommendations for the Provost: 1.1.b. Require that all patient PHI to be stored on encrypted University issued devices. Create a log to document all University devices provided to employees/students. Once the semester ends, retrieve all issued devices and reconcile what it is documented on the log to ensure all devices have been returned.	1b. We worked with the University of North Texas at Dallas OIT department to implement recording equipment and secure recording software, Panopto, which works well for general recording and review. The Panopto data is encrypted in both transfer and resting state. OIT has a log of all University (laptops, iPads, etc.) used by faculty and staff in the clinic therapy rooms. To ensure security we discontinued the using personal devices outside of the clinic to record PHI. We will create a log to document all University devices checked out to faculty, staff, or students for clinical use. We will develop a corresponding policy and procedure indicating steps for retrieving issued devices and reconciling all information and devices each semester. We will work with OIT to ensure all devices are sanitized once a semester.	Betty Stewart, Provost/ Executive Vice President of Academic Affairs	8/31/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	1. Protected Health Information During our review of the Clinic, we noted that the patient health information (PHI) is not protected sufficiently to ensure compliance with the Texas Medical Records Privacy Act (Texas House Bill 300/ Texas Health & Safety Code § 181). Specifically, we noted the following: a. Graduate students were asked to purchase their own flash drive to store Clinic's PHI. Although graduate students were instructed in the course syllabus, to purchase an encrypted flash drive, no authorized Clinic personnel (i.e. faculty, staff) verified what type of flash drive the students were using. The students kept their own flash drive after the completion of the course and the Clinic did not have a protocol or procedure to sanitize sensitive information on the students' flash drive to permanently delete patient PHI. b. We were informed by the Interim Director that graduate students documented their session notes on their personal computers/laptops at home. The Clinic did not have a protocol or procedure for ensuring that the patient health records on students' personal computers/laptops were encrypted or properly sanitized after the semester ended. c. We were informed by the Interim Director and the Administrative Specialist that graduate students were asked to record counseling sessions on their personal iPad and/or laptop since January 2014 when the Clinic's recording equipment were not operating. This practice stopped at the beginning of Spring 2017 semester. d. Recorded sessions on the Clinic's recording equipment were stored on a server located in an unlock storage closet, which may be	High	Recommendations for the Provost: 1.1.c. Develop medical record privacy guidelines for Clinic personnel (i.e. faculty, staff) and students to help ensure confidentiality of PHI (written, verbal or electronic) are in compliance with the Texas Medical Records Privacy Act.	1c. Counseling faculty are reviewing current Masters and Practicum handbooks and will develop medical record privacy guidelines that align with the Texas Medical Records Privacy Act for all faculty, staff, and students. We will make sure the guidelines are included in both the counseling program's Masters Handbook and the Practicum Handbook.	Betty Stewart, Provost/ Executive Vice President of Academic Affairs	8/31/2019	Open

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	1. Protected Health Information During our review of the Clinic, we noted that the patient health information (PHI) is not protected sufficiently to ensure compliance with the Texas Medical Records Privacy Act (Texas House Bill 300/ Texas Health & Safety Code § 181). Specifically, we noted the following: a. Graduate students were asked to purchase their own flash drive to store Clinic's PHI. Although graduate students were instructed in the course syllabus, to purchase an encrypted flash drive, no authorized Clinic personnel (i.e. faculty, staff) verified what type of flash drive the students were using. The students kept their own flash drive after	High	Recommendations for the Provost: 1.1.e. Require Clinic personnel (i.e. faculty, staff) and students to lock the doors when no authorized personnel are present at the Clinic to prevent any unauthorized access to PHI.	1e. To ensure security we changed the locks on the entrance and exit doors to the Clinic. Locks to the Director's office, the Administrative Assistant's office, and to the computer workroom have been changed, and access restricted. Each semester counseling faculty and students will need to get their identification cards activated with the campus police to gain access to the clinic entrance and backdoor.	Betty Stewart, Provost/ Executive Vice President of Academic Affairs	8/31/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	1. Protected Health Information During our review of the Clinic, we noted that the patient health information (PHI) is not protected sufficiently to ensure compliance with the Texas Medical Records Privacy Act (Texas House Bill 300/ Texas Health & Safety Code § 181). Specifically, we noted the following: a. Graduate students were asked to purchase their own flash drive to store Clinic's PHI. Although graduate students were instructed in the course syllabus, to purchase an encrypted flash drive, no authorized Clinic personnel (i.e. faculty, staff) verified what type of flash drive the students were using. The students kept their own flash drive after the completion of the course and the Clinic did not have a protocol or procedure to sanitize sensitive information on the students' flash drive to permanently delete patient PHI.	High	Recommendations for the Provost: 1.1.f. Store graduate student workroom and PHI filing cabinet keys in a locked drawer which is only accessible to the Administrative Specialist and Clinic Director.	1f. To ensure security faculty and students no longer have access to the administrative assistant's office where keys to all locked file cabinets in the clinic are stored in a locked drawer. PHI is now stored in the back graduate student workroom in locked file cabinets that remain locked at all times. PHI files are only accessible to the Administrative Specialist and Clinic Director. The door to the graduate student workroom remains locked at all times.	Betty Stewart, Provost/ Executive Vice President of Academic Affairs	8/31/2019	Open

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	1. Protected Health Information During our review of the Clinic, we noted that the patient health information (PHI) is not protected sufficiently to ensure compliance with the Texas Medical Records Privacy Act (Texas House Bill 300/ Texas Health & Safety Code § 181). Specifically, we noted the following: a. Graduate students were asked to purchase their own flash drive to store Clinic's PHI. Although graduate students were instructed in the course syllabus, to purchase an encrypted flash drive, no authorized Clinic personnel (i.e. faculty, staff) verified what type of flash drive the students were using. The students kept their own flash drive after the completion of the course and the Clinic did not have a protocol or procedure to sanitize sensitive information on the students' flash drive to permanently delete patient PHI. b. We were informed by the Interim Director that graduate students documented their session notes on their personal computers/laptops at home. The Clinic did not have a protocol or procedure for ensuring that the patient health records on students' personal computers/laptops were encrypted or properly sanitized after the semester ended. c. We were informed by the Interim Director and the Administrative Specialist that graduate students were asked to record counseling sessions on their personal iPad and/or laptop since January 2014 when the Clinic's recording equipment were not operating. This practice stopped at the beginning of Spring 2017 semester. d. Recorded sessions on the Clinic's recording equipment were stored	High	Recommendations for the Provost: 1.1.g. Develop and provide a mandatory annual PHI state and federal law training to Clinic personnel (i.e. faculty, staff) in order for them to properly carry out their duties at the Clinic. For students, this training should be mandatory each semester.	1g. To ensure students and faculty receive appropriate training on confidentiality, we are conducting research to access the most applicable package of training and certification materials, develop procedures for administering the training and verifying compliance. Dr. Trigg Even is researching is working to identify HIPAA/HB300 training and certification options to use to provide mandatory annual PHI state and federal law training for Clinic personnel and for students each semester. Policies and procedures related to mandatory training will be stored in the clinic director's office.	Betty Stewart, Provost/ Executive Vice President of Academic Affairs	8/31/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	1. Protected Health Information During our review of the Clinic, we noted that the patient health information (PHI) is not protected sufficiently to ensure compliance with the Texas Medical Records Privacy Act (Texas House Bill 300/ Texas Health & Safety Code § 181). Specifically, we noted the following: a. Graduate students were asked to purchase their own flash drive to store Clinic's PHI. Although graduate students were instructed in the course syllabus, to purchase an encrypted flash drive, no authorized Clinic personnel (i.e. faculty, staff) verified what type of flash drive the students were using. The students kept their own flash drive after the completion of the course and the Clinic did not have a protocol or procedure to sanitize sensitive information on the students' flash drive to permanently delete patient PHI. b. We were informed by the Interim Director that graduate students documented their session notes on their personal computers/laptops at home. The Clinic did not have a protocol or procedure for ensuring that the patient health records on students' personal computers/laptops were encrypted or properly sanitized after the semester ended. c. We were informed by the Interim Director and the Administrative Specialist that graduate students were asked to record counseling sessions on their personal iPad and/or laptop since January 2014 when the Clinic's recording equipment were not operating. This practice stopped at the beginning of Spring 2017 semester. d. Recorded sessions on the Clinic's recording equipment were stored on a server located in an unlock storage closet, which may be	High	Recommendations for the Provost: 1.1.h. Require all Clinic personnel (i.e. faculty, staff) and students to sign a written or electronic statement attesting to the completion of the training and retain documentation in accordance with the Texas Medical Records Privacy Act.	1h. Verifying compliance and training for counseling personnel, faculty, and students working in the clinic will be the responsibility of the Clinic Director and the Counseling Program Coordinator working with the Administrative Specialist. The administrative specialists will retain documentation of written or electronic statements, attesting to the completion of the training, in student files. We need to develop procedures for administering confidentiality training and develop a process for attesting completion of training.	Betty Stewart, Provost/ Executive Vice President of Academic Affairs	8/31/2019	Open

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	1. Protected Health Information During our review of the Clinic, we noted that the patient health information (PHI) is not protected sufficiently to ensure compliance with the Texas Medical Records Privacy Act (Texas House Bill 300/ Texas Health & Safety Code § 181). Specifically, we noted the following: a. Graduate students were asked to purchase their own flash drive to store Clinic's PHI. Although graduate students were instructed in the course syllabus, to purchase an encrypted flash drive, no authorized Clinic personnel (i.e. faculty, staff) verified what type of flash drive the students were using. The students kept their own flash drive after the completion of the course and the Clinic did not have a protocol or procedure to sanitize sensitive information on the students' flash drive to permanently delete patient PHI. b. We were informed by the Interim Director that graduate students documented their session notes on their personal computers/laptops at home. The Clinic did not have a protocol or procedure for ensuring that the patient health records on students' personal computers/laptops were encrypted or properly sanitized after the semester ended. c. We were informed by the Interim Director and the Administrative Specialist that graduate students were asked to record counseling sessions on their personal iPad and/or laptop since January 2014 when the Clinic's recording equipment were not operating. This practice stopped at the beginning of Spring 2017 semester. d. Recorded sessions on the Clinic's recording equipment were stored	High	Recommendations for the Provost: 1.1.i. Develop a University policy regarding PHI privacy regulations and submit to the Office of General Council for review and approval.	1i. Counseling faculty will work to develop policies and procedures regarding PHI privacy regulations. Once the documents are created we will submit them to the office of General Council for review and approval	Betty Stewart, Provost/ Executive Vice President of Academic Affairs	8/31/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	1. Protected Health Information During our review of the Clinic, we noted that the patient health information (PHI) is not protected sufficiently to ensure compliance with the Texas Medical Records Privacy Act (Texas House Bill 300/ Texas Health & Safety Code § 181). Specifically, we noted the following: a. Graduate students were asked to purchase their own flash drive to store Clinic's PHI. Although graduate students were instructed in the course syllabus, to purchase an encrypted flash drive, no authorized Clinic personnel (i.e. faculty, staff) verified what type of flash drive the students were using. The students kept their own flash drive after the completion of the course and the Clinic did not have a protocol or procedure to sanitize sensitive information on the students' flash drive to permanently delete patient PHI. b. We were informed by the Interim Director that graduate students documented their session notes on their personal computers/laptops at home. The Clinic did not have a protocol or procedure for ensuring that the patient health records on students' personal computers/laptops were encrypted or properly sanitized after the semester ended. c. We were informed by the Interim Director and the Administrative Specialist that graduate students were asked to record counseling sessions on their personal iPad and/or laptop since January 2014 when the Clinic's recording equipment were not operating. This practice stopped at the beginning of Spring 2017 semester. d. Recorded sessions on the Clinic's recording equipment were stored	High	Recommendations for the Chief Financial Officer and the Director of Office of Information Technology: 1.2.a. Sanitize and re-image all computer workstations and server.	2a. Hard drives were pulled from the counseling clinic lab computers on September 25, 2017. OIT completed sanitizing according to Department of Defense standards (DOD 5220.22) hard drives on October 4, 2017.	Jim Main, Chief Financial Officer and Kevin Rocha, Director of Office of Information Technology (OIT)	8/31/2019	Open

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	1. Protected Health Information During our review of the Clinic, we noted that the patient health information (PHI) is not protected sufficiently to ensure compliance with the Texas Medical Records Privacy Act (Texas House Bill 300/ Texas Health & Safety Code § 181). Specifically, we noted the following: a. Graduate students were asked to purchase their own flash drive to store Clinic's PHI. Although graduate students were instructed in the course syllabus, to purchase an encrypted flash drive, no authorized Clinic personnel (i.e. faculty, staff) verified what type of flash drive the students were using. The students kept their own flash drive after the completion of the course and the Clinic did not have a protocol or procedure to sanitize sensitive information on the students' flash drive to permanently delete patient PHI. b. We were informed by the Interim Director that graduate students documented their session notes on their personal computers/laptops at home. The Clinic did not have a protocol or procedure for ensuring that the patient health records on students' personal computers/laptops were encrypted or properly sanitized after the semester ended. c. We were informed by the Interim Director and the Administrative Specialist that graduate students were asked to record counseling sessions on their personal iPad and/or laptop since January 2014 when the Clinic's recording equipment were not operating. This practice stopped at the beginning of Spring 2017 semester. d. Recorded sessions on the Clinic's recording equipment were stored	High	Recommendations for the Chief Financial Officer and the Director of Office of Information Technology: 1.2.c. All servers containing sensitive and confidential information should be set up on a secure network.	2c. To ensure security all computers will authenticate students at sign-in so that students use their university-issued computer account ID. The clinic's shared computer account is de-activated. Local login was only available on lab desktops and not reinstituted after sanitation.	Jim Main, Chief Financial Officer and Kevin Rocha, Director of Office of Information Technology (OIT)	8/31/2019	Open

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Internal	UNT System Internal Audit	Fiscal Year 2017	16-109 HSC	Governance and Regulatory Compliance	UNTHSC IT Change Management	UNTHSC	1. Segregation of Duties: Segregation of duties did not exist between the development of new code to bringing the code into the production environment. No evidence was produced to show that segregation of duties existed during change management between the development and production environment.	High	Recommendations for Chief Information Officer, ITS: 1. 1a. Strengthen controls around moving code changes into production by: • Acquiring and implementing a configuration management system, or if that is not feasible; • Designating more resources for development changes over critical applications.	We are adding resources/reassigning duties to expand the development pipeline to include Quality Assurance (QA). QA will review code before it is moved into Staging and Production. The addition of QA into the production pipeline for segregation of duties will occur in the second quarter of 2017.	Anthony Tissera, Director of Product Development and Engineering, Information Technology Services	6/30/2017 Rev. 08/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	1. The box offices in the College of Music are in noncompliance with Payment Card Industry Data Security Standard (PCI DSS). CampusGuard conducted a PCI DSS compliance review of UNT in May 2016. The review covered various areas, including the box office in the Murchison Performing Arts Center (MPAC). The CampusGuard PCI DSS compliance review report identified various instances of noncompliance with PCI DSS, including: ⊠ General use workstations being used for payment processing; ⊠ No procedures related to a monitoring program for point of interaction devices; and ⊠ A need to verify that there is an annual check of compliance for third party service providers with whom cardholder data is shared. Based on communication with the Associate Dean for Operations, MPAC Business Manager, and Network Manager, the College of Music did not receive the CampusGuard PCI DSS compliance review report. The MPAC Business Manager said that he was not aware of any corrective action to address the issues identified during the CampusGuard PCI DSS review. In addition to the box office in the MPAC, the College of Music maintains a box office in Voertman Concert Hall. The Voertman Concert Hall box office was not included in the May 2016 CampusGuard PCI DSS review. Internal Audit observed the box office in Voertman Concert Hall and noted that its configuration is similar to that of the box office in the MPAC.	High	Recommendations for C. Aaron LeMay, Associate Vice Chancellor and System Controller: 1.1.a. Coordinate with the College of Music to correct the findings identified in the Murchison Performing Arts Center box office during the CampusGuard PCI DSS compliance review.	1a. Management concurs with this finding and will: ⊠ Create a segregated payment system on the point of sale stations in the Murchison box office. Estimated completion date of September 29, 2017. ⊠ Develop comprehensive controls to strengthen PCI compliance at the Murchison. This will be part of a campus wide effort. Estimated completion date of December 31, 2017.	C. Aaron LeMay, Associate Vice Chancellor for Finance and System Controller	12/31/2017	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNT	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located. Former Employees Access Never Revoked (29) Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated tool occasionally	High	Recommendations for UNT Senior Director, Registrar: 1.1.b. Separate the certification of completed FERPA training from the form to obtain access to student data, so that all users trained do not automatically receive access.	1b. We agree. The registrar's office will re-engineer current procedures and will separate the certification of completed FERPA training from the form to obtain access to student data, so that all users trained do not automatically receive access.	Lynn McCreary, Registrar, UNT	Exp. Imply. Date: 12/15/2017 Revised Imply. Date: 3/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-007 UNT	Governance and Regulatory Compliance	Joint Admission Medical Program Audit	UNT	None	NA	NA	NA	NA	NA	N/A

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-001 SYS	Governance and Regulatory Compliance	Chancellor's Expenditure Review	UNT System	None	NA	NA	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2017	17-003 HSC	Governance and Regulatory Compliance	President's Expenditure Review	UNTHSC	1. Personally Identifiable Information - During our review of travel, business and entertainment reimbursement support documentation in Enterprise Information System and/or ImageNow, we noted Personally Identifiable Information was not redacted prior to upload in the system. In detail the following was noted: • 15 out of 30 (50%) invoices reviewed had personal checks with checking account numbers not redacted. • 3 out of 30 (10%) invoices reviewed had credit card statements with credit card numbers not redacted.	Moderate	1. Recommendations for the University: a. Mask credit card and bank account information that is uploaded and retained in Enterprise Information System and/or ImageNow, to help ensure sensitive information is not compromised.	1a and 1b - Implement a "Business Expense Reimbursement Checklist" to help reinforce important steps in processing, including masking bank account and credit card information. The checklist will be used by all President Office staff members responsible for preparing reimbursement requests for the president's business expenses and travel expenditures.	Susan Ross, Executive Director, Office of the President	10/27/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-003 HSC	Governance and Regulatory Compliance	President's Expenditure Review	UNTHSC	1. Personally Identifiable Information - During our review of travel, business and entertainment reimbursement support documentation in Enterprise Information System and/or ImageNow, we noted Personally Identifiable Information was not redacted prior to upload in the system. In detail the following was noted: • 15 out of 30 (50%) invoices reviewed had personal checks with checking account numbers not redacted. • 3 out of 30 (10%) invoices reviewed had credit card statements with credit card numbers not redacted.	Moderate	1. Recommendations for the University: b. Develop a travel/entertainment support checklist to minimize any oversight during preparation of documentation support to enhance completeness and accuracy.	1a and 1b - Implement a "Business Expense Reimbursement Checklist" to help reinforce important steps in processing, including masking bank account and credit card information. The checklist will be used by all President Office staff members responsible for preparing reimbursement requests for the president's business expenses and travel expenditures.	Susan Ross, Executive Director, Office of the President	10/27/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-003 HSC	Governance and Regulatory Compliance	President's Expenditure Review	UNT System	1. Personally Identifiable Information - During our review of travel, business and entertainment reimbursement support documentation in Enterprise Information System and/or ImageNow, we noted Personally Identifiable Information was not redacted prior to upload in the system. In detail the following was noted: • 15 out of 30 (50%) invoices reviewed had personal checks with checking account numbers not redacted. • 3 out of 30 (10%) invoices reviewed had credit card statements with credit card numbers not redacted.	Moderate	2. Recommendation for the UNT System: a. Provide training to individuals processing reimbursement to ensure all support documentation reviewed/processed does not contain personally identifiable information (PII). Additionally, when support documentation containing PII is received, we recommend returning the documentation back to the submitter with explanation for the PII to be redacted.	2a - Accounts Payable, UNTS Controller operations will take the following actions: Communicate to all employees and strongly emphasize in Travel process training provided across each component institution, the importance of protecting and redacting personal credit card and bank information on supporting documents submitted through the system. Training will also be provided to Accounts Payable staff to identify any Personally identifiable information (PII) on supporting documents submitted and if any PII is received without redaction, documents will be returned back to the submitter with explanation requiring required PII redaction prior to final processing.	Abdul N Mohammad, Sr. Director of Operations, UNT System, Office of the Controller	4/30/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-002 UNT	Governance and Regulatory Compliance	President's Expenditure Review	UNT	None	NA	NA	NA	NA	NA	N/A

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-004 DAL	Governance and Regulatory Compliance	President's Expenditure Review	UNT Dallas	1. Personally Identifiable Information - During our review of travel, business and entertainment reimbursement support documentation in Enterprise Information System and/or ImageNow, we noted Personally Identifiable Information was not redacted prior to upload in the system. Specifically, the bank account number on two personal checks was not redacted.	Moderate	1. Recommendations for the University: a. Mask credit card and bank account information that is uploaded and retained in Enterprise Information System and/or ImageNow, to help ensure sensitive information is not compromised.	1a and b –Effective October 27, 2016, the Office of the President staff will mask all credit card and bank account information to help ensure sensitive information is not compromised. The Office of the President staff will also attend "process reimbursement" training (when available) to ensure we are following the recommended guidelines appropriately.	The Office of the President	10/27/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-004 DAL	Governance and Regulatory Compliance	President's Expenditure Review	UNT Dallas	1. Personally Identifiable Information - During our review of travel, business and entertainment reimbursement support documentation in Enterprise Information System and/or ImageNow, we noted Personally Identifiable Information was not redacted prior to upload in the system. Specifically, the bank account number on two personal checks was not redacted.	Moderate	1. Recommendations for the University: b. Develop a travel/entertainment support checklist to minimize any oversight during preparation of documentation support to enhance completeness and accuracy.	1a and b –Effective October 27, 2016, the Office of the President staff will mask all credit card and bank account information to help ensure sensitive information is not compromised. The Office of the President staff will also attend "process reimbursement" training (when available) to ensure we are following the recommended guidelines appropriately.	The Office of the President	10/27/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-004 DAL	Governance and Regulatory Compliance	President's Expenditure Review	UNT System	1. Personally Identifiable Information - During our review of travel, business and entertainment reimbursement support documentation in Enterprise Information System and/or ImageNow, we noted Personally Identifiable Information was not redacted prior to upload in the system. Specifically, the bank account number on two personal checks was not redacted.	Moderate	2. Recommendation for the UNT System: a. Provide training to individuals processing reimbursement to ensure all support documentation reviewed/processed does not contain personally identifiable information (PII). Additionally, when support documentation containing PII is received, we recommend returning the documentation back to the submitter with explanation for the PII to be redacted.	2a - Accounts Payable, UNTS Controller operations will take the following actions: Communicate to all employees and strongly emphasize in Travel process training provided across each component institution, the importance of protecting and redacting personal credit card and bank information on supporting documents submitted through the system. Training will also be provided to Accounts Payable staff to identify any Personally identifiable information (PII) on supporting documents submitted and if any PII is received without redaction, documents will be returned back to the submitter with explanation requiring required PII redaction prior to final processing.	Abdul N Mohammad, Sr. Director of Operations, UNT System, Office of the Controller	4/30/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-008 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program	UNTHSC	No findings/deficiencies.	NA	None	NA	NA	NA	N/A

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-408 UNT	Governance and Regulatory Compliance	College of Visual Arts and Design Transitional Audit	UNT	1. Cash Handling: UNT cash handling policies were not consistently followed in the College of Visual Arts and Design. Written cash handling procedures in the College of Visual Arts and Design were either nonexistent or incomplete and did not comply with UNT cash handling policies. Additionally, individuals who receive cash in the College of Visual Arts and Design either do not consistently record cash receipts in a log or do not maintain a cash receipts log at all.	Moderate	1. 1a. Develop written cash handling procedures as required by UNT Policy 10.006.	1a. Mary Braden (Budget Officer) will develop a draft procedure document for the College to be approved by the College Executive Committee, based on the UNT cash handling policy. We will explore the use of a cash handling template that is available for use. Once approved each individual who handles cash will be expected to adhere to these procedures.	Mary Braden, Administrative Coordinator IV; Peter Hyland, Director of the Onstead Institute for Education; Susan Sanders, CVAD Development Director	3/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-408 UNT	Governance and Regulatory Compliance	College of Visual Arts and Design Transitional Audit	UNT	1. Cash Handling: UNT cash handling policies were not consistently followed in the College of Visual Arts and Design. Written cash handling procedures in the College of Visual Arts and Design were either nonexistent or incomplete and did not comply with UNT cash handling policies. Additionally, individuals who receive cash in the College of Visual Arts and Design either do not consistently record cash receipts in a log or do not maintain a cash receipts log at all.	Moderate	1. 1b. Ensure that those individuals who receive cash and checks record the receipt of funds in a log.	1b. The three individuals named will maintain either paper or electronic logs to record their cash handling.	Mary Braden, Administrative Coordinator IV; Peter Hyland, Director of the Onstead Institute for Education; Susan Sanders, CVAD Development Director	3/1/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-408 UNT	Governance and Regulatory Compliance	College of Visual Arts and Design Transitional Audit	UNT	2. Personally Identifiable Information: Credit card information was not redacted prior to upload in ImageNow. During our review of travel reimbursement support documentation in ImageNow (Perceptive Content), we noted 3 of 21 travel vouchers (14.3%) where credit card numbers were not redacted prior to upload in the system. Two unredacted account numbers were for corporate credit cards. The other unredacted account number was for a personal credit card.	Moderate	2. 1a. Mask credit card and bank account information to help ensure sensitive information is not compromised.	1a. We will immediately begin masking all credit card and bank information. We will send a reminder to all appropriate staff about the recent e-mail that outlined this policy.	Jerry Aul, Administrative Coordinator I	4/30/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-408 UNT	Governance and Regulatory Compliance	College of Visual Arts and Design Transitional Audit	UNT	2. Personally Identifiable Information: Credit card information was not redacted prior to upload in ImageNow. During our review of travel reimbursement support documentation in ImageNow (Perceptive Content), we noted 3 of 21 travel vouchers (14.3%) where credit card numbers were not redacted prior to upload in the system. Two unredacted account numbers were for corporate credit cards. The other unredacted account number was for a personal credit card.	Moderate	2. 1b. Develop a travel support checklist to minimize any oversight during preparation of documentation support to enhance completeness and accuracy.	1b. We will ensure a checklist is created and implemented.	Jerry Aul, Administrative Coordinator I	4/30/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-408 UNT	Governance and Regulatory Compliance	College of Visual Arts and Design Transitional Audit	UNT	3. Budget Tracking: Personnel in the College of Visual Arts and Design (CVAD) indicated during interviews that they were experiencing difficulties with budget tracking, using PeopleSoft 9.2, and the new chart of accounts. It was mentioned that the PeopleSoft 9.2 upgrade and implementation of the new chart of accounts has added complexity to the budget tracking process. Personnel stated during interviews	Moderate	Recommendation for Dean: 3. 1a. Ensure individuals with budget tracking responsibilities have received training related to PeopleSoft 9.2 and the new chart of accounts. Continue to work with the UNT Budget Office to improve and resolve challenges CVAD is experiencing.	1a. We will check to ensure that staff have indeed participated and if not we will make sure that they seek and participate in appropriate training. As notification of trainings are issued, we will continue to encourage staff to take advantage of these opportunities.	Greg Watts, Dean of the College of Visual Arts and Design	3/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-408 UNT	Governance and Regulatory Compliance	College of Visual Arts and Design Transitional Audit	UNT	3. Budget Tracking: Personnel in the College of Visual Arts and Design (CVAD) indicated during interviews that they were experiencing difficulties with budget tracking, using PeopleSoft 9.2, and the new chart of accounts.

It was mentioned that the PeopleSoft 9.2 upgrade and implementation of the new chart of accounts has added complexity to the budget tracking process. Personnel stated during interviews that additional resources and guidance on common challenges and issues would be useful. Moreover, CVAD personnel noted difficulty in obtaining clear, sufficient, and timely assistance from the UNT Budget Office. | Moderate | Recommendation for UNT Budget Office:

3. 2a. Develop a task force or user groups as a mechanism to improve transparency and communication with the campus. This will assist the Budget Office in understanding the challenges the campus is experiencing, improving training materials, and developing support handouts (e.g. FAQ sheets or brochures). | 2a. Since the audit field work was completed for the CVAD transitional Audit, many additional reporting and training resources have been developed and implemented by the UNT Budget office for the UNT campus. Reporting and training requires coordinated efforts between many functional offices, including the UNT System areas of ITSS, Budget, and Financial Reporting and also for UNT's areas of Office of Data Analytics & Institutional Research and Grants Accounting, all of which are needed for correct information for budget to actual financial data. The front line support of Budget Office Analysts positions are fully staffed since November. The four Analysts are continuously learning as the daily application of the implementation is occurring and new business processes are developed and trained in the department by the UNT Budget Director and the two Budget Financial Analysts.

Highlights of implemented new and enhanced resources include:

▢ Training: Two new training courses provided by the budget office added with a subject matter expert from the reporting area in the training also; Open Lab with the Budget office provided monthly – an | Beverly Cotton, Associate Vice President for Budget and Analytics | 4/1/2017 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-408 UNT | Governance and Regulatory Compliance | College of Visual Arts and Design Transitional Audit | UNT | 4. Scholarships: Student Financial Aid and Scholarships' Best Practices for Scholarships and Awards are not consistently followed within the College of Visual Arts and Design.

Internal Audit noted the following in CVAD:

- There are no working departmental scholarship polices;
- Scholarship Committee minutes are not maintained; and
- Scholarship criteria listed in the CVAD scholarship database did not match all the criteria in the corresponding donor agreements and other support documentation. | Moderate | 4. 1a. Create a departmental policy for awarding scholarships. | 1a. Seek guidance from the Scholarship Office on what is an acceptable documentation of a departmental scholarship process. | Jerry Aul, Administrative Coordinator I | 4/30/2017 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-408 UNT | Governance and Regulatory Compliance | College of Visual Arts and Design Transitional Audit | UNT | 4. Scholarships: Student Financial Aid and Scholarships' Best Practices for Scholarships and Awards are not consistently followed within the College of Visual Arts and Design.

Internal Audit noted the following in CVAD:

- There are no working departmental scholarship polices;
- Scholarship Committee minutes are not maintained; and
- Scholarship criteria listed in the CVAD scholarship database did not match all the criteria in the corresponding donor agreements and other support documentation. | Moderate | 4. 1b. Document Scholarship Committee meeting minutes. | 1b. Maintain scholarship minutes. | Jerry Aul, Administrative Coordinator I | 4/30/2017 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-408 UNT | Governance and Regulatory Compliance | College of Visual Arts and Design Transitional Audit | UNT | 4. Scholarships: Student Financial Aid and Scholarships' Best Practices for Scholarships and Awards are not consistently followed within the College of Visual Arts and Design.

Internal Audit noted the following in CVAD:

- There are no working departmental scholarship polices;
- Scholarship Committee minutes are not maintained; and
- Scholarship criteria listed in the CVAD scholarship database did not match all the criteria in the corresponding donor agreements and other support documentation. | Moderate | 4. 1c. Ensure that criteria in the CVAD scholarship database correspond with donor agreements and other support documentation. | 1c. Review scholarship database to ensure criteria correspond with donor agreements and other support documentation. | Jerry Aul, Administrative Coordinator I | 4/30/2017 | Closed |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNT	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate	High	Recommendations for UNT Senior Director, Registrar: 1.1.c. Change the access authorization form to include the user's job and employment status.	1c. We agree. The registrar's office will redesign the access authorization form to include the users job and employment status.	Lynn McCreary, Registrar, UNT	Exp. Impl. Date: 12/15/2017 Revised Impl. Date: 3/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-109 HSC	Governance and Regulatory Compliance	UNTHSC IT Change Management	UNTHSC	2. Inconsistent Process and Documentation: The change management process and documentation requirements were not being followed. ITS used a combination of software to communicate internally and manage their projects. Documentation for recent changes that were identified as formal could not be produced to prove that the business impact was considered, a back-out plan existed, segregation of duties was maintained, or peer review was conducted. HIM and ITS implement changes to the NextGen application. When a high impact change requires the approval of the NextGen Task Force Committee. Representatives from each clinic attend, and a vote is taken on whether or not to implement the proposed change. However, the result of the vote is not documented.	Moderate	Recommendations for Chief Information Officer, ITS: 2. 1a. Establish a consistent practice that specifically addresses the following: • Classification process to determine the level of risk and impact of the change; • Requirement for all changes to be documented and kept in one central location; • Document the justification for the change and the impact to business, including the information security impact of the change; • Require formal approval of all high risk or high impact changes and retain evidence of approvals; • Document who will be responsible for creating, testing, and implementing the change; • Document fallback procedures for aborting and recovering	We will transition change management approval and documentation to a centralized location (probably Jira) and educate ITS staff on entering and documenting changes.	Nathan Ribelin, Director, Helpdesk and Client Services, Information Technology Services	3/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-109 HSC	Governance and Regulatory Compliance	UNTHSC IT Change Management	UNTHSC	2. Inconsistent Process and Documentation: The change management process and documentation requirements were not being followed. ITS used a combination of software to communicate internally and manage their projects. Documentation for recent changes that were identified as formal could not be produced to prove that the business impact was considered, a back-out plan existed, segregation of duties was maintained, or peer review was conducted. HIM and ITS implement changes to the NextGen application. When a high impact change requires the approval of the NextGen Task Force Committee. Representatives from each clinic attend, and a vote is taken on whether or not to implement the proposed change. However, the result of the vote is not documented.	Moderate	Recommendations for Chief Operations Officer, UNT Health: 2. 2a. Follow UNTHSC Policy 14.650 UNT Health IT Change Management Policy, specifically: • Document all changes in one central location regardless of classification; • Create a back-out plan as required for changes classified as major; • Document who will be responsible for creating, testing, and implementing the change as part of the Implementation Plan on major changes; • Require a test plan for standard and major changes; and • Retain evidence of approvals.	I agree with the all recommendations listed and expect to have the following items implemented by March 31, 2017: • Create a back-out plan as required for changes classified as major; • Document who will be responsible for creating, testing, and implementing the change as part of the Implementation Plan on major changes; • Require a test plan for standard and major changes; and • Retain evidence of approvals. In collaboration with the IT department I expect to have the following item implemented by September 1, 2017. • Document all changes in one central location regardless of classification	Cynthia Loza, HIM Template Editor, Central Business Services	9/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-109 HSC	Governance and Regulatory Compliance	UNTHSC IT Change Management	UNTHSC	3. Administrative Input on Risk Assessment: The assessment of mission critical applications and services has not been reviewed by UNTHSC Administration in over a year. After meeting with the Chief Information Officer, it was noted that ITS has not had the opportunity to discuss which applications and services are most critical with administrators of UNTHSC. The Chief Information Officer formulated a risk assessment of UNTHSC applications and services based on her expertise, however it would be beneficial to have an assessment with senior leadership. According to the CIO, input was given by the Business Continuity Lead over a year ago, but that role no longer exists.	Moderate	Recommendations for Chief Information Officer, ITS: 3. 1a. Perform a risk assessment with UNTHSC Administration to risk-rank applications and services and formally identify those critical to the Institution.	The Information Security and Privacy Committee will be assessing and assigning risk for applications and services beginning in the first quarter of 2017.	Information Security and Privacy Committee (Co-Chairs: Chief Compliance Officer and Chief Information Officer).	3/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-005 SYS, UNT, HSC, DAL	Governance and Regulatory Compliance	Investments Audit	UNT System	1. Conflict of Interest- SYS/UNT/DAL/HSC: Testing identified that all of System Investment Advisory Committee members and component Investment Officers did not complete Conflict of Interest disclosure forms for FY 2016 indicating any personal business relations with a business organization offering to engage in an investment transaction with UNT System, UNT, UNT Dallas and UNTHSC. This finding was also identified on last year's Internal Audit Report 16-004 UNT System, UNT, UNT Dallas and 16-009 UNTHSC FY 2015 Investment Compliance Audit in two separate observations.	High	Recommendations for the Associate Vice Chancellor for Treasury: Ensure the following recommendations made in Internal Audit Report #16-004 UNT System, UNT, UNT Dallas are implemented: 1. 1a. Management to work with Office of General Counsel and Human Resources to establish a mechanism, which includes a conflict of interest disclosure form, through which investment officers self-report annually any real or perceived conflicts of	Currently, we have the approved form for investment officers to sign certifying that there are no COI's, which will be sent out to each investment officer by the end of January 2017.	James Mauldin, Associate Vice Chancellor for Treasury and Gary Finney, Director of Human Resources	6/1/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-005 SYS, UNT, HSC, DAL	Governance and Regulatory Compliance	Investments Audit	UNT System	1. Conflict of Interest- SYS/UNT/DAL/HSC: Testing identified that all of System Investment Advisory Committee members and component Investment Officers did not complete Conflict of Interest disclosure forms for FY 2016 indicating any personal business relations with a business organization offering to engage in an investment transaction with UNT System, UNT, UNT Dallas and UNTHSC.	High	Recommendations for the Associate Vice Chancellor for Treasury: Ensure the following recommendations made in Internal Audit Report #16-004 UNT System, UNT, UNT Dallas are implemented:	We are developing slide(s) for Human Resources to incorporate into their orientation training, which should be completed and approved by Friday, January 27, 2017 at the latest. Human Resources will then incorporate this aspect into their "compliance day" training.	James Mauldin, Associate Vice Chancellor for Treasury and Gary Finney, Director of Human Resources	6/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-005 SYS, UNT, HSC, DAL	Governance and Regulatory Compliance	Investments Audit	UNTHSC	1. Conflict of Interest- SYS/UNT/DAL/HSC: Testing identified that all of System Investment Advisory Committee members and component Investment Officers did not complete Conflict of Interest disclosure forms for FY 2016 indicating any personal business relations with a business organization offering to engage in an investment transaction with UNT System, UNT, UNT Dallas and UNTHSC.

This finding was also identified on last year's Internal Audit Report 16-004 UNT System, UNT, UNT Dallas and 16-009 UNTHSC FY 2015 Investment Compliance Audit in two separate observations.

UNT System Management concurred with Internal Audit's recommendations, but in order to establish a more comprehensive solution with the Office of General Counsel (OGC) and UNT System Human Resources, they were not able to fully implement a Conflict of Interest Disclosure process by the initial implementation date of August 31, 2016.

Furthermore, UNTHSC Management concurred with Internal Audit's recommendations and implemented a process, however due to employee turnover, the implemented monitoring process was not sustained. | High | Recommendation for the UNTHSC Chief Financial Officer: 1. 2a. Work with the UNTHSC Institutional & Clinical Compliance Office to implement a monitoring process to ensure applicable staff complete an annual conflict of interest disclosure form. | The Compliance office will ensure 100% of the forms are completed and returned for FY2017 and future years. Any forms not returned by the due date (January 31st for FY 2017) will be followed up by the Compliance office shortly after January 31st with prompt escalation to supervisors and senior management, if needed.   Any person not completing the form after follow-up by Compliance department will be subject to disciplinary action up to and including termination. | Elaine Anderson, Interim Chief Compliance and Enterprise Risk Officer | 3/31/2017 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-005 SYS, UNT, HSC, DAL | Governance and Regulatory Compliance | Investments Audit | UNT System | 1. Conflict of Interest- SYS/UNT/DAL/HSC: Testing identified that all of System Investment Advisory Committee members and component Investment Officers did not complete Conflict of Interest disclosure forms for FY 2016 indicating any personal business relations with a business organization offering to engage in an investment transaction with UNT System, UNT, UNT Dallas and UNTHSC.

This finding was also identified on last year's Internal Audit Report 16-004 UNT System, UNT, UNT Dallas and 16-009 UNTHSC FY 2015 Investment Compliance Audit in two separate observations.

UNT System Management concurred with Internal Audit's recommendations, but in order to establish a more comprehensive solution with the Office of General Counsel (OGC) and UNT System Human Resources, they were not able to fully implement a Conflict of Interest Disclosure process by the initial implementation date of August 31, 2016.

Furthermore, UNTHSC Management concurred with Internal Audit's recommendations and implemented a process, however due to employee turnover, the implemented monitoring process was not sustained. | High | Recommendation for the Associate Vice Chancellor for Treasury: 1. 3a. Implement a monitoring process to request confirmation from all institutions to ensure annual conflict of interest disclosure forms were completed by all investments officers and designees. | Going forward, annually a process will be in place to request confirmation from all institutions that annual conflict of interest disclosure forms were completed by all investments officers and designees. | James Mauldin, Associate Vice Chancellor for Treasury | 3/31/2017 | Closed |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-005 SYS, UNT, HSC, DAL	Governance and Regulatory Compliance	Investments Audit	UNT System	2. Board of Regents Public Funds Investment Act Training: Public Funds Investment Act (PFIA) testing identified two of the newly appointed Regents did not have PFIA training completed within six months after taking office or assuming duties. Based on our detail testing, trainings were completed by the Board of Regent members eight and ten months after taking office.	Moderate	Recommendation to the Secretary to the UNTS Board of Regents: 2. 1a. Develop follow-up procedures to help ensure that Board of Regents complete PFIA required training session within six months after taking office of assuming duties in accordance with the statute.	The Office of the Board Secretary will create a tracking system that will be used to monitor the completion of the variety of required trainings for new Regents. The tracking system will include the training required, required completion date, when reminder emails are sent, and when training was completed.	Dr. Rosemary Haggett, Secretary to the UNTS Board of Regents	6/30/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-005 SYS, UNT, HSC, DAL	Governance and Regulatory Compliance	Investments Audit	UNT System	3. Annual Review and Adoption of Financial Institutions and Broker/Dealers: The Board of Regents has not reviewed and adopted a list of financial institutions and broker/dealers qualified and authorized to engage in investment transactions with and for the System. This finding was also identified on last year's Internal Audit Report 16-004 UNT System, UNT, UNT Dallas and 16-009 UNTHSC FY 2015 Investment Compliance Audit. UNT System Management concurred with Internal Audit's recommendations, but they were unable to implement the corrective actions by the initial implementation date of November 30, 2016 because a consulting firm was obtained to review treasury operations. Additionally, management communicated they will be implementing recommendations provided by the consulting firm and Internal Audit.	Moderate	Recommendation for the Associate Vice Chancellor for Treasury: 3. 1a. Establish procedures to ensure compliance with System Regulation 08.2000, Section 2005, paragraph 10 and review the System Regulation to see if requirement is applicable as is and make revisions as necessary.	The investment policy will be revised to reflect that only the list of broker/dealers requires Board of Regents approval. This revision and the list of broker/dealers will be provided to the Board of Regents for review and approval at the May 2017 Board of Regents meeting.	James Mauldin, Associate Vice Chancellor for Treasury	6/30/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-103 SYS	Governance and Regulatory Compliance	IT Change Management	UNT System	1. Lack of Permanent Standards: Standard being used for ServiceNow changes not detailed, current or approved. CM processes used by Image Now, Office 365, and Blackboard Learn are called "Provisional CM Process" and the "CM Standard Operating Procedures". They were put in place over 3 years ago and are not updated, current or approved.	Moderate	Recommendation for IT Shared Services: 1. 1a. Update and finalize a detailed policy and associated standards for use during changes to vendor supplied applications, as recorded in ServiceNow.	ITSS will update and finalize a policy and associated standards for use during changes to vendor supplied applications, as recorded in ServiceNow.	Charlotte Russell, Chief Information Security Officer	7/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	16-103 SYS	Governance and Regulatory Compliance	IT Change Management	UNT System	2. Lack of Script Standards: There are no standards for Script type changes in Phire. EA Development Standards do not indicate or specify requirements for the Script CR type.	Moderate	Recommendation for IT Shared Services: 2. 1a. Add requirements to the EA Development Standards specifying controls required during changes to the CR Script type.	The script workflow within PHIRE provides Separation of Duties (SoD), and an audit trail for monitoring these types of changes. ITSS will review and update the standards document to include documentation necessary to specify additional controls required during changes to the CR Script type.	Dorothy Flores, Executive Director of Enterprise Applications	7/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-103 SYS	Governance and Regulatory Compliance	IT Change Management	UNT System	3. Lack of Segregation Duties: The same person assigned to and completing the change in the development environment moved it to the production environment. The ServiceNow tool does not actually move changes from one environment to another, including into production. Per the change record, the same person assigned to and performing the change also moved that change into production, resulting is a lack of Segregation of Duties (SOD).	Moderate	Recommendation for IT Shared Services: 3. 1a. Strengthen controls around moving code changes into production for applications using ServiceNow by designating more resources over critical applications or cross-training existing resources.	ITSS will revise standards to comply with Separation of Duties based on Texas Administrative Code Chapter 202.76 "Security Controls Standards Catalog", Section AC-5 Separation of Duties and ISO 27002, section 6.1.2. ITSS IT Service Management will follow the ITILv3 framework for change management and identify all aspects of the service design and service transition requirements prior to planning the 'go-live' into a production environment. There are changes to the environments that our outside project work and reside in operational work, these changes will also follow the ITILv3 change management framework.	Kendra Ketchum, Chief Technology Officer	7/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-103 SYS	Governance and Regulatory Compliance	IT Change Management	UNT System	4. Backout plans and post implementation review not required or recorded: Backout Plans and Post-Implementation reviews are not required for changes made in Phire, and no records tested contained these items. In ServiceNow, three of seven (43%) changes tested did not indicate a Post-Implementation Review was conducted, as required by ITIL. In Phire, Backout Plans and Post-Implementation reviews are not required, and none of the records tested contained these items. Post Implementation reviews are indicated in ServiceNow by a task called "Post Implementation Testing". During testing, this was considered a Yes if the State indicated "Closed Complete". Three of seven (43%) changes tested did not contain this indication.	Moderate	Recommendation for IT Shared Services: 4a. Include requirements for backout plans and post-implementation reviews for changes recorded in Phire in the CM standards.	ITSS will revise standards to include backout plans and post-implementation reviews for changes recorded in Phire in the CM standards, and will include post implementation reviews that are conducted during Change Management meetings are documented in ServiceNow. To clarify, ITILv3 has Continuous Improvement as the last development cycle and we will use that to identify our post-implementation reviews as part of the Service Lifecycle, as many of the services are already in production. ISO 27002, Section 12.1.2 Change Management, Texas Administrative Code Chapter 202.76 "Security Controls Standards Catalog", Section CM-Configuration Management, and ITIL v3 Framework will be utilized to address this observation.	Charlotte Russell, Chief Information Security Officer	7/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-103 SYS	Governance and Regulatory Compliance	IT Change Management	UNT System	4. Backout plans and post implementation review not required or recorded: Backout Plans and Post-Implementation reviews are not required for changes made in Phire, and no records tested contained these items. In ServiceNow, three of seven (43%) changes tested did not indicate a Post-Implementation Review was conducted, as required by ITIL. In Phire, Backout Plans and Post-Implementation reviews are not required, and none of the records tested contained these items. Post Implementation reviews are indicated in ServiceNow by a task called "Post Implementation Testing". During testing, this was considered a Yes if the State indicated "Closed Complete". Three of seven (43%) changes tested did not contain this indication.	Moderate	Recommendation for IT Shared Services: 4b. Ensure post implementation reviews conducted during weekly Change Management meetings are documented in ServiceNow.	ITSS will revise standards to include backout plans and post-implementation reviews for changes recorded in Phire in the CM standards, and will include post implementation reviews that are conducted during Change Management meetings are documented in ServiceNow. To clarify, ITILv3 has Continuous Improvement as the last development cycle and we will use that to identify our post-implementation reviews as part of the Service Lifecycle, as many of the services are already in production. ISO 27002, Section 12.1.2 Change Management, Texas Administrative Code Chapter 202.76 "Security Controls Standards Catalog", Section CM-Configuration Management, and ITIL v3 Framework will be utilized to address this observation.	Charlotte Russell, Chief Information Security Officer	7/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-103 SYS	Governance and Regulatory Compliance	IT Change Management	UNT System	5. Stakeholders and Communication Plan not included in change requests: Stakeholders and Communication Plan not included in change requests as required by standards. The ServiceNow records tested did not have a field or indicate in the record who were the Stakeholders of the change. Two of six (33%) changes tested did not contain a Communication plan. ITSS provided external communication of changes which occurred as part of the change process. While the ServiceNow record may serve as a communication of the change taking place, there was not a specific plan indicated.	Moderate	Recommendation for Chief Technology Officer: 5a. Identify a location in the ServiceNow change request to identify stakeholders of the change.	ITSS will use the ITILv3 framework to identify all necessary requirements in the service design process, this includes developing a communication plan. We will ensure that the stakeholders are identified and included in that communication plan and we will attach the plan to the ServiceNow ticket for the change.	Kendra Ketchum, Chief Technology Officer	7/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	16-103 SYS	Governance and Regulatory Compliance	IT Change Management	UNT System	5. Stakeholders and Communication Plan not included in change requests: Stakeholders and Communication Plan not included in change requests as required by standards. The ServiceNow records tested did not have a field or indicate in the record who were the Stakeholders of the change. Two of six (33%) changes tested did not contain a Communication plan. ITSS provided external communication of changes which occurred as part of the change process. While the ServiceNow record may serve as a communication of the change taking place, there was not a specific plan indicated.	Moderate	Recommendation for Chief Technology Officer: 5b. Include a Communication Plan and communication of the change to interested parties in the ServiceNow change request.	ITSS will use the ITILv3 framework to identify all necessary requirements in the service design process, this includes developing a communication plan. We will ensure that the stakeholders are identified and included in that communication plan and we will attach the plan to the ServiceNow ticket for the change.	Kendra Ketchum, Chief Technology Officer	7/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-103 SYS	Governance and Regulatory Compliance	IT Change Management	UNT System	6. Specifications and Notes not included in change requests.: Specifications and Notes were not included in change requests as required by standards. The EA Development Standards require Specifications and Notes to be included in all Change Requests. 48 of 50 (98%) of records did not include Specifications 45 of 50 (90%) of records did not include Notes	Moderate	Recommendation for IT Shared Services: 6a. Either enforce the standard requiring specifications and notes in a change request, or eliminate this requirement from the standards.	ITSS will review and update the standards document as needed to indicate the purpose of specifications and notes within PHIRE CR's. The Software Development Lifecycle (SDLC) process currently utilized for coding changes captures requirements and other specifications that document the change.	Dorothy Flores, Executive Director of Enterprise Applications	7/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-411 UNT	Governance and Regulatory Compliance	Behavioral Analysis PhD Program Funding Review, Management Advisory Service Report	UNT	This was a management advisory service.	NA	NA	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	1. Personally Identifiable Information Internal Audit noted personally identifiable information (PII) (i.e. passports, social security numbers, bank account numbers) on UNT International (UNT-I) support documentation was being transmitted insecurely via email. Additionally, copies of checks containing PII were located in the UNT-I Main Office and not properly secured.	High	Recommendations for Interim Vice Provost for International Affairs: 1.1.a Develop procedures to help ensure that all personally identifiable information (PII) is appropriately protected.	1a. Management agrees and took the following actions in November, 2016. UNT-I staff who oversee data management met with representatives from AITS, ITSS and Internal Audit on 11/18/16, to review UNT-I's handling of sensitive data. In follow up to this meeting, AITS changed settings on all UNT-I printers so that scanned documents are received using "#secure" channels. The VP sent a message to all UNT-I staff on 11/22/16, communicating expectations regarding the handling of sensitive data based on process changes that were recommended by AITS for immediate implementation. All UNT-I staff were advised to utilize "#secure" when emailing PII; the email included a link to a video resource on secure messaging. UNT-I completed a Sensitive/Confidential Information assessment of all units as requested and submitted it to UNT System Internal Audit on 12/15/2016. UNT-I has not received further guidance from AITS regarding secure shared drive storage of PII.	Amy Shenberger, Interim Vice Provost for International Affairs	11/22/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	1. Personally Identifiable Information Internal Audit noted personally identifiable information (PII) (i.e. passports, social security numbers, bank account numbers) on UNT International (UNT-I) support documentation was being transmitted insecurely via email. Additionally, copies of checks containing PII were located in the UNT-I Main Office and not properly secured.	High	Recommendations for Interim Vice Provost for International Affairs: 1.1.b. Ensure all employees receive training related to the protection of PII.	1b. Management agrees. UNT-I has complied fully with ongoing training requirements from AITS including the annual Security Awareness Training. The VP expects further guidance in this area as part of standard security training for all UNT faculty and staff who handle sensitive/confidential information. Expected Implementation Date: 11/22/16 (email on procedural changes); ongoing compliance with training requirements per guidance from AITS/ITSS. Fully implemented.	Amy Shenberger, Interim Vice Provost for International Affairs	11/22/2016	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNT	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate	High	Recommendations for UNT Senior Director, Registrar: 1.1.d. Before granting access, verify the job and employment status are accurate and reasonable to justify access to student data.	1d. We agree. The registrar's office will request view access to job records from Human Resources in HRPD and upon receiving that access, will verify that job and employment status of the individual is reasonable to justify access to student data.	Lynn McCreary, Registrar, UNT	12/15/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNT	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate	High	Recommendations for UNT Senior Director, Registrar: 1.1.e. Annually review access lists based on documented risk management decisions.	1e. We agree. The Registrar's office will annual review access lists based on documented risk management decisions.	Lynn McCreary, Registrar, UNT	Exp. Impl. Date: 12/15/2017 Revised Impl. Date: 09/14/18	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNT Dallas	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located. Former Employees Access Never Revoked (29) Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated tool occasionally	High	Recommendations for UNT Dallas, Registrar: 1.3.e. Annually review access lists based on documented risk management decisions.	3e. We agree. There will be an annual review of all UNT Dallas employees with EIS security to ensure access is accurate and appropriate and any foreseeable risk mitigated.	Karen Jarrell, Registrar, UNT Dallas	Exp. Impl. Date: 9/1/2017 Revised Impl. Date: 1/16/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	4. PeopleSoft Enterprise Information System Access During the course of this review, Internal Audit noted that multiple employees in different departments throughout UNT International (UNT-I) were using a generic, shared PeopleSoft Enterprise Information System (EIS) login. Additionally, Internal Audit noted the department thought the access was exclusively read-only; however, based on further review it appeared to be more than read-only.	High	Recommendations for Interim Vice Provost for International Affairs: 4.1.a. Discontinue the use of the generic, shared login for PeopleSoft Enterprise Information System (EIS).	1a. Management agrees that the generic EIS log-in inappropriately gave staff access to modify student information. UNT-I addressed the concern that the generic log in to EIS was unintentionally assigned broader access than needed to complete tasks and took the following action. UNT-I Database/EIS Manager Tam Vo requested that ITSS remove any ability to modify information assigned to the generic, shared login for PeopleSoft Enterprise Information System (EIS) and requested that it be restricted to batch processing as was originally intended. As of 12/16/2016, it was confirmed that permissions assigned to this log-in no longer included the ability to modify any student records or information and that the access was read-only.	Amy Shenberger, Interim Vice Provost for International Affairs	12/16/2016	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	4. PeopleSoft Enterprise Information System Access During the course of this review, Internal Audit noted that multiple employees in different departments throughout UNT International (UNT-I) were using a generic, shared PeopleSoft Enterprise Information System (EIS) login. Additionally, Internal Audit noted the department thought the access was exclusively read-only; however, based on further review it appeared to be more than read-only.	High	Recommendations for Interim Vice Provost for International Affairs: 4.1.b. Evaluate job duties and grant PeopleSoft EIS access for employees as appropriate to align with job duties.	1b. Management agrees. UNT-I has directed staff and supervisors to evaluate and request individual PeopleSoft EIS access as needed for employees to complete their job duties with a goal of eliminating the need for any generic access.	Amy Shenberger, Interim Vice Provost for International Affairs	12/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	10. Query Reliability UNT International (UNT-I) Sponsored Students and Special Programs Center employees were using a query to pull sponsored students class schedules and generate invoices. Based on discussions with UNT-I Sponsored Students and Special Programs Center employees, this query failed to pull students' classes and charges for waitlisted, online courses that the student was enrolled in. This query had not been updated since inception. UNT-I Sponsored Students and Special Programs Center employees were having to manually review student schedules to verify if all courses and charges were accurately reflected on the invoice.	Moderate	Recommendation for Director of Sponsored Student Programs and Director of Financial Services, Student Finance: 10.1.a. Coordinate to determine what information needs to be included in the query used to invoice sponsors and develop an updated, accurate query.	1a. Management agrees with the recommendation. The Director of Sponsored Students and Student Finance will work with the Registrar to correct current queries being used for invoicing. Management will review all reports, identifying the appropriate personnel to validate the data.	Aleka Myre, Director of Sponsored Student Programs, and Jeane Olson, Director of Financial Services, Student Finance	6/30/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	6. UNT-I Sponsored Students Procedure Manual UNT International (UNT-I) Sponsored Students and Special Programs Center procedure manual was outdated and did not reflect actual processes, including guidelines for inputting financial guarantee information, preparing and sending invoices, and required payment terms for sponsors and students.	Moderate	Recommendations for Director of Sponsored Student Programs: 6.1.a. Update procedure manual to reflect current program processes.	1a. Management agrees with the recommendation and will complete the following action. The Sponsored Students procedure manual will be updated to reflect actual processes by July 30, 2017	Aleka Myre, Director of Sponsored Students	7/30/2017	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	6. UNT-I Sponsored Students Procedure Manual UNT International (UNT-I) Sponsored Students and Special Programs Center procedure manual was outdated and did not reflect actual processes, including guidelines for inputting financial guarantee information, preparing and sending invoices, and required payment terms for sponsors and students.	Moderate	Recommendations for Director of Sponsored Student Programs: 6.1.b. Establish a specific periodic review process to ensure that the Sponsored Student and Special Programs Center procedure manual is up-to-date and adequately addresses relevant issues. The procedures should indicate the last time it was reviewed.	1b. Management agrees with the recommendation. The director will establish two dates per academic year to review the procedure manual procedures. Each version of the manual will reference the last time it was reviewed and record the date of any revisions. Review dates will occur during the second weeks of November and April of each year.	Aleka Myre, Director of Sponsored Students	7/30/2017	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	10. Scholarship Policy The College of Music scholarship policy does not contain all the elements as set forth in Student Financial Aid and Scholarships' Best Practices for Scholarships and Awards. The process for the selection of scholarship committee members and the length of appointment for committee members are not included in the College of Music Scholarship Policy. Additionally, there is no process for appeals in the policy.	Moderate	Recommendation for John Richmond, Dean of the College of Music: 10.1.a. Coordinate with Student Financial Aid and Scholarships to evaluate and update, where applicable, the current College of Music Scholarship policy.	1a.The Assistant Dean will be responsible for: i. Coordinating with Student Financial Aid and Scholarships to evaluate and update, where applicable, the current College of Music Scholarship policy. ii. Review policy recommendations with the Dean of the College for feedback and further recommendations. iii. Present revised policy to the Council of Division chairs for approval. iv. Implement all policy revisions on behalf of the College.	Raymond Rowell, Asst. Dean for Enrollment Management and External Affair; John Richmond, Dean, College of Music; College of Music Council of Division Chairs; UNT Student Financial Aid and Scholarships	1/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	11. Sponsor Forms UNT International (UNT-I) Sponsored Students and Special Programs Center Office of General Counsel (OGC) approved forms were not applied consistently to all sponsors. The forms were only being incorporated with new sponsors. Additionally, the UNT-I Sponsored Students and Special Programs Center has recently added a Parent's Program; however, the form for the Parent's Program has been reviewed by OGC but has not received official OGC approval.	Moderate	Recommendations for Director of Sponsored Student Programs: 11.1.a. Ensure all sponsors sign the Office of General Counsel (OGC) approved Sponsor Agreement forms.	1a. Management agrees with the recommendation. The Director of Sponsored students will send the agreement out to all sponsors in an attempt to get them signed by the appropriate personnel. If agreements are not signed, SSP will meet with Larry Worthy, Special Assistant to the CFO, to determine if the current process of collecting a financial guarantee from the sponsor for each student is permissible.	Aleka Myre, Director of Sponsored Student Programs	6/30/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	8. Communication with Students There is no process in place to formally communicate to students that payment has not been received from a sponsor and charges will be placed on the student's account. The students only receive notice when charges are placed onto their account with no advance notice. Additionally, during interviews it was noted a staff member was using a personal cell phone to contact students concerning their accounts.	Moderate	Recommendations for Director of Sponsored Student Programs: 8.2.a. Establish deadline to provide advance notification to students when payment has not been received from their sponsor and charges will be placed onto their account. Document in procedure manual.	2a. Management agrees with the recommendation. The Director of Sponsored Students has established a deadline/procedure for providing advance notice to students when payment has not been received from their sponsor and that charges will be placed on the student's account. Notifications will be issued 15 business days before balances are reflected on the student accounts. In addition, they will determine guidelines for exceptions based on extenuating circumstances in the student's home country impacting a sponsor's ability to reasonably meet the payment deadline. Procedure will be updated in the manual by July 30, 2017	Aleka Myre, Director of Sponsored Student Programs	7/30/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	8. Communication with Students There is no process in place to formally communicate to students that payment has not been received from a sponsor and charges will be placed on the student's account. The students only receive notice when charges are placed onto their account with no advance notice. Additionally, during interviews it was noted a staff member was using a personal cell phone to contact students concerning their accounts.	Moderate	Recommendations for Director of Sponsored Student Programs: 8.2.b. Develop and utilize a template to provide advance notification to students when payment has not been received from their sponsor and charges will be placed onto their account. Document in procedure manual.	2b. Management agrees with the recommendation. The Director of Sponsored Students has developed a template, currently in use, to notify students about non-payment of tuition by their sponsor, allotting them 15 business days to correspond with their sponsor and correct the situation. The template will be added to the financials procedures manual by July 30, 2017	Aleka Myre, Director of Sponsored Student Programs	7/30/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	8. Communication with Students There is no process in place to formally communicate to students that payment has not been received from a sponsor and charges will be placed on the student's account. The students only receive notice when charges are placed onto their account with no advance notice. Additionally, during interviews it was noted a staff member was using a personal cell phone to contact students concerning their accounts.	Moderate	Recommendations for Director of Sponsored Student Programs: 8.2.c. Ensure employees are aware it is not appropriate to use personal cell phones to communicate with students concerning their accounts.	2c. Management agrees with the recommendation. Following indicial meeting with Internal Audit concerning this issue, all employees were notified during a recurring staff meeting on approximately December 13, 2017, that it is not appropriate to use personal cell phones to communicate with students concerning their account. This was documented on the General Office Procedures manual.	Aleka Myre, Director of Sponsored Student Programs	7/30/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	11. Sponsor Forms UNT International (UNT-I) Sponsored Students and Special Programs Center Office of General Counsel (OGC) approved forms were not applied consistently to all sponsors. The forms were only being incorporated with new sponsors. Additionally, the UNT-I Sponsored Students and Special Programs Center has recently added a Parent's Program; however, the form for the Parent's Program has been reviewed by OGC but has not received official OGC approval.	Moderate	Recommendations for Director of Sponsored Student Programs: 11.1.b. Ensure the Parent's Program for Sponsored Students form obtains OGC approval for multiple uses.	1b. Management agrees with the recommendation. The Director of Sponsored Students and the UNT-I Director of Global Partnerships and Research Engagement will consult with OGC to ensure that all documents used are approved for multiple uses.	Aleka Myre, Director of Sponsored Student Programs	6/30/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	14. Maple Hall Circuit Breaker Box Description references in the circuit breaker boxes do not always accurately reflect the item being switched on or off.	Moderate	Recommendation for Gina Vanacore, Director of Housing and Residence Life: 14.1.a. Prepare a work order for Maple Hall and any other older residence halls to have circuit breaker box descriptions reviewed and updated where applicable.	1a. Work order request #149282 was submitted on April 20, 2017 to address this matter. Director Vanacore will follow up with existing work orders. Director Vanacore will prepare work orders for facilities to check all residence halls to have circuit breaker box descriptions reviewed and updated where applicable.	Gina M. Vanacore, Director of Housing and Residence Life	12/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	16. Fire Extinguishers Two resident halls lack a fire extinguisher in certain areas. 1) No fire extinguisher in laundry room at Traditions; 2) No fire extinguisher in the common area at Santa Fe Square; and 3) No fire extinguishers for the resident rooms in Santa Fe Square that have built in stove top burners.	Moderate	Recommendation for Gina Vanacore, Director of Housing and Residence Life: 16.1.a. Coordinate with Risk Management to evaluate the areas in residence halls where fire extinguishers should be placed or added.	1a. Currently all residence halls are in compliance with risk management's guidelines about the placement of fire extinguishers, as it relates to Code. Director Vanacore will coordinate with Risk Management to re-evaluate the areas in residence halls where fire extinguishers should be placed or added.	Gina M. Vanacore, Director of Housing and Residence Life	12/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	17. Site Review Concerns with outdoor lighting, exit lighting, surveillance cameras, and exit door closures. Auditors conducted interviews with Hall Directors, administered questionnaires, and performed walkthroughs of residence halls. As a result, the following concerns and/or communications were expressed: • Two of fourteen residence Hall Directors requested additional outdoor and exit door lighting. The Hall Director for Traditions and Santa Fe expressed a desire for additional lighting in the courtyard between Traditions and Santa Fe Halls. Hall Director	Moderate	Recommendation for Gina Vanacore, Director of Housing and Residence Life: 17.1.a. Coordinate and conduct a safety site review at all the residence halls and their surrounding areas. Housing should include the following departments: UNT Police, Risk Management, and Facilities.	1a. Director Vanacore will coordinate a residence hall safety advisory committee to review and evaluate recommendations for safety additions and enhancements. Members of this advisory committee will include students of the residence hall association, UNT PD, risk management, and facilities staff. Facilities will coordinate to make sure that housing facilities meet all applicable codes. UNT has a standard for outdoor lighting that housing facilities should meet.	Gina M. Vanacore, Director of Housing and Residence Life	Exp. Impl. Date: 12/31/2017 Revised Impl. Date: 07/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	1. Logical Access and Change Controls Inappropriate logical user access to benefit plan tables exists and a contribution rate change review process is not in place. During our review of user logical access and change controls as they relate to retirement contributions tables and payroll adjustments within Enterprise Information System (EIS) PeopleSoft, we noted the following: • Access rights to certain users who were part of the beta testing	High	Recommendations for the Assistant Vice Chancellor of Total Rewards: 1.1.a. Remove access rights from users which are not commensurate with their job function.	1a. The Total Rewards HRIS team removed write access from users not in a bona-fide Super User position.	Christopher DeClerk, Assistant Vice Chancellor of Total Rewards	2/28/2017	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	1. Logical Access and Change Controls Inappropriate logical user access to benefit plan tables exists and a contribution rate change review process is not in place. During our review of user logical access and change controls as they relate to retirement contributions tables and payroll adjustments within Enterprise Information System (EIS) PeopleSoft, we noted the following: • Access rights to certain users who were part of the beta testing	High	Recommendations for the Assistant Vice Chancellor of Total Rewards: 1.1.b. Develop and implement a review and approval process when updates are made to the ORP contribution percentage table.	1b. In the future, table entries required by legal limits will be entered by a Senior Benefits Consultant and verified by the Benefits Manager. The Benefits Manager will retain a signed screen shot verifying this step occurred.	Christopher DeClerk, Assistant Vice Chancellor of Total Rewards	2/28/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	1. Logical Access and Change Controls Inappropriate logical user access to benefit plan tables exists and a contribution rate change review process is not in place. During our review of user logical access and change controls as they relate to retirement contributions tables and payroll adjustments within Enterprise Information System (EIS) PeopleSoft, we noted the following: • Access rights to certain users who were part of the beta testing	High	Recommendations for the Assistant Vice Chancellor of Total Rewards: 1.1.c. On an annual basis, perform a review of user access rights based on job functions.	1c. The HRIS team has added annual access review to the operating calendar.	Christopher DeClerk, Assistant Vice Chancellor of Total Rewards	2/28/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	1. Logical Access and Change Controls Inappropriate logical user access to benefit plan tables exists and a contribution rate change review process is not in place. During our review of user logical access and change controls as they relate to retirement contributions tables and payroll adjustments within Enterprise Information System (EIS) PeopleSoft, we noted the following: • Access rights to certain users who were part of the beta testing	High	Recommendations for the Assistant Vice Chancellor of Total Rewards and Senior Director of Controller Operations: 1.2.a. Evaluate and remove any super user's access to this functionality when it is not essential to their job function.	2a. We evaluated and due to the system limitations, found we cannot remove super users' access to update retirement tables as indicated in the audit report. In our EIS configuration, super users such as the Benefits Manager and Associate Director of Controller Operations (Payroll) must have access to make changes for their respective areas and specific access cannot be carved-out. Thus they must have access to all of these tables.	Abdul Mohammad, Sr. Director of Operations and Christopher DeClerk, Assistant Vice Chancellor of Total Rewards	8/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	1. Logical Access and Change Controls Inappropriate logical user access to benefit plan tables exists and a contribution rate change review process is not in place. During our review of user logical access and change controls as they relate to retirement contributions tables and payroll adjustments within Enterprise Information System (EIS) PeopleSoft, we noted the following: • Access rights to certain users who were part of the beta testing team for the PeopleSoft Human Capital Management (HCM) module upgrade to version 8.9 were not removed. Specifically, ➢ 2 out of a total population of 17 (12%) users tested have edit rights to the Retirement Plan Tables. This user access allows individuals to alter the ORP contribution rates which affect ORP payroll deductions. ➢ 5 out of a total population of 94 (5%) users tested have edit rights to update the participant's benefits eligibility on the Personal Data Jr. tab. This user access allows individuals to override	High	Recommendations for the Assistant Vice Chancellor of Total Rewards and Senior Director of Controller Operations: 1.2.b. Develop a tool to monitor the activities of super users on a monthly basis.	2b. Because technology does not allow to remove super users' access as indicated above in point 2a payroll is working with ITSS to develop a report for HRIS to monitor the activities of the super users who have access to Retirement Tables.	Abdul Mohammad, Sr. Director of Operations and Christopher DeClerk, Assistant Vice Chancellor of Total Rewards	8/31/2017	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	2. Contribution Percentages for ORP Medium Forty-five employees did not receive the correct employer contribution amounts due to an incorrect contribution rate set in EIS. The contribution rate for the ORP Medium classification was set at 6.58% and should have been 6.6%. ORP employees are classified in three groups in EIS: •ORP High - Employees who participated in the ORP retirement system prior to September 1, 1995 and are not subject to the IRS maximum salary amount. The employer contribution rate for this group is 8.5% as of FY1980. •ORP Medium - Employees who participated in the ORP retirement system between September 1, 1995 and August 31, 1996 and are not subject to the IRS maximum salary amount. The employer contribution rate for this group is 6.6% as of FY2014. •ORP Low - Employees who participated in the ORP retirement system after September 1, 1996 and are subject to the IRS maximum salary amount. The employer contribution rate for this group is 6.6% as of FY2014. The employer ORP contribution rates as set in the General Appropriations Act were: •6.58% for FY2008/2009;	High	Recommendations for the Assistant Vice Chancellor of Total Rewards: 2.1.a. Work with the Controller Operations team to review and determine if the ORP contribution rate for the ORP Medium classification employee group in FY2010 through FY2013 was accurate in accordance to the Texas Administrative Code and the General Appropriations Act.	1a. Manually audited the table history and paycheck-level data within PeopleSoft EIS to identify years with errors in the ORP Medium rate from 2003 through 2017 resulting in these findings: See chart in final report.	N/A	8/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	2. Contribution Percentages for ORP Medium Forty-five employees did not receive the correct employer contribution amounts due to an incorrect contribution rate set in EIS. The contribution rate for the ORP Medium classification was set at 6.58% and should have been 6.6%. ORP employees are classified in three groups in EIS: •ORP High - Employees who participated in the ORP retirement system prior to September 1, 1995 and are not subject to the IRS maximum salary amount. The employer contribution rate for this group is 8.5% as of FY1980. •ORP Medium - Employees who participated in the ORP retirement system between September 1, 1995 and August 31, 1996 and are not subject to the IRS maximum salary amount. The employer contribution rate for this group is 6.6% as of FY2014. •ORP Low - Employees who participated in the ORP retirement system after September 1, 1996 and are subject to the IRS maximum salary amount. The employer contribution rate for this group is 6.6% as of FY2014. The employer ORP contribution rates as set in the General Appropriations Act were: •6.58% for FY2008/2009; •6.4% for FY2010/2011;	High	Recommendations for the Assistant Vice Chancellor of Total Rewards: 2.1.b. For FY2010 through FY2015, adjust the contribution amounts to reflect the proper rate for each fiscal year. This may be an additional contribution to the employee if the rate is higher than 6.58% or require refund by the employee if the rate is lower than 6.58%.	1b. Manually audited individual employee contributions during erroneous contribution years and determined the following. Determining best approach to paying underpayments and reconciling overpayments. See chart in final report.	N/A	8/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	2. Contribution Percentages for ORP Medium Forty-five employees did not receive the correct employer contribution amounts due to an incorrect contribution rate set in EIS. The contribution rate for the ORP Medium classification was set at 6.58% and should have been 6.6%. ORP employees are classified in three groups in EIS: •ORP High - Employees who participated in the ORP retirement system prior to September 1, 1995 and are not subject to the IRS maximum salary amount. The employer contribution rate for this group is 8.5% as of FY1980. •ORP Medium - Employees who participated in the ORP retirement system between September 1, 1995 and August 31, 1996 and are not subject to the IRS maximum salary amount. The employer contribution rate for this group is 6.6% as of FY2014. •ORP Low - Employees who participated in the ORP retirement system after September 1, 1996 and are subject to the IRS maximum salary amount. The employer contribution rate for this group is 6.6% as of FY2014. The employer ORP contribution rates as set in the General Appropriations Act were: •6.58% for FY2008/2009;	High	Recommendations for the Vice Chancellor for Finance: 2.2.a. Determine if any adjustments should be reported to the IRS.	2a. Payroll will work with Office of General Counsel and HR Benefits to determine if any adjustments should be reported to the IRS.	Janet Waldron, Vice Chancellor for Finance	9/30/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	2. Contribution Percentages for ORP Medium Forty-five employees did not receive the correct employer contribution amounts due to an incorrect contribution rate set in EIS. The contribution rate for the ORP Medium classification was set at 6.58% and should have been 6.6%. ORP employees are classified in three groups in EIS: •ORP High - Employees who participated in the ORP retirement system prior to September 1, 1995 and are not subject to the IRS maximum salary amount. The employer contribution rate for this group is 8.5% as of FY1980. •ORP Medium - Employees who participated in the ORP retirement system between September 1, 1995 and August 31, 1996 and are not subject to the IRS maximum salary amount. The employer contribution rate for this group is 6.6% as of FY2014. •ORP Low - Employees who participated in the ORP retirement system after September 1, 1996 and are subject to the IRS maximum salary amount. The employer contribution rate for this group is 6.6% as of FY2014. The employer ORP contribution rates as set in the General Appropriations Act were: •6.58% for FY2008/2009; •6.4% for FY2010/2011;	High	Recommendations for the Vice Chancellor for Finance: 2.2.b. Ensure internal payroll records are corrected.	2b. Payroll will make necessary corrections to the employee payroll records if 2a results in processing adjustment amount to the employee.	Janet Waldron, Vice Chancellor for Finance	9/30/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-415 UNT	Governance and Regulatory Compliance	Faculty and Staff International Travel Audit	UNT	2. Communication Communication is insufficient to ensure that all individuals traveling internationally on UNT System, UNT, UNTHSC, and/or UNT Dallas business have registered with UNT Risk Management prior to departure. UNT Risk Management currently cannot ensure that all faculty, staff and individuals are registering. Therefore, it appears there is the need to improve communication to inform the UNT System, UNT, UNTHSC, and UNT Dallas faculty and staff of the new requirement to register international travel. This will ensure international business travelers are conscious of registering prior to departure. Per UNT Risk Management, there has been an increase in the number of individuals registering their international travel. They indicated this is a result of the Business Support Services (BSS) reference link for international travel registration in the BSS web travel section.	Moderate	Recommendation for Doug Welch, Executive Director Risk Management Services: 2.1.a. Increase and improve awareness/communication thru meetings with Provost, Deans Council, faculty and staff with UNT System, UNT, UNTHSC, and UNT Dallas. These communications should include the requirement to register international travel prior to departure and noting the benefits of international travel registering which include: • Insurance coverage; • Medical requirements; • Travel warning information; and • Extraction /evacuation assistance if necessary.	1a. UNT Risk Management Services will establish point of contacts at UNT System, UNT, UNTHSC, UNT Dallas to help further communication about international health and safety in regards to university related foreign travel. UNT Risk Management Services will work with the established point of contacts to develop a communication plan unique to each institution. The communication plan will ensure all appropriate provost, deans, faculty, and staff are given proper notice about the following: i. Requirement to register international travel ii. University provided international insurance coverages iii. Additional resources available to travelers	Doug Welch, Executive Director Risk Management Services	4/20/2018	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-303 UNT	Governance and Regulatory Compliance	Student Managed Investment Fund (SMIF)	UNT	2. Documented policies and procedures Formally documented policies and procedures providing guidance on how day to day operations should be executed by the SIG do not exist. Although the SIG performs their day-to-day investment procedures following good practices, there is no documented procedure manuals to provide guidance to SIG members on executing day-to-day transactions. Due to the nature of the SIG and the regular turnover experienced with student members continuously changing, it would be beneficial for the day-to-day procedures to be formally documented in order to provide guidance to new members and serve as reference to current members when executing procedures, including executing transactions, preparing or reviewing the annual report, ensuring member meetings follow proper protocol, etc. Examples of areas that may benefit from documented procedures in addition to the comments listed above include: o The policies and procedures may help facilitate the preparation and review of the annual financial statements, including ensuring that the following differences don't occur in the future:	Low	2.1.a.The SIG should document their day to day controls and procedures in standard operating procedures to assist with training new SIG members or serve as reference to ensure actions are appropriately executed, including entering into purchase/sale transactions from inception to finalization, procedures followed during meetings, documenting meeting minutes, evaluating the investment broker as well as preparing/reviewing the annual report.	1a.SIG shall formalize and adopt checklists and/or flow charts to provide guidelines to the SIG for day-to-day activities including meeting related procedures, trade approvals and evaluation of the SIG broker relationship.	SIG Board of Directors	Exp. Impl. Date: 12/31/2017 Revised Impl. Date: 03/31/2018	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-401 HSC	Governance and Regulatory Compliance	Graduate School of Biomedical Sciences Review	UNTHSC	2. Inaccurate Recording of Leave of Absences in EIS

Inaccurate recording of leave of absences from the HRM-64 Leave Request forms to Enterprise Information System (EIS) PeopleSoft were identified for 4 out of 59 active employees resulting in incorrect leave accrual balances for these employees from September 1, 2015 through August 31, 2016. Additionally, we noted that each department within GSBS had different procedures of Leave Request Form usage including departments where they either did not keep records of the HRM-64 Leave Request forms as required by UNTHSC Policy or HRM-64 Leave Request forms were not used. As a result, Internal Audit was unable to validate whether leave was recorded accurately in EIS for 25 of 59 employees who had leave in EIS.

Specifically,
• For 3 employees of the former department of Cell Biology & Immunology, vacation and sick leave time taken on HRM-64 forms were not recorded in EIS.

• 1 employee of the former department of Molecular and Medical Genetics notified Internal Audit that 40 hours of vacation leave taken were not recorded in EIS.

• 25 employees who had leave of the former department of Molecular and Medical Genetics entered their leave directly in EIS and communicated leave either verbally or by e-mail to their supervisor. As result, Internal Audit was unable to validate whether leave taken | High | Recommendations for the Dean of GSBS and Senior Director of Controller Operations:

2.1.a. Use and retain appropriate approved support documents for leave requests as required by UNTHSC policies and institutional procedures. | 1a. The Graduate School of Biomedical Science (GSBS) will establish a committee consisting of key administrative staff (with prior experience with processing of HRM-64 Leave forms and faculty leaders (e.g., former Chairs and Institute Directors) to recommend a standard operating procedure by which supporting documentation for leave requests will be collected and archived, to be consistent with UNTHSC policies and procedures. These recommendations will be considered by the Dean of the GSBS, and in consultation with the Provost, adopted and disseminated to all faculty and staff within the GSBS. The Dean of the GSBS will communicate with all former staff whose responsibility included maintenance of HRM-64 forms to cross check that the information within the leave forms were accurately entered into EIS. | Johnny He, Interim Dean of GSBS and Abdul Mohammad, Senior Director of Controller Operations | 9/1/2017 Rev. 12/31/2017 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-401 HSC | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC | 2. Inaccurate Recording of Leave of Absences in EIS

Inaccurate recording of leave of absences from the HRM-64 Leave Request forms to Enterprise Information System (EIS) PeopleSoft were identified for 4 out of 59 active employees resulting in incorrect leave accrual balances for these employees from September 1, 2015 through August 31, 2016. Additionally, we noted that each department within GSBS had different procedures of Leave Request Form usage including departments where they either did not keep records of the HRM-64 Leave Request forms as required by UNTHSC Policy or HRM-64 Leave Request forms were not used. As a result, Internal Audit was unable to validate whether leave was recorded accurately in EIS for 25 of 59 employees who had leave in EIS.

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• 25 employees who had leave of the former department of Molecular and Medical Genetics entered their leave directly in EIS and communicated leave either verbally or by e-mail to their supervisor. As result, Internal Audit was unable to validate whether leave taken was accurately recorded in EIS | High | Recommendations for the Dean of GSBS and Senior Director of Controller Operations:

2.1.b. Review all current and terminated employees within GSBS from September 2015 - August 2016 to ensure the HRM-64 Leave forms are accurately entered into EIS.. | 1b. The Dean of the GSBS will identify key staff members to review all current and terminated employees within the GSBS between September 2015 to August 2016 to ensure leave forms are accurately entered into EIS. | Johnny He, Interim Dean of GSBS and Abdul Mohammad, Senior Director of Controller Operations | 9/1/2017 Rev. 12/31/2017 | Closed |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-401 HSC	Governance and Regulatory Compliance	Graduate School of Biomedical Sciences Review	UNTHSC	2. Inaccurate Recording of Leave of Absences in EIS Inaccurate recording of leave of absences from the HRM-64 Leave Request forms to Enterprise Information System (EIS) PeopleSoft were identified for 4 out of 59 active employees resulting in incorrect leave accrual balances for these employees from September 1, 2015 through August 31, 2016. Additionally, we noted that each department within GSBS had different procedures of Leave Request Form usage including departments where they either did not keep records of the HRM-64 Leave Request forms as required by UNTHSC Policy or HRM-64 Leave Request forms were not used. As a result, Internal Audit was unable to validate whether leave was recorded accurately in EIS for 25 of 59 employees who had leave in EIS. Specifically, • For 3 employees of the former department of Cell Biology & Immunology, vacation and sick leave time taken on HRM-64 forms were not recorded in EIS. • 1 employee of the former department of Molecular and Medical Genetics notified Internal Audit that 40 hours of vacation leave taken were not recorded in EIS. • 25 employees who had leave of the former department of Molecular and Medical Genetics entered their leave directly in EIS and communicated leave either verbally or by e-mail to their supervisor. As result, Internal Audit was unable to validate whether leave taken	High	Recommendations for the Dean of GSBS and Senior Director of Controller Operations: 2.1.c. Collaborate with UNT System Controller Operations to update employee's leave of absences in EIS to reflect the correct leave balances.	1c. Payroll, UNT System Controller Operations will take necessary actions to help GSBS to update and reflect correct employees leave of absences in EIS. GSBS will work with the Office of the CFO and the UNT System to coordinate any efforts to recover funds, should overpayment of employees be identified. Internal payroll records will be corrected as inconsistencies are identified.	Meharvan Singh, Dean of GSBS and Abdul Mohammad, Senior Director of Controller Operations	1/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-401 HSC	Governance and Regulatory Compliance	Graduate School of Biomedical Sciences Review	UNTHSC	2. Inaccurate Recording of Leave of Absences in EIS Inaccurate recording of leave of absences from the HRM-64 Leave Request forms to Enterprise Information System (EIS) PeopleSoft were identified for 4 out of 59 active employees resulting in incorrect leave accrual balances for these employees from September 1, 2015 through August 31, 2016. Additionally, we noted that each department within GSBS had different procedures of Leave Request Form usage including departments where they either did not keep records of the HRM-64 Leave Request forms as required by UNTHSC Policy or HRM-64 Leave Request forms were not used. As a result, Internal Audit was unable to validate whether leave was recorded accurately in EIS for 25 of 59 employees who had leave in EIS. Specifically, • For 3 employees of the former department of Cell Biology & Immunology, vacation and sick leave time taken on HRM-64 forms were not recorded in EIS. • 1 employee of the former department of Molecular and Medical Genetics notified Internal Audit that 40 hours of vacation leave taken were not recorded in EIS. • 25 employees who had leave of the former department of Molecular and Medical Genetics entered their leave directly in EIS and communicated leave either verbally or by e-mail to their supervisor. As result, Internal Audit was unable to validate whether leave taken was accurately recorded in EIS.	High	Recommendations for the Dean of GSBS and Senior Director of Controller Operations: 2.1.d. For those employees identified with overpayments, collaborate with UNT System Controller Operations department to recover funds.	1d. Payroll General Accounting, UNT System Controller Operations will follow a standardized procedure in recovering overpayments from employees resulted due to the correcting actions taken in EIS.	Meharvan Singh, Dean of GSBS and Abdul Mohammad, Senior Director of Controller Operations	1/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-401 HSC	Governance and Regulatory Compliance	Graduate School of Biomedical Sciences Review	UNTHSC	2. Inaccurate Recording of Leave of Absences in EIS Inaccurate recording of leave of absences from the HRM-64 Leave Request forms to Enterprise Information System (EIS) PeopleSoft were identified for 4 out of 59 active employees resulting in incorrect leave accrual balances for these employees from September 1, 2015 through August 31, 2016. Additionally, we noted that each department within GSBS had different procedures of Leave Request Form usage including departments where they either did not keep records of the HRM-64 Leave Request forms as required by UNTHSC Policy or HRM-64 Leave Request forms were not used. As a result, Internal Audit was unable to validate whether leave was recorded accurately in EIS for 25 of 59 employees who had leave in EIS. Specifically, • For 3 employees of the former department of Cell Biology & Immunology, vacation and sick leave time taken on HRM-64 forms were not recorded in EIS. • 1 employee of the former department of Molecular and Medical Genetics notified Internal Audit that 40 hours of vacation leave taken were not recorded in EIS. • 25 employees who had leave of the former department of Molecular and Medical Genetics entered their leave directly in EIS and communicated leave either verbally or by e-mail to their supervisor. As result, Internal Audit was unable to validate whether leave taken	High	Recommendations for the Dean of GSBS and Senior Director of Controller Operations: 2.1.e. Ensure internal payroll records are corrected.	1e. Payroll, UNT System Controller Operations will ensure that the correcting entries are entered into EIS in a timely manner GSBS will work with the Office of the CFO and the UNT System to coordinate any efforts to recover funds, should overpayment of employees be identified. Internal payroll records will be corrected as inconsistencies are identified.	Meharvan Singh, Dean of GSBS and Abdul Mohammad, Senior Director of Controller Operations	1/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	2. Inconsistently Working Past Due Amounts UNT International (UNT-I) Sponsored Students and Special Programs Center was not consistently reviewing past due tuition and fee charges owed by sponsors and was not placing the charges back on the students' accounts. As of the spring 2017 semester, approximately $234,000 of past due tuition and fee charges had not yet been placed back on the students' accounts to obtain payment. Additionally, Internal Audit noted UNT-I Sponsored Students and Special Program Center employees were not using a system-generated accounts receivable report to follow-up on past due tuition and fee charges.	High	Recommendations for Director of Sponsored Student Programs and Director of Financial Services, Student Finance: 2.1.a Review past due tuition and fee charges and coordinate with the Office of General Counsel to determine whether it is allowable to place the charges back on the students' accounts.	1a. Management agrees with the recommendations and are taking the following actions. SSPO and Student Finance will review past due tuition and fee charges and consult with the Office of General Counsel to determine if placing charges back on students' accounts is in compliance with current University and State policies.	Aleka Myre, Director of Sponsored Student Programs (SSPO), and Jeane Olson, Director of Financial Services, Student Finance	6/30/2018	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	2. Inconsistently Working Past Due Amounts UNT International (UNT-I) Sponsored Students and Special Programs Center was not consistently reviewing past due tuition and fee charges owed by sponsors and was not placing the charges back on the students' accounts. As of the spring 2017 semester, approximately $234,000 of past due tuition and fee charges had not yet been placed back on the students' accounts to obtain payment. Additionally, Internal Audit noted UNT-I Sponsored Students and Special Program Center employees were not using a system-generated accounts receivable report to follow-up on past due tuition and fee charges.	High	Recommendations for Director of Sponsored Student Programs and Director of Financial Services, Student Finance: 2.1.b. Coordinate to obtain an accounts receivable query for use in UNT International.	1b. SSPO will share current manually maintained report with Student Finance for evaluation. They will work together to determine how develop a system-generated accounts receivable query that provides the required information within the limitations of current technology.	Aleka Myre, Director of Sponsored Student Programs (SSPO), and Jeane Olson, Director of Financial Services, Student Finance	6/30/2018	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-310 DAL	Governance and Regulatory Compliance	Scholarships Review	UNT Dallas	2. Management of Endowments UNT Dallas' process for creating/managing endowments and related gift agreements is not always consistent or in alignment with donor intent. Advancement has the primary responsibility for soliciting funds from donors and managing the ensuing relationships and endowments. When a donor agrees to provide funds for the University, Advancement and the donor first agree on whether the funds will be unrestricted or restricted. If the funds are unrestricted, they will be put into the appropriate bank account to be used at the University's discretion, which is typically on institutional scholarships. If the funds are restricted, Advancement develops an MOU or other gift agreement, and the funds are awarded to students as donor scholarships. Note: Management was aware of concerns around MOU Retention, Reporting, Endowment Corpus Amounts, and Unused Endowment Funds and requested that the review specifically address these areas. See below for details on the observations related to the management of endowments: I. MOU Retention	Moderate	2.1.a. UNT Dallas should utilize the recommended general scholarship committee to perform a review of all existing and future endowments to ensure that appropriate documentation (including scholarship criteria) is retained and reflects the current state of the agreement.	1a. Management will develop procedures necessary for improved accountability that includes templates for MOUs, and retention instructions. Final expenditure report was submitted to AT&T regarding Early College High School programming. The report was accepted by AT&T on June 1, 2017. On, 10/27/2017, the CFO approved funding transfers necessary to correct the corpus balances in the two impacted endowment funds. Management will work with the donor for Fund# 240003 to make sure that accurate documentation is in place to reflect the current endowment balance. Unused endowment funds will be disbursed in accordance with the MOU.	Dr. Monica Williams, VP for University Advancement	12/31/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	6. IRS Dollar Limitations Based on 403(b) Contributions A manual process breakdown in updating the year-to-date contribution amount in PeopleSoft caused two employee's ORP accounts to be over contributed by both the Institution and employee. This occurred when employee benefit changes were not entered into PeopleSoft, since the process is manual rather than a system configuration which automatically calculates contribution amounts. In detail, testing identified 2 out of 64 employees (3%) exceeded the annual IRS dollar compensation limitations based on 403(b) Contributions for Calendar Year 2015. These two employees elected a different financial service company in October 2015; however, notification was not provided to the Controller Operations team in order to manually update the year-to-date contribution amount in PeopleSoft. Therefore, PeopleSoft calculated their maximum contribution inaccurately.	High	Recommendations for the Assistant Vice Chancellor of Total Rewards: 6.2.a.Work with the IRS to determine how excess contributions should be reported for these two employees.	2a. We will work with appropriate parties, both internally and externally, to determine and execute any needed reporting.	Janet Waldron, Vice Chancellor of Finance	12/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	6. IRS Dollar Limitations Based on 403(b) Contributions A manual process breakdown in updating the year-to-date contribution amount in PeopleSoft caused two employee's ORP accounts to be over contributed by both the Institution and employee. This occurred when employee benefit changes were not entered into PeopleSoft, since the process is manual rather than a system configuration which automatically calculates contribution amounts. In detail, testing identified 2 out of 64 employees (3%) exceeded the annual IRS dollar compensation limitations based on 403(b) Contributions for Calendar Year 2015. These two employees elected a different financial service company in October 2015; however, notification was not provided to the Controller Operations team in order to manually update the year-to-date contribution amount in PeopleSoft. Therefore, PeopleSoft calculated their maximum contribution inaccurately.	High	Recommendations for the Assistant Vice Chancellor of Total Rewards: 6.2.b.Work with the Office of General Counsel to determine if corrected W-2statements should be issued to employees and ensure internal payroll records are corrected.	2b. We will work with appropriate parties to determine and execute any needed W-2 reporting or records updates.	Janet Waldron, Vice Chancellor of Finance	12/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-310 DAL	Governance and Regulatory Compliance	Scholarships Review	UNT Dallas	2. Management of Endowments

UNT Dallas' process for creating/managing endowments and related gift agreements is not always consistent or in alignment with donor intent. Advancement has the primary responsibility for soliciting funds from donors and managing the ensuing relationships and endowments. When a donor agrees to provide funds for the University, Advancement and the donor first agree on whether the funds will be unrestricted or restricted. If the funds are unrestricted, they will be put into the appropriate bank account to be used at the University's discretion, which is typically on institutional scholarships. If the funds are restricted, Advancement develops an MOU or other gift agreement, and the funds are awarded to students as donor scholarships. Note: Management was aware of concerns around MOU Retention, Reporting, Endowment Corpus Amounts, and Unused Endowment Funds and requested that the review specifically address these areas. See below for details on the observations related to the management of endowments: I. MOU Retention | Moderate | 2.2.a. UNT Dallas should utilize the recommended general scholarship committee to perform continuous monitoring of endowment account financial activity through the review detailed in the above recommendation. | 2a. Management will develop procedures necessary for improved accountability that includes templates for MOUs, and retention instructions. Final expenditure report was submitted to AT&T regarding Early College High School programming. The report was accepted by AT&T on June 1, 2017. On, 10/27/2017, the CFO approved funding transfers necessary to correct the corpus balances in the two impacted endowment funds. Management will work with the donor for Fund# 240003 to make sure that accurate documentation is in place to reflect the current endowment balance. Unused endowment funds will be disbursed in accordance with the MOU. | Dr. Monica Williams, VP for University Advancement | 12/31/2018 | Open |
| Internal (Co-Sourced) | PwC | Fiscal Year 2017 | 17-310 DAL | Governance and Regulatory Compliance | Scholarships Review | UNT Dallas | 2. Management of Endowments

UNT Dallas' process for creating/managing endowments and related gift agreements is not always consistent or in alignment with donor intent. Advancement has the primary responsibility for soliciting funds from donors and managing the ensuing relationships and endowments. When a donor agrees to provide funds for the University, Advancement and the donor first agree on whether the funds will be unrestricted or restricted. If the funds are unrestricted, they will be put into the appropriate bank account to be used at the University's discretion, which is typically on institutional scholarships. If the funds are restricted, Advancement develops an MOU or other gift agreement, and the funds are awarded to students as donor scholarships. Note: Management was aware of concerns around MOU Retention, Reporting, Endowment Corpus Amounts, and Unused Endowment Funds and requested that the review specifically address these areas. See below for details on the observations related to the management of endowments: I. MOU Retention | Moderate | 2.3.a. UNT Dallas Financial Reporting should transfer funds from the University or the spendable portion of the respective endowments to increase the endowments' corpus amounts to the appropriate amounts as defined in the MOUs. Additionally, UNT Dallas should work with the donor for Fund# 240003 to ensure that the remaining pledged amount of $400,000 is received, and an up-to-date agreement is in place detailing the donated funds, including amounts and use of funds. Future decisions on this matter should be made through collaboration of the recommended scholarship committee. | 3a. Management will develop procedures necessary for improved accountability that includes templates for MOUs, and retention instructions. Final expenditure report was submitted to AT&T regarding Early College High School programming. The report was accepted by AT&T on June 1, 2017. On, 10/27/2017, the CFO approved funding transfers necessary to correct the corpus balances in the two impacted endowment funds. Management will work with the donor for Fund# 240003 to make sure that accurate documentation is in place to reflect the current endowment balance. Unused endowment funds will be disbursed in accordance with the MOU. | Dr. Monica Williams, VP for University Advancement | 12/31/2018 | Open |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	8. Insufficient Documentation

Sufficient documentation was not maintained for 1 out of a sample population of 71 employee's tested for the purpose of determining the participant's proper contribution rate as required by the Texas Administrative Code.

During our review of HR records, we were unable to validate the employee's contribution rate was set in accordance with the statute. Specifically, although the employee has prior Texas state experience dating back to 1982 which makes the employee eligible for the 8.5% grandfather rate, the employee was given the non-grandfather rate of 6.6%.

Additionally, we noted the 'Prior State Service Verification and Release Information' form was not updated to reflect the current ORP non-grandfather rate. This form is provided to the employee to request authorization of prior year service from other Texas state agencies. | Moderate | Recommendations for the Assistant Vice Chancellor of Total Rewards:

8.1.a.Validate with prior state Institutions of the ORP participant's grandfather status and adjust the ORP rate going forward, if needed. If grandfather status is confirmed, contribute additional funds starting from the employee's hire date. | 1a. This recommendation applies to individuals who have prior state service which has to be verified by the original employer(s). In this case, both former institutions validated prior state service but neither indicated any participation in the ORP program. Without any validation the individual qualified for the grandfathered ORP program and higher employer contribution rate, the individual was enrolled in the current ORP program.

Based on the potential error in this audit finding, the Benefits and Records teams requested information from the two former institutions again. This time the prior institutions verified the individual had been a participant in the grandfathered ORP plan. Consequently, records were updated and the under-payment employer contributions were calculated and credited to the individual's retirement account during April payroll processing. | Christopher DeClerk, Assistant Vice Chancellor of Total Rewards | 4/30/2017 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-407 SYS | Governance and Regulatory Compliance | Retirement Contributions | UNT System | 8. Insufficient Documentation

Sufficient documentation was not maintained for 1 out of a sample population of 71 employee's tested for the purpose of determining the participant's proper contribution rate as required by the Texas Administrative Code.

During our review of HR records, we were unable to validate the employee's contribution rate was set in accordance with the statute. Specifically, although the employee has prior Texas state experience dating back to 1982 which makes the employee eligible for the 8.5% grandfather rate, the employee was given the non-grandfather rate of 6.6%.

Additionally, we noted the 'Prior State Service Verification and Release Information' form was not updated to reflect the current ORP non-grandfather rate. This form is provided to the employee to request authorization of prior year service from other Texas state agencies. | Moderate | Recommendations for the Assistant Vice Chancellor of Total Rewards:

8.1.b. Ensure sufficient documentation is maintained on file. | 1b. There is not a statewide database for ORP retirement information. As a result, state institutions rely on one another to provide accurate information. The records maintained accurately reflected the original information provided from the prior institutions. After the other state institutions sent revised information, UNTS records were updated. | Christopher DeClerk, Assistant Vice Chancellor of Total Rewards | 4/30/2017 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-407 SYS | Governance and Regulatory Compliance | Retirement Contributions | UNT System | 8. Insufficient Documentation

Sufficient documentation was not maintained for 1 out of a sample population of 71 employee's tested for the purpose of determining the participant's proper contribution rate as required by the Texas Administrative Code.

During our review of HR records, we were unable to validate the employee's contribution rate was set in accordance with the statute. Specifically, although the employee has prior Texas state experience dating back to 1982 which makes the employee eligible for the 8.5% grandfather rate, the employee was given the non-grandfather rate of 6.6%.

Additionally, we noted the 'Prior State Service Verification and Release Information' form was not updated to reflect the current ORP non-grandfather rate. This form is provided to the employee to request authorization of prior year service from other Texas state agencies. | Moderate | Recommendations for the Assistant Vice Chancellor of Total Rewards:

8.1.c. Update the 'Prior State Service Verification and Release of Information' form to reflect the current ORP non-grandfather rate. This should be reviewed every biennium and updated accordingly. | 1c. The prior state service form has been updated and will be revised as appropriate when state contributions change as a result of a Legislative session. Prior state service is part of the formal onboarding process. Additionally, the Total Rewards Records Team initiated a project to ask employees to review their service record and report inaccuracies with former state employers' reported time. | Christopher DeClerk, Assistant Vice Chancellor of Total Rewards | 4/30/2017 | Closed |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	9. Untimely Deposits of Refund Contribution Checks Refund contribution checks received from financial service companies are held by the Institution for an extended period of time and not deposited on a timely basis. During our review of ORP contributions, we noted both Total Rewards and Controller Operations teams receive a low volume of refund contribution checks. Specifically, we reviewed 6 checks for the total amount of $4,173.10 which dated back to June 2016. However, 2 of the 6 checks were re-issued from 2012. These checks were sent to the Institution as a result of adjustments to ORP participant accounts including but not limited to improper account set up, over contribution and/or salary overpayment.	Moderate	Recommendation for the Senior Director of Controller Operations and Assistant Vice Chancellor of Total Rewards: 9.1.a. Develop internal procedures on how to process retirement refund and secure checks.	1a. Payroll has already implemented the practice to deposit any retirement refund checks within three business days from the date of receipt. The checks are deposited in organizations' payroll clearing account pending response from HR Benefits to take the appropriate action. When these situations arise, HR Benefits researches the situation with the retirement vendor and determines the reason for the returned check. HR Benefits then coordinates appropriate corrective action with the Payroll team. These processes are already in place.	Abdul Mohammad, Senior Director of Controller Operations, and Christopher DeClerk, Assistant Vice Chancellor of Total Rewards	1/2/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	10. ORP Reports Submitted to Texas Higher Education Coordinating Board (THECB) Inaccurate information documented on the ORP report was submitted to the THECB. Reconciliation testing of UNT System FY2016 ORP Report submitted to the THECB identified total ORP contributions by the employer were overstated on the report by $3,857. This was based on a comparison of the amount submitted on the FY2016 ORP Report to the actual ORP payroll deductions submitted to the financial service companies.	Moderate	Recommendation for the Senior Director of Controller Operations and Assistant Vice Chancellor of Total Rewards: 10.1.a. Develop a collaborative process to accurately record contributions/participants' and 'eligibility' data in the UNT System, UNT, UNT Dallas and UNTHSC ORP reports.	1a. Develop a collaborative process so HR and Payroll are each providing and checking information pertinent to their areas to ensure report accuracy. The next annual ORP report is due October 1, 2017. The plan will be implemented for the next reporting cycle, completed by the due date.	Abdul Mohammad, Senior Director of Controller Operations and Christopher DeClerk, Assistant Vice Chancellor of Total Rewards	10/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNT	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located. Former Employees Access Never Revoked (29) Internal Audit worked with ITSS to determine the employment status	High	Recommendations for UNT Senior Director, Registrar: 1.1.a. Revoke access on the provided list of 75 users that fall under your authority.	1a. We agree and this has been completed.	Lynn McCreary, Registrar, UNT	12/15/2017	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-310 DAL	Governance and Regulatory Compliance	Scholarships Review	UNT Dallas	2. Management of Endowments UNT Dallas' process for creating/managing endowments and related gift agreements is not always consistent or in alignment with donor intent. Advancement has the primary responsibility for soliciting funds from donors and managing the ensuing relationships and endowments. When a donor agrees to provide funds for the University, Advancement and the donor first agree on whether the funds will be unrestricted or restricted. If the funds are unrestricted, they will be put into the appropriate bank account to be used at the University's discretion, which is typically on institutional scholarships. If the funds are restricted, Advancement develops an MOU or other gift agreement, and the funds are awarded to students as donor scholarships. Note: Management was aware of concerns around MOU Retention, Reporting, Endowment Corpus Amounts, and Unused Endowment Funds and requested that the review specifically address these areas. See below for details on the observations related to the management of endowments: I. MOU Retention	Moderate	2.4.a. UNT Dallas should create and utilize gift agreement templates for MOUs as well as letter agreements and include guidelines establishing authority for updating and/or changing terms to make gift agreement documentation more efficient and consistent across all newly established endowments. Additionally, Advancement should consider working with current donors to add the update guidelines to established agreements.	4a. Management will develop procedures necessary for improved accountability that includes templates for MOUs, and retention instructions. Final expenditure report was submitted to AT&T regarding Early College High School programming. The report was accepted by AT&T on June 1, 2017. On, 10/27/2017, the CFO approved funding transfers necessary to correct the corpus balances in the two impacted endowment funds. Management will work with the donor for Fund# 240003 to make sure that accurate documentation is in place to reflect the current endowment balance. Unused endowment funds will be disbursed in accordance with the MOU.	Dr. Monica Williams, VP for University Advancement	12/31/2018	Open
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-310 DAL	Governance and Regulatory Compliance	Scholarships Review	UNT Dallas	2. Management of Endowments UNT Dallas' process for creating/managing endowments and related gift agreements is not always consistent or in alignment with donor intent. Advancement has the primary responsibility for soliciting funds from donors and managing the ensuing relationships and endowments. When a donor agrees to provide funds for the University, Advancement and the donor first agree on whether the funds will be unrestricted or restricted. If the funds are unrestricted, they will be put into the appropriate bank account to be used at the University's discretion, which is typically on institutional scholarships. If the funds are restricted, Advancement develops an MOU or other gift agreement, and the funds are awarded to students as donor scholarships. Note: Management was aware of concerns around MOU Retention, Reporting, Endowment Corpus Amounts, and Unused Endowment Funds and requested that the review specifically address these areas. See below for details on the observations related to the management of endowments: I. MOU Retention Currently, there are two endowments at UNT Dallas that were both	Moderate	2.5.a. UNT Dallas should begin awarding scholarships to students from these two endowments with the assistance from the recommended general scholarship committee. As the recommended general scholarship committee includes members from Finance & Administration, this department should communicate all funds available for scholarship disbursement to the committee to ensure appropriate management of funds.	5a. Management will develop procedures necessary for improved accountability that includes templates for MOUs, and retention instructions. Final expenditure report was submitted to AT&T regarding Early College High School programming. The report was accepted by AT&T on June 1, 2017. On, 10/27/2017, the CFO approved funding transfers necessary to correct the corpus balances in the two impacted endowment funds. Management will work with the donor for Fund# 240003 to make sure that accurate documentation is in place to reflect the current endowment balance. Unused endowment funds will be disbursed in accordance with the MOU.	Dr. Monica Williams, VP for University Advancement	12/31/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	2. No Background Check for Non-Employee Spouse Living in Residence Hall There is no background check performed for either a non-employee spouse or a non-employee acquaintance of a UNT employee when both are living in a UNT residence hall. This includes Hall Directors, Assistant Hall Directors, and Faculty-in-Residence. The current practice is to perform background checks of employees.	High	Recommendation for Gina Vanacore, Director of Housing and Residence Life: 2.1.a. Coordinate with UNT System Human Resources to ensure that a background check for either the spouse or the non-employee acquaintance of a UNT employee living in a residence hall be performed.	1a. Human resources does not complete background checks for non-employees Director Vanacore will consult with university counsel and risk management to advise about whether or not background checks for the spouses of live in staff members is necessary and if so how to request and manage them.	Gina M. Vanacore, Director of Housing and Residence Life	Exp. Impl. Date: 12/31/2017 Revised Impl. Date: 07/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	2. Personally Identifiable Information During our walk-through of the Clinic site, we identified personally identifiable information (PII) (i.e. copies of checks that contains name, address, and bank account information) related to patient payments which dates back to 2010. Specifically, copies of checks are kept in the Director's office in binders located on a shelf and in envelops located in the filing cabinet, which may be accessible to non-authorized personnel when the Director is not present. PII information should be kept secured and protected against inappropriate access and use in compliance with applicable laws and regulations.	High	Recommendations for the Provost: 2.1.a. Develop procedures to help ensure that all PII is appropriately protected against inappropriate access and use in compliance with applicable laws and regulations.	1a. To ensure security, confidential information will be safeguarded and stored in locked files. Current PII information will be kept secured and protected in locked files in the graduate student workroom, behind locked doors. We no longer keep copies of client checks. Counseling faculty are working to develop guidelines and procedures to address the security of clients' personal and confidential information protecting from improper disclosure.	Betty Stewart, Provost/ Executive Vice President of Academic Affairs	8/31/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNTHSC	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located. Former Employees Access Never Revoked (29) Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of	High	Recommendations for UNTHSC Executive Director, Enrollment Services: 1.2.a. Revoke access on the provided list of 75 users that fall under your authority.	2a. We agree. All roles for the users that fall under my authority (HSC), will be revoked. To my knowledge, this has already been completed.	A.J. Randolph, Registrar, UNTHSC	9/1/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNTHSC	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.	High	Recommendations for UNTHSC Executive Director, Enrollment Services: 1.2.b. Separate the certification of completed FERPA training from the form to obtain access to student data, so that all users trained do not automatically receive access.	2b. We agree. The responsible individual will separate the access authorization form from the FERPA training. Both will be required for users to obtain access.	A.J. Randolph, Registrar, UNTHSC	9/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNTHSC	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located.	High	Recommendations for UNTHSC Executive Director, Enrollment Services: 1.2.c. Change the access authorization form to include the user's job and employment status	2c. We agree. The responsible individual will update the access authorization form to include both the users job and employment status.	A.J. Randolph, Registrar, UNTHSC	9/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNTHSC	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located. Former Employees Access Never Revoked (29) Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated tool occasionally failed to function as designed. An error with the code was identified	High	Recommendations for UNTHSC Executive Director, Enrollment Services: 1.2.d. Before granting access, verify the job and employment status are accurate and reasonable to justify access to student data.	2d. We agree. Responsible individual will work with HR to obtain access to HR data that will allow ACE to verify job and employment status.	A.J. Randolph, Registrar, UNTHSC	9/1/2017 Rev. 11/15/2017	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNTHSC	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located. Former Employees Access Never Revoked (29) Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated tool occasionally	High	Recommendations for UNTHSC Executive Director, Enrollment Services: 1.2.e. Annually review access lists based on documented risk management decisions.	2e. We agree. Responsible individual will work develop process to annually review user access to determine if access remains appropriate according to documented risk management decisions.	A.J. Randolph, Registrar, UNTHSC	9/1/2017 Rev. Date: 11/15/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNT Dallas	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located. Former Employees Access Never Revoked (29) Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated tool occasionally failed to function as designed. An error with the code was identified	High	Recommendations for UNT Dallas, Registrar: 1.3.a. Revoke access on the provided list of 75 users that fall under your authority.	3a. We agree and will immediately revoke access to all those affiliated with UNT Dallas.	Karen Jarrell, Registrar, UNT Dallas	9/1/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNT Dallas	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located. Former Employees Access Never Revoked (29) Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated tool occasionally	High	Recommendations for UNT Dallas, Registrar: 1.3.b. Separate the certification of completed FERPA training from the form to obtain access to student data, so that all users trained do not automatically receive access.	3b. We agree. We will continue to use our normal FERPA training module for all UNT Dallas faculty, staff and administration. Additionally, once FERPA training is completed, we will utilize a role-based security form approved by the Vice President providing oversight that specifically delineates the access needed by the specific staff person based on the job they are assigned. Where there may exist a need for additional access for a specified person, we will document the role and access assignment. There will be an annual review of all staff with EIS security to ensure access is appropriate and any risk mitigated.	Karen Jarrell, Registrar, UNT Dallas	9/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNT Dallas	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located. Former Employees Access Never Revoked (29) Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated tool occasionally	High	Recommendations for UNT Dallas, Registrar: 1.3.c. Change the access authorization form to include the user's job and employment status.	3c. We agree. Once FERPA training is completed, we will utilize a role-based security form approved by the Vice President providing oversight that specifically delineates the access needed by the specific staff person based on the user's job they are assigned and employment status. Where there may exist a need for additional access for a specified person, we will document the role and access assignment. There will be an annual review of all staff with EIS security to ensure access is appropriate and any risk mitigated.	Karen Jarrell, Registrar, UNT Dallas	9/1/2017	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNT Dallas	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located. Former Employees Access Never Revoked (29) Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated tool occasionally	High	Recommendations for UNT Dallas, Registrar: 1.3.d. Before granting access, verify the job and employment status are accurate and reasonable to justify access to student data.	3d. We agree. Prior to granting access, the user's job and employment status will be weighed against the request for access to data to ensure it is appropriate, accurate, and will ensure the completion of the position's job task.	Karen Jarrell, Registrar, UNT Dallas	9/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	2. Personally Identifiable Information During our walk-through of the Clinic site, we identified personally identifiable information (PII) (i.e. copies of checks that contains name, address, and bank account information) related to patient payments which dates back to 2010. Specifically, copies of checks are kept in the Director's office in binders located on a shelf and in envelops located in the filing cabinet, which may be accessible to non-authorized personnel when the Director is not present. PII information should be kept secured and protected against inappropriate access and use in compliance with applicable laws and regulations.	High	Recommendations for the Provost: 2.1.b. Collaborate with the Office of General Counsel to determine whether these documents are needed in evaluation of information for PHI notification.	1b. We will submit drafts of all newly developed procedures to General Counsel for review. Additionally, we need to work with General Counsel to determine what documents are needed in the evaluation of information for PHI notification.	Betty Stewart, Provost/ Executive Vice President of Academic Affairs	8/31/2019	Open

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Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNT System	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located. Former Employees Access Never Revoked (29) Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated tool occasionally	High	Recommendations for Chief Information Security Officer, ITSS: 1.4.a. Revoke access on the provided list of 75 users that fall under your authority, specifically expired vendors and Oracle-access users.	4a. We agree. Corrective action has been taken in regard to this finding. 42 non-employees were granted access by parties external to ITSS, and in a manner that was separate from existing ITSS processes for removing user access. As such, their access was unknown to ITSS until discovered during this audit. Access has been revoked for individuals in this group. In regard to the group of 29 former employees, the role removal process did not capture their termination. Their access was revoked upon discovery. ITSS will develop processes to capture these exceptions to ensure that access is reviewed and removed, where appropriate. In regard to the 4 vendors whose authorization had expired, their access was revoked upon discovery during this audit.	Charlotte Russell, Chief Information Security Officer, ITSS	6/30/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNT System	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located. Former Employees Access Never Revoked (29) Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated tool occasionally	High	Recommendations for Chief Information Security Officer, ITSS: 1.4.b. Formalize the internal review process for removing access for vendors with expired authorization forms and the removal of Oracle access.	4b. We agree. Corrective action has been taken in regard to this finding. The internal review process has been modified to increase the frequency of access reviews and timeliness of access removal. In addition, notifications to individuals that have responsibilities for removing access has been broadened to include those that are external to ITSS.	Charlotte Russell, Chief Information Security Officer, ITSS	6/30/2017	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNT System	1. Unauthorized Users with Access 75 unauthorized users had access to personal student data including cell phone numbers on February 3, 2017. Non-Employees with No Authorization (42) Internal Audit requested the authorization form for the access granted to non-employees. The authorization form is called the FERPA Training Completion and Request for EIS Access to View Basic Student Records Form (FERPA Form). "Non-employees" as used here is defined as users that have no record in the HR database and no vendor authorization form with ITSS. Information Owners and departmental Access Control Executives (ACEs) at each entity worked with Internal Audit to locate the FERPA Form. There were 42 instances where an authorization form could not be located. Former Employees Access Never Revoked (29) Internal Audit worked with ITSS to determine the employment status of all users with access and identified 29 users that had been former employees. The reason for the inappropriate access was the failure of an automated tool, and in one case, oversight of a manual process. ITSS created a PeopleSoft bolt-on to deprovision access accounts immediately upon a change of employment status in 2005. During the audit, it was discovered that the automated tool occasionally failed to function as designed. An error with the code was identified	High	Recommendation for Executive Director of Enterprise Applications, ITSS: 1.5.a. Correct the identified coding issue with the automated deprovisioning bolt-on "Role Removal" and validate it is effectively removing access on terminated employees.	5a. We agree. Efforts are currently underway to correct programming code in the "Role Removal" process, to ensure that all appropriate employee termination records are identified and processed accordingly. Remediation work is expected to be completed and in production within the next six months.	Dorothy Flores, Executive Director of Enterprise Applications, ITSS	12/15/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNT	2. Lack of Review of Access Controls for Non-Employees 20 non-employee had access to personal student data including cell phone numbers and their need for access had not been verified in over a year. See final report for table. Internal Audit requested any documentation to support the authorization for the non-employees on the access list. Student data information owners provided 20 authorization forms which were completed over a year ago. These authorization forms did not have an authorization expiration date and the majority of them were over five years old, see the chart above for a breakdown of their age.	High	Recommendations for UNT Senior Director, Registrar: 2.1.a. Verify the 20 non-employee users have a legitimate business need for access.	1a. We agree. The registrar's office will verify the 20 non-employee users have a legitimate business need for access.	Lynn McCreary, Registrar, UNT	9/1/2017	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNT	2. Lack of Review of Access Controls for Non-Employees 20 non-employee had access to personal student data including cell phone numbers and their need for access had not been verified in over a year. See final report for table. Internal Audit requested any documentation to support the authorization for the non-employees on the access list. Student data information owners provided 20 authorization forms which were completed over a year ago. These authorization forms did not have an authorization expiration date and the majority of them were over five years old, see the chart above for a breakdown of their age.	High	Recommendations for UNT Senior Director, Registrar: 2.1.b. Require an access expiration date for all users that are not active employees and create a process to revoke the access as it expires.	1b. We agree. The registrar's office will implement procedures to insure that an we require an access expiration date for all users that are not active employees and create a process to revoke the access as it expires.	Lynn McCreary, Registrar, UNT	9/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNTHSC	2. Lack of Review of Access Controls for Non-Employees 20 non-employee had access to personal student data including cell phone numbers and their need for access had not been verified in over a year. See final report for table. Internal Audit requested any documentation to support the authorization for the non-employees on the access list. Student data information owners provided 20 authorization forms which were completed over a year ago. These authorization forms did not have an authorization expiration date and the majority of them were over five years old, see the chart above for a breakdown of their age.	High	Recommendation for UNTHSC Executive Director, Enrollment Services: 2.2.a. Require an access expiration date for all users that are not active employees and create a process to revoke the access as it expires.	2a. We agree. Responsible individual will create a documented process that will grant access based on a finite period of time. At the end of that period, access will be revoked for non-employees (those requiring access but not considered active HSC employees [e.g. contractors, consultants, etc]).	A.J. Randolph, Registrar, UNTHSC	9/1/2017	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	16-108 SYS	Governance and Regulatory Compliance	Student Data Access Audit	UNT Dallas	2. Lack of Review of Access Controls for Non-Employees 20 non-employee had access to personal student data including cell phone numbers and their need for access had not been verified in over a year. See final report for table. Internal Audit requested any documentation to support the authorization for the non-employees on the access list. Student data information owners provided 20 authorization forms which were completed over a year ago. These authorization forms did not have an authorization expiration date and the majority of them were over five years old, see the chart above for a breakdown of their age.	High	Recommendation for UNT Dallas, Registrar: 2.3.a. Require an access expiration date for all users that are not active employees and create a process to revoke the access as it expires.	3a. We agree. Prior to awarding access to any EIS data, access for non-employees on contract work will have an expiration date set based on the dates of the contract. This date will be communicated with the Institutional supervisor and the contract employee. Should the contract employee require data access for an additional period, a new contract will be provided with specified dates of termination. There will be a review EIS security to ensure access is revoked and any risk mitigated.	Karen Jarrell, Registrar, UNT Dallas	9/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	2. Personally Identifiable Information During our walk-through of the Clinic site, we identified personally identifiable information (PII) (i.e. copies of checks that contains name, address, and bank account information) related to patient payments which dates back to 2010. Specifically, copies of checks are kept in the Director's office in binders located on a shelf and in envelops located in the filing cabinet, which may be accessible to non-authorized personnel when the Director is not present. PII information should be kept secured and protected against inappropriate access and use in compliance with applicable laws and regulations.	High	Recommendations for the Provost: 2.1.c. Once appropriate action is determined, work with the Director of Compliance to properly dispose records in accordance with state retention requirements.	1c. The Clinic Director or Counseling Program Coordinator will work with the Administrative Specialist to coordinate the proper disposal of record working collaboratively with the Director of Compliance.	Betty Stewart, Provost/ Executive Vice President of Academic Affairs	8/31/2019	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-015 UNT	Governance and Regulatory Compliance	Minor Capital Projects	UNT	2. Project Tracking & Reporting There is no consistent reconciliation of project financial information. Additionally, there is no efficient way for management to obtain and perform periodic review of the financial status on projects. UNT Facilities has a software application called TMA (The Maintenance Authority) that was purchased to track project expenses and progress. Based on interviews with Project Managers, the primary method of tracking project expenses and progress is via a shadow system of Excel spreadsheets. A shadow system refers to a set of records maintained departmentally instead of at a centralized level. Project Managers stated that they do not reconcile the information on the spreadsheets to TMA on a regular basis. Expenses are recorded in PeopleSoft, the University's Financial System. However, there is no reconciliation of project financial information being performed between TMA and PeopleSoft, and the two systems do not interact. Therefore, project information in PeopleSoft is unreliable. University management and UNT System Office of Facilities Planning and Construction (OFPC) must contact UNT Facilities to receive information on project financial status. In addition, UNT Facilities does not provide a project tracking report to either the UNT Vice President for Finance and Administration, UNT System OFPC, or the Board of Regents.	High	Recommendations for David Reynolds, Associate Vice President of Facilities: 2.1.a. Develop a process to utilize the TMA software as the primary method of tracking project expenses to replace the shadow system Excel spreadsheets as the primary method of tracking project expenses.	1a. Facilities is currently improving and documenting our existing business processes to align with the optimal utilization of TMA. One phase in this process is dedicated to enhancing the project module which will allow us to track project expenses, status and reconciliation. This upgrade will result in eliminating shadow	Primary - Hilary Liscano, Director of Facilities Business Support and Services; Secondary responsible party – Helen Bailey, Director Facility Planning, Design and Construction	6/15/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-015 UNT	Governance and Regulatory Compliance	Minor Capital Projects	UNT	2. Project Tracking & Reporting There is no consistent reconciliation of project financial information. Additionally, there is no efficient way for management to obtain and perform periodic review of the financial status on projects. UNT Facilities has a software application called TMA (The Maintenance Authority) that was purchased to track project expenses and progress. Based on interviews with Project Managers, the primary method of tracking project expenses and progress is via a shadow system of Excel spreadsheets. A shadow system refers to a set of records maintained departmentally instead of at a centralized level. Project Managers stated that they do not reconcile the information on the spreadsheets to TMA on a regular basis. Expenses are recorded in PeopleSoft, the University's Financial System. However, there is no reconciliation of project financial information being performed between TMA and PeopleSoft, and the two systems do not interact. Therefore, project information in PeopleSoft is unreliable. University management and UNT System Office of Facilities Planning and Construction (OFPC) must contact UNT Facilities to receive information on project financial status. In addition, UNT Facilities does not provide a project tracking report to either the UNT Vice President for Finance and Administration, UNT System OFPC, or the Board of Regents.	High	Recommendations for David Reynolds, Associate Vice President of Facilities: 2.1.b. Establish a process to reconcile monthly project financial information, including expenses and budgets in TMA to the PeopleSoft Budget Ledger and General Ledger.	1b. As a result of the project expense tracking enhancements we will be refining our reconciliation process to yield more accurate and timely results. We are currently working with UNT System Financial Reporting to automate an audit report that consolidates data from both TMA and EIS. We will have the capability to schedule and communicate the results of this report at any temporal frequency as required.	Primary - Hilary Liscano, Director of Facilities Business Support and Services; Secondary responsible party – Helen Bailey, Director Facility Planning, Design and Construction	6/15/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-015 UNT	Governance and Regulatory Compliance	Minor Capital Projects	UNT	2. Project Tracking & Reporting There is no consistent reconciliation of project financial information. Additionally, there is no efficient way for management to obtain and perform periodic review of the financial status on projects. UNT Facilities has a software application called TMA (The Maintenance Authority) that was purchased to track project expenses and progress. Based on interviews with Project Managers, the primary method of tracking project expenses and progress is via a shadow system of Excel spreadsheets. A shadow system refers to a set of records maintained departmentally instead of at a centralized level. Project Managers stated that they do not reconcile the information on the spreadsheets to TMA on a regular basis. Expenses are recorded in PeopleSoft, the University's Financial System. However, there is no reconciliation of project financial information being performed between TMA and PeopleSoft, and the two systems do not interact. Therefore, project information in PeopleSoft is unreliable. University management and UNT System Office of Facilities Planning and Construction (OFPC) must contact UNT Facilities to receive information on project financial status. In addition, UNT Facilities does not provide a project tracking report to either the UNT Vice President for Finance and Administration, UNT System OFPC, or the Board of Regents.	High	Recommendations for David Reynolds, Associate Vice President of Facilities: 2.1.c. Provide quarterly project tracking reports to the UNT Vice President for Finance and Administration.	1c. UNT Facilities will provide quarterly tracking reports to the UNT Vice President for Finance and Administration.	Primary - Hilary Liscano, Director of Facilities Business Support and Services; Secondary responsible party – Helen Bailey, Director Facility Planning, Design and Construction	6/15/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-414 UNT	Governance and Regulatory Compliance	Classroom Support Services	UNT	2. Unique authentication not required in classrooms Unique authentication is not required to use classroom computers. A user is not required to log in or authenticate to use classroom computers. Just hitting a key on the keyboard or jostling the mouse will activate the computer, and the user then has unlimited access to the internet via several browsers. Even if a logon was required, a generic user id and password is available and published on the CSS website.	High	Recommendation for Classroom Support Services Director: 2.1.a. Based on conclusions determined by the Senior level committee (from Observation #1), CSS should implement the necessary security measures to comply with the direction provided by the committee.	1a. We agree. The information from the committee will help to establish boundaries of information security to be considered by CSS. CSS will ensure that it's security protocol is aligned with the Computer Use Policy.	Dr. Allen Clark, Associate Vice President for Information Services and Transportation, UNT	Exp. Impl. Date: 3/1/2018 Revised Impl. Date: 12/31/2018	Open

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-414 UNT	Governance and Regulatory Compliance	Classroom Support Services	UNT	2. Unique authentication not required in classrooms Unique authentication is not required to use classroom computers. A user is not required to log in or authenticate to use classroom computers. Just hitting a key on the keyboard or jostling the mouse will activate the computer, and the user then has unlimited access to the internet via several browsers. Even if a logon was required, a generic user id and password is available and published on the CSS website.	High	Recommendation for Classroom Support Services Director: 2.1.b. CSS should work with UNT's Chief Information Security Officer (CISO) to ensure compliance with all applicable laws and regulations.	1b. We agree. CSS will work with the CISO to ensure that classroom use computers are utilized in a manner that does not violate any known laws, policies and procedures.	Dr. Allen Clark, Associate Vice President for Information Services and Transportation, UNT	Exp. Impl. Date: 3/1/2018 Revised Impl. Date: 12/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	3. Camps and Workshops Requirements relating to criminal background checks, sexual abuse and child molestation awareness training, medical insurance, and hold harmless and indemnification agreements for external camps were not fulfilled. Specifically, camp workers had contact with minors prior to having had criminal background checks performed. Internal Audit identified and reviewed 16 music camps and workshops involving minors for fiscal year 2016. The following issues were noted through testing, review of documentation, and interviews: ▫ 25 of 251 camp workers (10.0%) had criminal background checks completed either on the day the camp started or after the camp started. ▫ 34 of 251 camp workers (13.5%) completed sexual abuse awareness training on the day the camp started or after the camp started. ▫ There was no process, and there is currently no process for verifying that all camp participants have medical insurance. Camps may purchase medical insurance for camp participants through Risk Management Services (RMS). However, RMS does not follow up with those camps who do not purchase medical insurance through RMS. ▫ The Camp Director for Choir camps indicated to Internal Audit that the camps had purchased health insurance coverage through RMS. Based on support documentation obtained from RMS and discussion with College of Music staff, there was no evidence that the Camp Director purchased medical insurance through RMS for Choir camps. This means that camp participants who did not already have personal medical insurance were not medically insured during the camps.	High	Recommendations for John Richmond, Dean of the College of Music: 3.1.a. Designate a single point of contact for camps and workshops in the College of Music. This individual should coordinate with Risk Management Services regarding requirements relating to criminal background checks, sexual abuse and child molestation awareness training, and medical insurance.	1a. The Summer Camps Coordinator will be the single point of contact with Risk Management regarding requirements relating to criminal background checks, sexual abuse and child molestation awareness training, and medical insurance beginning September 1, 2017.	Anne Oncken, Summer Camps Coordinator and Assistant to the Dean	1/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	3. Camps and Workshops Requirements relating to criminal background checks, sexual abuse and child molestation awareness training, medical insurance, and hold harmless and indemnification agreements for external camps were not fulfilled. Specifically, camp workers had contact with minors prior to having had criminal background checks performed. Internal Audit identified and reviewed 16 music camps and workshops involving minors for fiscal year 2016. The following issues were noted through testing, review of documentation, and interviews: ⬚ 25 of 251 camp workers (10.0%) had criminal background checks completed either on the day the camp started or after the camp started. ⬚ 34 of 251 camp workers (13.5%) completed sexual abuse awareness training on the day the camp started or after the camp started. ⬚ There was no process, and there is currently no process for verifying that all camp participants have medical insurance. Camps may purchase medical insurance for camp participants through Risk Management Services (RMS). However, RMS does not follow up with those camps who do not purchase medical insurance through RMS. ⬚ The Camp Director for Choir camps indicated to Internal Audit that the camps had purchased health insurance coverage through RMS. Based on support documentation obtained from RMS and discussion with College of Music staff, there was no evidence that the Camp Director purchased medical insurance through RMS for Choir camps. This means that camp participants who did not already have personal	High	Recommendations for John Richmond, Dean of the College of Music: 3.1.b. Establish procedures to ensure that Risk Management Services receives the necessary information to ensure that criminal background checks are performed for all music camp workers prior to the start of the music camp.	1b. The Summer Camps Coordinator, with support from the Dean of the College of Music, will ask that all criminal background checks that include a nationwide sex offender register search to be submitted to RMS through the Coordinator's office and to be certain that RMS receives the necessary information for all music camp workers 1 (one) month prior to the start date of the music camp, beginning January 2018. (Risk Management can confirm that submission of background checks was nearly 100% in 2017, as contrasted with the 2016 data as reported here.)	Anne Oncken, Summer Camps Coordinator and Assistant to the Dean	Exp. Impl. Date: 01/31/2018 Rev. Impl. Date: 07/4/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	3. Camps and Workshops Requirements relating to criminal background checks, sexual abuse and child molestation awareness training, medical insurance, and hold harmless and indemnification agreements for external camps were not fulfilled. Specifically, camp workers had contact with minors prior to having had criminal background checks performed. Internal Audit identified and reviewed 16 music camps and workshops involving minors for fiscal year 2016. The following issues were noted through testing, review of documentation, and interviews: ⬚ 25 of 251 camp workers (10.0%) had criminal background checks completed either on the day the camp started or after the camp started. ⬚ 34 of 251 camp workers (13.5%) completed sexual abuse awareness training on the day the camp started or after the camp started. ⬚ There was no process, and there is currently no process for verifying that all camp participants have medical insurance. Camps may purchase medical insurance for camp participants through Risk Management Services (RMS). However, RMS does not follow up with those camps who do not purchase medical insurance through RMS. ⬚ The Camp Director for Choir camps indicated to Internal Audit that the camps had purchased health insurance coverage through RMS. Based on support documentation obtained from RMS and discussion with College of Music staff, there was no evidence that the Camp Director purchased medical insurance through RMS for Choir camps. This means that camp participants who did not already have personal	High	Recommendations for John Richmond, Dean of the College of Music: 3.1.c. Establish procedures to ensure that all music camp workers complete the required sexual abuse and child molestation awareness training prior to the start of the music camp.	1c. Summer Camps Coordinator, with support from the Dean of the College of Music, will work with the Summer Camp Directors to be certain that required training occurs 1 (one) month prior to the start of each camp, beginning January 2018.	Anne Oncken, Summer Camps Coordinator and Assistant to the Dean	Exp. Impl. Date: 01/31/2018 Rev. Impl. Date: 07/4/2018	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	3. Camps and Workshops Requirements relating to criminal background checks, sexual abuse and child molestation awareness training, medical insurance, and hold harmless and indemnification agreements for external camps were not fulfilled. Specifically, camp workers had contact with minors prior to having had criminal background checks performed. Internal Audit identified and reviewed 16 music camps and workshops involving minors for fiscal year 2016. The following issues were noted through testing, review of documentation, and interviews: ⬛ 25 of 251 camp workers (10.0%) had criminal background checks completed either on the day the camp started or after the camp started. ⬛ 34 of 251 camp workers (13.5%) completed sexual abuse awareness training on the day the camp started or after the camp started. ⬛ There was no process, and there is currently no process for verifying that all camp participants have medical insurance. Camps may purchase medical insurance for camp participants through Risk Management Services (RMS). However, RMS does not follow up with those camps who do not purchase medical insurance through RMS. ⬛ The Camp Director for Choir camps indicated to Internal Audit that the camps had purchased health insurance coverage through RMS. Based on support documentation obtained from RMS and discussion with College of Music staff, there was no evidence that the Camp Director purchased medical insurance through RMS for Choir camps. This means that camp participants who did not already have personal	High	Recommendations for John Richmond, Dean of the College of Music: 3.1.d. Establish procedures to ensure that all music camp workers know how to properly report known or suspected abuse or neglect of a minor.	1d. Attendance at Risk Management workshops will be mandatory in 2018 and the Summer Camps Coordinator will ensure that all directors and assistants know how to properly report known or suspected abuse or neglect of a minor.	Anne Oncken, Summer Camps Coordinator and Assistant to the Dean	Exp. Impl. Date: 01/31/2018 Rev. Impl. Date: 03/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	3. Camps and Workshops Requirements relating to criminal background checks, sexual abuse and child molestation awareness training, medical insurance, and hold harmless and indemnification agreements for external camps were not fulfilled. Specifically, camp workers had contact with minors prior to having had criminal background checks performed. Internal Audit identified and reviewed 16 music camps and workshops involving minors for fiscal year 2016. The following issues were noted through testing, review of documentation, and interviews: ⬛ 25 of 251 camp workers (10.0%) had criminal background checks completed either on the day the camp started or after the camp started. ⬛ 34 of 251 camp workers (13.5%) completed sexual abuse awareness training on the day the camp started or after the camp started. ⬛ There was no process, and there is currently no process for verifying that all camp participants have medical insurance. Camps may purchase medical insurance for camp participants through Risk Management Services (RMS). However, RMS does not follow up with those camps who do not purchase medical insurance through RMS. ⬛ The Camp Director for Choir camps indicated to Internal Audit that the camps had purchased health insurance coverage through RMS. Based on support documentation obtained from RMS and discussion with College of Music staff, there was no evidence that the Camp Director purchased medical insurance through RMS for Choir camps. This means that camp participants who did not already have personal	High	Recommendations for John Richmond, Dean of the College of Music: 3.1.e. Purchase medical insurance through Risk Management Services for all minor music camp participants.	1e. The Summer Camps Coordinator will oversee and ensure that all camps with uninsured minors purchase medical insurance through Risk Management Services, beginning January, 2018.	Anne Oncken, Summer Camps Coordinator and Assistant to the Dean	1/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	3. Camps and Workshops Requirements relating to criminal background checks, sexual abuse and child molestation awareness training, medical insurance, and hold harmless and indemnification agreements for external camps were not fulfilled. Specifically, camp workers had contact with minors prior to having had criminal background checks performed. Internal Audit identified and reviewed 16 music camps and workshops involving minors for fiscal year 2016. The following issues were noted through testing, review of documentation, and interviews: ▪ 25 of 251 camp workers (10.0%) had criminal background checks completed either on the day the camp started or after the camp started. ▪ 34 of 251 camp workers (13.5%) completed sexual abuse awareness training on the day the camp started or after the camp started. ▪ There was no process, and there is currently no process for verifying that all camp participants have medical insurance. Camps may purchase medical insurance for camp participants through Risk Management Services (RMS). However, RMS does not follow up with those camps who do not purchase medical insurance through RMS. ▪ The Camp Director for Choir camps indicated to Internal Audit that the camps had purchased health insurance coverage through RMS. Based on support documentation obtained from RMS and discussion with College of Music staff, there was no evidence that the Camp Director purchased medical insurance through RMS for Choir camps. This means that camp participants who did not already have personal	High	Recommendations for John Richmond, Dean of the College of Music: 3.1.f. Develop and implement facility use agreements for external camps and other external events.	1f. The Assistant Dean for Enrollment Management and External Affairs and Associate Dean for Operation will be responsible for: i. Consulting with the Office of General Counsel (OGC) and the office of Lifelong Learning and Professional Development (LLPD) to receive their recommendations and copies of model facility usage agreements already approved by the university for summer camps hosted elsewhere on the UNT campus that are administered by external entities. ii. Working with the College of Music Facilities Manager and Murchison Performing Arts Center Business Manager, gather and review model facility usage agreements already approved by the university for usage in College of Music facilities for other types of events and rentals. iii. Merge the documents to ensure that all information specific to the college and all information required by OGC and LLPD for camps in general are represented in the agreements. iv. Communicate agreements to external camp administrators for the appropriate signatures.	Raymond Rowell, Asst. Dean for Enrollment Management and External Affairs; Jon Nelson, Associate Dean for Operations; External Camp Organizers: Bradetich Foundation; SASI – The Leadership People, LLC.; System Blue	1/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-414 UNT	Governance and Regulatory Compliance	Classroom Support Services	UNT	3. Classroom usage schedule not complete Multiple facility use scheduling applications in use at UNT. UNT currently uses 7 to 10 different scheduling systems for various activities around campus. CSS uses the scheduler utilized by the Registrar, Ad Astra, in their RM system to determine to determine if a class is taking place in the classroom. For example, OrgSync is used by student organizations, EMS Software is used by community groups, and some areas post a piece of paper outside the classroom for scheduling. A task force being led by the Associate VP Student Affairs is underway to consolidate all scheduling and calendaring activity at UNT into one campus wide system.	Moderate	Recommendation for Associate VP of Student Affairs: 3.1.a. A task force is in place to consolidate all scheduling and calendaring activity at UNT into one campus wide system. Work should be completed on this project resulting in one unified calendaring and scheduling system.	1a. The Task Force will make a recommendation to the Executive Council by 1/7/18.	Daniel Armitage, Associate Vice President Student Affairs	1/7/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-414 UNT	Governance and Regulatory Compliance	Classroom Support Services	UNT	3. Classroom usage schedule not complete Multiple facility use scheduling applications in use at UNT. UNT currently uses 7 to 10 different scheduling systems for various activities around campus. CSS uses the scheduler utilized by the Registrar, Ad Astra, in their RM system to determine to determine if a class is taking place in the classroom. For example, OrgSync is used by student organizations, EMS Software is used by community groups, and some areas post a piece of paper outside the classroom for scheduling. A task force being led by the Associate VP Student Affairs is underway to consolidate all scheduling and calendaring activity at UNT into one campus wide system.	Moderate	Recommendation for Classroom Support Services Director: 3.2.a. CSS should use the campus wide calendar developed by the task force to monitor classroom activity.	2a. We Agree. Classroom Support will utilize the calendar scheduling system resources made available by the task force in determining the occupation of each classroom.	Ashley Olsberg, Director Classroom Support Services	Exp. Impl. Date: 3/1/2018 Revised Impl. Date: 5/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-401 HSC	Governance and Regulatory Compliance	Graduate School of Biomedical Sciences Review	UNTHSC	3. Course Fees The current course fee account set-up promotes commingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, one course fee rate did not have all necessary approvals. In detail, the following were noted: • Course fee revenues and expenditures are commingled in one chartstring. Although GSBS maintains a spreadsheet by academic semester with budgeted revenues/expenditures amounts per course fee, there is no fee reconciliation process in place to help ensure that each specific course fee is expended in proportion to fees collected within the time period the fees were collected (e.g. semester). Therefore, GSBS is unable to ensure that rates set for each course fee are in accordance with the cost recovery nature of incidental fees required by Texas Education Code Section 54.504. • GSBS does not have a process in place to utilize information from the spreadsheets in evaluating unexpended balances and fee rates per course. As a result, Internal Audit was unable to determine account balances on each course fee collected which had a total accumulated unexpended balance of $145,291.	High	Recommendations for the Dean of GSBS: 3.1.a. Utilize course fee information tracked per semester and develop procedures to periodically conduct fee cost assessments to ensure that fees are set in accordance with the cost recovery nature of the fee.	1a. The Dean of the GSBS will work with Ms. Carla Lee Johnson, the Director of Student Success, who currently maintains a spreadsheet consisting of course fee information and distribution, to compare and reconcile anticipated "revenue" (i.e., that which was budgeted) with "actuals". Such differences will drive decisions to modify existing course fees, as needed and as supported by the data.	Meharvan Singh, Dean of GSBS	Exp. Impl. Date: 02/28/2018 Rev. Impl. Date: 04/13/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-401 HSC	Governance and Regulatory Compliance	Graduate School of Biomedical Sciences Review	UNTHSC	3. Course Fees

The current course fee account set-up promotes commingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, one course fee rate did not have all necessary approvals.

In detail, the following were noted:
• Course fee revenues and expenditures are commingled in one chartstring. Although GSBS maintains a spreadsheet by academic semester with budgeted revenues/expenditures amounts per course fee, there is no fee reconciliation process in place to help ensure that each specific course fee is expended in proportion to fees collected within the time period the fees were collected (e.g. semester). Therefore, GSBS is unable to ensure that rates set for each course fee are in accordance with the cost recovery nature of incidental fees required by Texas Education Code Section 54.504.

• GSBS does not have a process in place to utilize information from the spreadsheets in evaluating unexpended balances and fee rates per course. As a result, Internal Audit was unable to determine account balances on each course fee collected which had a total accumulated unexpended balance of $145,291. | High | Recommendations for the Dean of GSBS:

3.1.b. Develop reconciliation procedures for fees bundled into one account to help ensure that documentation is available to demonstrate the cost recovery nature of each fee collected. | 1b. A manual process already exists by which course fee revenue, which is bundled into one account, is tracked. However, based on the feedback from this audit, additional procedures will be developed to reconcile the fee collected with actual expenditures. An important caveat to note, however, and that which will be discussed with the Office of the CFO, is the need to build a reserve to support the repair and/or replacement of equipment/resources used in support of course delivery/instruction. | Meharvan Singh, Dean of GSBS | Exp. Impl. Date: 02/28/2018

Rev. Impl. Date: 04/13/2018 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-401 HSC | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC | 3. Course Fees

The current course fee account set-up promotes commingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, one course fee rate did not have all necessary approvals.

In detail, the following were noted:
• Course fee revenues and expenditures are commingled in one chartstring. Although GSBS maintains a spreadsheet by academic semester with budgeted revenues/expenditures amounts per course fee, there is no fee reconciliation process in place to help ensure that each specific course fee is expended in proportion to fees collected within the time period the fees were collected (e.g. semester). Therefore, GSBS is unable to ensure that rates set for each course fee are in accordance with the cost recovery nature of incidental fees required by Texas Education Code Section 54.504.

• GSBS does not have a process in place to utilize information from the spreadsheets in evaluating unexpended balances and fee rates per course. As a result, Internal Audit was unable to determine account balances on each course fee collected which had a total accumulated unexpended balance of $145,291. | High | Recommendations for the Dean of GSBS:

3.1.c. Review course fee accumulated unexpended balances at least annually to ensure course fees are set in accordance with applicable laws and policies. | 1c. The Dean of the GSBS will develop a common understanding and procedure with the Office of the CFO by which the GSBS communicates and justifies the need to carryover of unexpended balances. | Meharvan Singh, Dean of GSBS | Exp. Impl. Date: 02/28/2018

Rev. Impl. Date: 04/13/2018 | Closed |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-401 HSC	Governance and Regulatory Compliance	Graduate School of Biomedical Sciences Review	UNTHSC	3. Course Fees The current course fee account set-up promotes commingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, one course fee rate did not have all necessary approvals. In detail, the following were noted: • Course fee revenues and expenditures are commingled in one chartstring. Although GSBS maintains a spreadsheet by academic semester with budgeted revenues/expenditures amounts per course fee, there is no fee reconciliation process in place to help ensure that each specific course fee is expended in proportion to fees collected within the time period the fees were collected (e.g. semester). Therefore, GSBS is unable to ensure that rates set for each course fee are in accordance with the cost recovery nature of incidental fees required by Texas Education Code Section 54.504. • GSBS does not have a process in place to utilize information from the spreadsheets in evaluating unexpended balances and fee rates per course. As a result, Internal Audit was unable to determine account balances on each course fee collected which had a total accumulated unexpended balance of $145,291.	High	Recommendation for the Vice President of Finance & Planning: 3.2.a. Establish an annual requirement for account holders to provide a formal justification or action plan for accumulated unexpended course fee balances over an established threshold.	2a. During the annual budget process, the Budget Office of the Health Science Center will provide to each School or College that charges course fees a Course Fee Packet, containing the current available balance for each fee, the fee's estimated threshold amount, and a course fee form. The course fee form, which will detail the justification or action plan to be implemented if the course fee balance exceeds the established threshold amount, will be required to be submitted to the Budget Office as part of the Budget Review process.	Jeff Scarpelli, Vice President of Finance and Planning	6/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	3. Family Educational Rights and Privacy Act During our walk-through of the Clinic site, we noted that student education records related to the graduate Counseling Program offered by the Department of Counseling (i.e. graduate applications with social security numbers, transcripts, recommendation letters, evaluation of applications, GRE certificate, etc.) are kept in an unlocked filing cabinet, inside an unlocked server room, which may be accessed by students, faculty, staff and patients. Additionally, we were informed by the Interim Director, due to the location of the student education records in the Clinic, other Counseling faculty not working in the Clinic have access to the Clinic. Student education records should be kept secured and protected against inappropriate access and use in compliance with applicable laws and regulations.	High	Recommendation for the Provost: 3.1.a. Relocate the student education records out of the Clinic and ensure they are adequately protected against inappropriate access and use in compliance with applicable laws and regulations.	1a. To ensure security of students' records files are relocated to a locked file cabinet in the Clinic Director's office. The locks on to the Directors office door are changed. Only the Clinic Director and Administrative Specialist have access to student files.	Betty Stewart, Provost/ Executive Vice President of Academic Affairs	8/31/2019	Open

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	3. Inaccurate Recording of Leave of Absences in EIS Inaccurate recording of leave of absences from the HRM-64 Leave Request form to Enterprise Information System (EIS) PeopleSoft were identified in 7 out of 13 departments within TCOM resulting in overpayments of terminated employees and incorrect leave accrual balances for active employees. Internal audit tested a sample of 60 out of 307 (20%) benefits eligible employees from September 1, 2015 through August 31, 2016. TCOM utilizes departmental timekeepers to enter employees' leave from HRM-64 Leave Request form to EIS. During our review, we noted that for 10 employees leave was either entered incorrectly or not entered at all in EIS. Specifically, • For 6 terminated employees with approved leave request forms indicating that vacation time had been taken, vacation time was not recorded in EIS. As a result, the final vacation lump sum payout was not accurate due to overstatement of vacation leave accruals totaling $8,918 in overpayment. • For 3 active employees, vacation leave and compensation time taken on HRM-64 forms were not recorded in EIS. Furthermore, for one of the three employees 16 hours of 'floating holiday' was requested; however it was recorded as 'vacation taken' in EIS. • For 1 active employee, 8 hours of compensation time earned reported on the HRM-64 form was recorded as 5 hours in EIS.	High	Recommendations for the Dean of TCOM and Senior Director of Controller Operations: 3.1.a. Review all current and terminated employees within TCOM from September 2015 - August 2016 to ensure the HRM-64 Leave forms are accurately entered into EIS.	1a. TCOM has assigned 1.0 FTE administrative assistant to continue the audit full-time. All records for current and former TCOM and UNT Health employees are being reviewed to determine compliance with recording policies and accuracy of recording. Payroll, UNT System Controller Operations will coordinate and help TCOM staff with their employees' time keeping review process and facilitate measures to address the shortcomings.	Don Peska, Dean of TCOM and Abdul Mohammad, Senior Director of Controller Operations	3/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	3. Inaccurate Recording of Leave of Absences in EIS Inaccurate recording of leave of absences from the HRM-64 Leave Request form to Enterprise Information System (EIS) PeopleSoft were identified in 7 out of 13 departments within TCOM resulting in overpayments of terminated employees and incorrect leave accrual balances for active employees. Internal audit tested a sample of 60 out of 307 (20%) benefits eligible employees from September 1, 2015 through August 31, 2016. TCOM utilizes departmental timekeepers to enter employees' leave from HRM-64 Leave Request form to EIS. During our review, we noted that for 10 employees leave was either entered incorrectly or not entered at all in EIS. Specifically, • For 6 terminated employees with approved leave request forms indicating that vacation time had been taken, vacation time was not recorded in EIS. As a result, the final vacation lump sum payout was not accurate due to overstatement of vacation leave accruals totaling $8,918 in overpayment. • For 3 active employees, vacation leave and compensation time taken on HRM-64 forms were not recorded in EIS. Furthermore, for one of the three employees 16 hours of 'floating holiday' was requested; however it was recorded as 'vacation taken' in EIS. • For 1 active employee, 8 hours of compensation time earned reported on the HRM-64 form was recorded as 5 hours in EIS.	High	Recommendations for the Dean of TCOM and Senior Director of Controller Operations: 3.1.b. Collaborate with UNT System Controller Operations to update employee's leave of absences in EIS to reflect the correct leave balances.	1b. A list of all needed corrections is being compiled following, which the online recording system will be reopened to allow entry of and editing of corrected data. Payroll, UNT System Controller Operations will take necessary actions to update and reflect correct employees leave of absences in EIS	Frank Filipetto, Interim Dean of TCOM and Abdul Mohammad, Senior Director of Controller Operations	Exp: 3/1/2018 Rev: 6/01/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	3. Inaccurate Recording of Leave of Absences in EIS Inaccurate recording of leave of absences from the HRM-64 Leave Request form to Enterprise Information System (EIS) PeopleSoft were identified in 7 out of 13 departments within TCOM resulting in overpayments of terminated employees and incorrect leave accrual balances for active employees. Internal audit tested a sample of 60 out of 307 (20%) benefits eligible employees from September 1, 2015 through August 31, 2016. TCOM utilizes departmental timekeepers to enter employees' leave from HRM-64 Leave Request form to EIS. During our review, we noted that for 10 employees leave was either entered incorrectly or not entered at all in EIS. Specifically, • For 6 terminated employees with approved leave request forms indicating that vacation time had been taken, vacation time was not recorded in EIS. As a result, the final vacation lump sum payout was not accurate due to overstatement of vacation leave accruals totaling $8,918 in overpayment. • For 3 active employees, vacation leave and compensation time taken on HRM-64 forms were not recorded in EIS. Furthermore, for one of the three employees 16 hours of 'floating holiday' was requested; however it was recorded as 'vacation taken' in EIS. • For 1 active employee, 8 hours of compensation time earned reported on the HRM-64 form was recorded as 5 hours in EIS.	High	Recommendations for the Dean of TCOM and Senior Director of Controller Operations: 3.1.c. For those employees identified with overpayments, collaborate with UNT System Controller Operations department to recover funds.	1c. Corrected entries for individuals no longer employed by the health science center will be reviewed by the Controller in cooperation with the Office of General Counsel to determine if recoupment of funds is feasible and determine a plan for such recovery. Payroll General Accounting, UNT System Controller Operations will follow a standardized procedure in recovering overpayments from employees resulted due to the correcting actions taken in EIS.	Frank Filipetto, Interim Dean of TCOM and Abdul Mohammad, Senior Director of Controller Operations	Exp: 3/1/2018 Rev: 6/01/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	3. Inaccurate Recording of Leave of Absences in EIS Inaccurate recording of leave of absences from the HRM-64 Leave Request form to Enterprise Information System (EIS) PeopleSoft were identified in 7 out of 13 departments within TCOM resulting in overpayments of terminated employees and incorrect leave accrual balances for active employees. Internal audit tested a sample of 60 out of 307 (20%) benefits eligible employees from September 1, 2015 through August 31, 2016. TCOM utilizes departmental timekeepers to enter employees' leave from HRM-64 Leave Request form to EIS. During our review, we noted that for 10 employees leave was either entered incorrectly or not entered at all in EIS. Specifically, • For 6 terminated employees with approved leave request forms indicating that vacation time had been taken, vacation time was not recorded in EIS. As a result, the final vacation lump sum payout was not accurate due to overstatement of vacation leave accruals totaling $8,918 in overpayment. • For 3 active employees, vacation leave and compensation time taken on HRM-64 forms were not recorded in EIS. Furthermore, for one of the three employees 16 hours of 'floating holiday' was requested; however it was recorded as 'vacation taken' in EIS. • For 1 active employee, 8 hours of compensation time earned reported on the HRM-64 form was recorded as 5 hours in EIS.	High	Recommendations for the Dean of TCOM and Senior Director of Controller Operations: 3.1.d. Ensure internal payroll records are corrected.	1d. The payroll office shall be alerted to the final determinations and corrected entries and effect any further reporting either internally or to external agencies receiving payroll reports. Payroll, UNT System Controller Operations will ensure that the correcting entries are entered into EIS in a timely manner	Frank Filipetto, Interim Dean of TCOM and Abdul Mohammad, Senior Director of Controller Operations	Exp: 3/1/2018 Rev: 6/01/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-302 HSC	Governance and Regulatory Compliance	Financial Review of UNTHSC Reserves	UNTHSC	3. Interdepartmental Communication and Policy There are communication and information gaps between Finance & Planning, the Controller's Office, and the schools/colleges/departments; and there is not a clear delineation of responsibilities and authority for the management of revenue-generating activities and related accounts. I. Sharing of Information Finance & Planning is not always updated by individual schools, colleges, and departments on the receipt of funds coming from external revenue streams or agreements that are entered into directly between the school/college/department and the outside party. As a result, Finance & Planning does not currently have complete awareness of revenue-generating activities as well as balances of excess revenues within schools, colleges, and departments. Additionally, it is not currently clear to all parties within HSC as to which account balances roll forward or how excess revenues can be utilized. This confusion is partially	Moderate	3.1.a. Finance & Planning should work with each school/college/department as well as HSC management to establish a system of communication on a periodic basis (i.e. annually in conjunction with budget meetings) in which schools, colleges, and departments report account information and balances from revenue generating activities to Finance & Planning and receive pertinent information from Finance & Planning on all departmental accounts. Additionally, HSC Office of Finance should work with UNT System Office of the Vice Chancellor for Finance to implement a formal review and approval process for establishing revenue-generating activities that would include providing guidance on how excess revenues will be determined for departmental	1a. HSC Finance and Planning will worth with Contract Administration to develop procedures to ensure activities that generate revenue are forwarded to HSC Finance and Planning to ensure these activities are properly established within PeopleSoft, including providing guidance to departments on the proper use of revenues generated from the activity. Additionally, HSC Finance and Planning has initiated a process to work with all areas of the institution to account for revenue generating activities in order to account for these activities accurately and ensure the revenue is used in accordance with their intended purpose.	Geoffrey Scarpelli, Vice President for Finance and Planning	8/31/2018	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-302 HSC	Governance and Regulatory Compliance	Financial Review of UNTHSC Reserves	UNTHSC	3. Interdepartmental Communication and Policy There are communication and information gaps between Finance & Planning, the Controller's Office, and the schools/colleges/departments; and there is not a clear delineation of responsibilities and authority for the management of revenue-generating activities and related accounts. I. Sharing of Information Finance & Planning is not always updated by individual schools, colleges, and departments on the receipt of funds coming from external revenue streams or agreements that are entered into directly between the school/college/department and the outside party. As a result, Finance & Planning does not currently have complete awareness of revenue-generating activities as well as balances of excess revenues within schools, colleges, and departments. Additionally, it is not currently clear to all parties within HSC as to which account balances roll forward or how excess revenues can be utilized. This confusion is partially the result of the PeopleSoft upgrade and subsequent changes to the	Moderate	3.2.a. HSC Office of Finance should work with UNT System Office of the Vice Chancellor for Finance to develop and formally document policies and procedures around the collection and management of excess revenues, including, but not limited to, the recommended revenue-generating activity approval process, the creation of institutional or departmental accounts, and the use of funds.	2a. HSC Finance and Planning will develop procedures related to the availability and use of carryforward balances generated by UNTHSC departments and faculty. In addition, HSC Finance and Planning will work with the UNT System Budget and Controller's Office to ensure any use of carry-forward balances are reported and utilized in accordance with the HSC guidelines.	Geoffrey Scarpelli, Vice President for Finance and Planning	8/31/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-015 UNT	Governance and Regulatory Compliance	Minor Capital Projects	UNT	3. Project Documentation Documentation for projects is either missing or incomplete. Project documentation for minor capital projects is currently maintained by Project Managers on the UNT Facilities network drive. There is a filing system in place for organizing and maintaining project documentation. However, the centralized filing system is not consistently applied across UNT Facilities. The filing system is inconsistently followed by the Planning, Design & Construction group, and not followed by the Maintenance group. Internal Audit performed walkthroughs of five projects and noted that documents were missing from several projects. For one project Internal Audit noted that numerous documents were missing which included: ⬜ Project Budget Form; ⬜ Justification for project delivery method; ⬜ Expense tracking spreadsheet; and ⬜ Contract Completion Form. Additionally, Project Managers maintained in their completed project files copies of Project Initiation Worksheet (PIW) forms. However, the forms did not contain the required signatory approval from the Office of Space Management & Planning (OSMP). UNT Facilities was able to later provide copies of the PIW forms with the required OSMP approval signatures. Project Managers were not maintaining the final version of the PIW forms in their completed project files. During the course of this audit, we noted that documentation was not stored in one central location. During a project walkthrough,	High	Recommendations for David Reynolds, Associate Vice President of Facilities: 3.1.a. Develop retention procedures that comply with the Texas State Records Retention Schedule and UNT Records Retention Schedule.	1a. UNT Facilities will ensure completeness of building records per stated record retention regulations. Current procedures require complete construction project record files to be digitally archived and retained for the life of the building in a central Facilities database.	Helen Bailey, Director, Facilities Planning, Design and Construction	6/15/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-015 UNT	Governance and Regulatory Compliance	Minor Capital Projects	UNT	3. Project Documentation Documentation for projects is either missing or incomplete. Project documentation for minor capital projects is currently maintained by Project Managers on the UNT Facilities network drive. There is a filing system in place for organizing and maintaining project documentation. However, the centralized filing system is not consistently applied across UNT Facilities. The filing system is inconsistently followed by the Planning, Design & Construction group, and not followed by the Maintenance group. Internal Audit performed walkthroughs of five projects and noted that documents were missing from several projects. For one project Internal Audit noted that numerous documents were missing which included: ⬜ Project Budget Form; ⬜ Justification for project delivery method; ⬜ Expense tracking spreadsheet; and ⬜ Contract Completion Form. Additionally, Project Managers maintained in their completed project files copies of Project Initiation Worksheet (PIW) forms. However, the forms did not contain the required signatory approval from the Office of Space Management & Planning (OSMP). UNT Facilities was able to later provide copies of the PIW forms with the required OSMP approval signatures. Project Managers were not maintaining the final version of the PIW forms in their completed project files. During the course of this audit, we noted that documentation was not stored in one central location. During a project walkthrough,	High	Recommendations for David Reynolds, Associate Vice President of Facilities: 3.1.b. Develop training for all personnel responsible for the documentation of construction activities and decisions to be knowledgeable about retention policies and procedures..	1b. UNT Facilities conducts construction project records management training during personnel onboarding for select staff. Facilities team will institute continuing education/training for all applicable staff on construction project documentation and will create informational reference material that personnel will be able to access as needed, to more clearly instruct and guide their practices regarding project records management. Workshops with all applicable staff will be scheduled to ensure awareness of statutory requirements and methods to comply.	Helen Bailey, Director, Facilities Planning, Design and Construction	6/15/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-015 UNT	Governance and Regulatory Compliance	Minor Capital Projects	UNT	3. Project Documentation Documentation for projects is either missing or incomplete. Project documentation for minor capital projects is currently maintained by Project Managers on the UNT Facilities network drive. There is a filing system in place for organizing and maintaining project documentation. However, the centralized filing system is not consistently applied across UNT Facilities. The filing system is inconsistently followed by the Planning, Design & Construction group, and not followed by the Maintenance group. Internal Audit performed walkthroughs of five projects and noted that documents were missing from several projects. For one project Internal Audit noted that numerous documents were missing which included: ☐ Project Budget Form; ☐ Justification for project delivery method; ☐ Expense tracking spreadsheet; and ☐ Contract Completion Form. Additionally, Project Managers maintained in their completed project files copies of Project Initiation Worksheet (PIW) forms. However, the forms did not contain the required signatory approval from the Office of Space Management & Planning (OSMP). UNT Facilities was able to later provide copies of the PIW forms with the required OSMP approval signatures. Project Managers were not maintaining the final version of the PIW forms in their completed project files. During the course of this audit, we noted that documentation was not stored in one central location. During a project walkthrough,	High	Recommendations for David Reynolds, Associate Vice President of Facilities: 3.1.c. Develop a process to ensure that all Project Managers utilize the centralized UNT Facilities project filing system.	1c. UNT Facilities will conduct random self-audits annually to measure compliance with facilities construction project records retention regulations, filing system procedures and project documentation.	Helen Bailey, Director, Facilities Planning, Design and Construction	6/15/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-015 UNT	Governance and Regulatory Compliance	Minor Capital Projects	UNT	3. Project Documentation Documentation for projects is either missing or incomplete. Project documentation for minor capital projects is currently maintained by Project Managers on the UNT Facilities network drive. There is a filing system in place for organizing and maintaining project documentation. However, the centralized filing system is not consistently applied across UNT Facilities. The filing system is inconsistently followed by the Planning, Design & Construction group, and not followed by the Maintenance group. Internal Audit performed walkthroughs of five projects and noted that documents were missing from several projects. For one project Internal Audit noted that numerous documents were missing which included: ☐ Project Budget Form; ☐ Justification for project delivery method; ☐ Expense tracking spreadsheet; and ☐ Contract Completion Form. Additionally, Project Managers maintained in their completed project files copies of Project Initiation Worksheet (PIW) forms. However, the forms did not contain the required signatory approval from the Office of Space Management & Planning (OSMP). UNT Facilities was able to later provide copies of the PIW forms with the required OSMP approval signatures. Project Managers were not maintaining the final version of the PIW forms in their completed project files. During the course of this audit, we noted that documentation was not stored in one central location. During a project walkthrough,	High	Recommendations for David Reynolds, Associate Vice President of Facilities: 3.1.d. Develop a process to ensure that Project Managers maintain the final version of project documentation in their completed project files.	1d. UNT Facilities has procedures in place for project close out. Current procedures and project management practices will be assessed and improved to ensure completeness of project documentation. Facilities team will institute continuing education/training for all project management staff on construction project documentation standard procedure and will create informational reference material that personnel will be able to access as needed, to more clearly instruct and guide their practices regarding project documentation. Workshops with all applicable staff will be scheduled to ensure awareness. Facilities will annually conduct self-audits to ensure project documentation completeness.	Helen Bailey, Director, Facilities Planning, Design and Construction	6/15/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	3. Refunds Lifelong Learning and Professional Development (LLPD) processed refunds totaling to approximately $10,400 during fiscal year 2017 using their event management software. Refunds were mainly processed for conference registration reimbursements.	High	Recommendation for Stephanie Reinke, Director of Lifelong Learning and Professional Development: 3.1.a. Develop procedures to ensure all refunds are handled by Student Accounting and University Cashiering Services in accordance with UNT Policy 10.029 Refunds.	1a. Management concurs with the intent of the finding and recommendation and proposes alternative corrective action. Through coordination with the Director of Asset Protection we learned a sales refund policy will be implemented. While the cited policy does require all refunds be processed through Student Accounting they believe, based on the policy wording, the policy applies only to student refunds and does not adequately address sales transaction refunds. Additionally, refunding transactions originally paid via credit card but refunded via check violates the merchant agreement. The Director of Asset Protection will prepare and submit a new policy for approval dedicated to sales transactions and we will adjust our procedures according.	Stephanie Reinke, Director of Lifelong Learning and Professional Development	4/30/2018	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-303 UNT	Governance and Regulatory Compliance	Student Managed Investment Fund (SMIF)	UNT	3. SMIF fund designation The SMIF designation was not followed within all official SIG documents as required by the MOU. References to the SMIF within the Annual report and OrgSync (the official Student organization website), designated the SMIF as "The Cloud Fund" instead of "The Colonel Guy M. Cloud, junior and Patricia Cloud Student Managed Investment Fund" as required by section 2 of the MOU. Risk/Impact: ⬜ Donors may demand the return of their donated funds if the fund designation is not used appropriately on official communications.	Low	3.1.a. The SIG supported by faculty, should implement procedures to ensure appropriate guidance is in place when referring to the SMIF in official SIG documents. This should also be considered as part of the review of the SIG documentation prior to finalization.	1a. The SIG Board of Directors will ensure as part of their review that official reports and documents of the SIG will refer to the full official name of the fund. This will also be included in the documented procedures referred to at Comment #2 above.	SIG Board of Directors	Exp. Impl. Date: 12/31/2017 Revised Impl. Date: 03/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-310 DAL	Governance and Regulatory Compliance	Scholarships Review	UNT Dallas	3. UNT Dallas Foundation Processes There are opportunities for the UNT Dallas Foundation to enhance current processes to help manage endowment funds in alignment with University guidelines, including processes and policies over the monitoring of donations and compliance with established requirements. Donations are made to either UNT Dallas or The UNT Dallas Foundation and are put into the respective bank account until the funds are awarded to a selected recipient. As the University does not have 501(c)(3) status, the majority of donations are made out to the UNT Dallas Foundation. The UNT Dallas Foundation deposits the funds into its Comerica bank account and distributes it to UNT Dallas on a periodic basis. As the VP of Advancement is also the President of the UNT Dallas Foundation, the responsibilities related to endowment and scholarship processes are shared and managed similarly. This structure is more common in smaller institutions, and the responsibilities of the parties involved are outlined in the agreements established between the University and the UNT Dallas Foundation. Furthermore, Advancement uses Raiser's Edge to record donor information, including corresponding donations. See below for details on the observations related to the UNT Dallas Foundation processes: I. Gift and Donation Monitoring As gifts and donations are received by the UNT Dallas Foundation and input/recorded into the Raiser's Edge system, the actual funds are deposited into a Comerica bank account or the Communities Foundation of Texas ("CFT"). However, a periodic reconciliation is currently not performed to verify that all funds received are completely and accurately deposited in their respective accounts. Additionally, Advancement does not currently have designated	Moderate	3.1.a. Advancement and the UNT Dallas Foundation should implement a system of reconciling amounts donated in the Raiser's Edge system to what is held in the Comerica bank account as well as the CFT. Additionally, Advancement should consider the need for additional personnel to assist with the tracking of donations and the management of Raiser's Edge.	1a. Funding has been allocated to hire an accountant focused on Scholarships, Financial Aid, and gift funds. They will be responsible for regular reconciliations of funds received by the UNT Dallas Office of University Advancement. Additionally, existing policies related to scholarships and endowments will be reviewed for compliance and office procedures will be developed for new processes as needed.	Dr. Monica Williams, VP for University Advancement	9/1/2018	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-310 DAL	Governance and Regulatory Compliance	Scholarships Review	UNT Dallas	3. UNT Dallas Foundation Processes There are opportunities for the UNT Dallas Foundation to enhance current processes to help manage endowment funds in alignment with University guidelines, including processes and policies over the monitoring of donations and compliance with established requirements. Donations are made to either UNT Dallas or The UNT Dallas Foundation and are put into the respective bank account until the funds are awarded to a selected recipient. As the University does not have 501(c)(3) status, the majority of donations are made out to the UNT Dallas Foundation. The UNT Dallas Foundation deposits the funds into its Comerica bank account and distributes it to UNT Dallas on a periodic basis. As the VP of Advancement is also the President of the UNT Dallas Foundation, the responsibilities related to endowment and scholarship processes are shared and managed similarly. This structure is more common in smaller institutions, and the responsibilities of the parties involved are outlined in the agreements established between the University and the UNT Dallas Foundation. Furthermore, Advancement uses Raiser's Edge to record donor information, including corresponding donations. See below for details on the observations related to the UNT Dallas Foundation processes: I. Gift and Donation Monitoring As gifts and donations are received by the UNT Dallas Foundation and input/recorded into the Raiser's Edge system, the actual funds are deposited into a Comerica bank account or the Communities Foundation of Texas ("CFT"). However, a periodic reconciliation is currently not performed to verify that all funds received are completely and accurately deposited in their respective accounts. Additionally, Advancement does not currently have designated	Moderate	3.2.a The UNT Dallas Foundation should develop and formally document a policy outlining distribution procedures and work with UNT Dallas management to review/update established policies and procedures on an annual basis. Additionally, the UNT Dallas Foundation should review UNT Dallas' Affiliated Entity policy and ensure compliance with all required responsibilities.	2a. Funding has been allocated to hire an accountant focused on Scholarships, Financial Aid, and gift funds. They will be responsible for regular reconciliations of funds received by the UNT Dallas Office of University Advancement. Additionally, existing policies related to scholarships and endowments will be reviewed for compliance and office procedures will be developed for new processes as needed.	Dr. Monica Williams, VP for University Advancement	9/1/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	3. UNT System Issues There is a systemic process breakdown regarding ORP contributions for 100% of all 21 pay periods tested from January 2015 – September 2016 among issues 3 through 5. Under the Texas Government Code and the Texas Administrative Code, an ORP employer has 3 business days to deposit ORP contributions into an employee's account. Under UNT System's Retirement Manager Agreement with its third party administrator (lead record keeper), VRSCO, UNT System must submit ORP contributions and data by 10:00 am to ensure the contributions and data are forwarded to the ORP financial companies the same business day. The Texas Government Code and Texas Administrative Code require an ORP financial company, that receives contributions and good data before the close of business, deposit the contributions the same business day. ORP contributions are deposited into the ORP participants' accounts after a collaborative effort between the UNT System HR - Total Rewards (Benefits), Controller Operations (Payroll), Treasury and Controller for UNTHSC. ORP contributions are a percentage of the employee's monthly salary. Salaries are driven by the timely submission of time and Electronic Payroll Action Requests (ePar) submitted at the departmental level. Additionally, the Benefits department updates	High	Recommendations for the Vice Chancellor of Finance: 3.1.a. Create a task force with representatives from UNT System Human Resources, UNT System Controller Operations, UNT System Treasury and UNTHSC Controller for the following: ➢ Discuss the current Retirement Manager Agreement requirements and state regulations and determine the appropriate cut off time for when common remittance file and electronic fund transfer will be submitted to the third party administrator. This cut off time should be consistent across all Institutions. ➢ Determine a more efficient and effective process to solve the delays that were caused because the payroll process did not provide complete data resulting in errors by the ORP financial companies. For example, send a separate paycheck run for corrections only. ➢ Task force should meet at a minimum, on a quarterly basis, to determine if processes across all departments are effective and money is deposited in the participant's accounts within 3 business days. If not, identify the inefficiency, document the change in meeting minutes, communicate the	1a. Work has already begun to improve internal processes to deliver faster turnaround on internal processes. While this already mitigates risk of late processing, the automated solution will be part of the Retirement Update Project. Getting to a fully automated solution requires updates to our contracts, with the help of OGC, and clarification of timeliness with all four record keepers and especially our lead record keeper, which has responsibility to act as intermediary for files and funds to transmit to the four record keepers. When a new lead record keeper is selected, file feeds and processes will need to be updated. This will necessitate significant troubleshooting, solution determinations, and internal and external (vendor) programming. Due to the complexity, this project is anticipated to conclude during the next fiscal year. Simultaneously to the lead record keeper and record keeper work, the Benefits, Payroll, HRIS, and ITSS teams have already been finding methods of process automation and will continue to work together in a task-force model. As possible, solutions will continue to be developed and implemented incrementally during the project.	Janet Waldron, Vice Chancellor of Finance	8/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	3. UNT System Issues There is a systemic process breakdown regarding ORP contributions for 100% of all 21 pay periods tested from January 2015 – September 2016 among issues 3 through 5. Under the Texas Government Code and the Texas Administrative Code, an ORP employer has 3 business days to deposit ORP contributions into an employee's account. Under UNT System's Retirement Manager Agreement with its third party administrator (lead record keeper), VRSCO, UNT System must submit ORP contributions and data by 10:00 am to ensure the contributions and data are forwarded to the ORP financial companies the same business day. The Texas Government Code and Texas Administrative Code require an ORP financial company, that receives contributions and good data before the close of business, deposit the contributions the same business day. ORP contributions are deposited into the ORP participants' accounts after a collaborative effort between the UNT System HR - Total Rewards (Benefits), Controller Operations (Payroll), Treasury and Controller for UNTHSC. ORP contributions are a percentage of the employee's monthly salary. Salaries are driven by the timely submission of time and Electronic Payroll Action Requests (ePar) submitted at the departmental level. Additionally, the Benefits department updates	High	Recommendations for the Vice Chancellor of Finance: 3.1.b. Conduct process re-engineering by the UNT System Business Quality Initiatives team to help ensure that ORP contributions are performed efficiently and effectively between the Benefits/Human Resources Department, Controller Operations team and Treasury Department. ➢Develop PeopleSoft reports to enable the departments across the Institutions to verify accuracy of employee count and employee pay which will promote timely submission of ePar.	1b. Business Process Improvement (BPI) will map the current state of the process to determine opportunities for improvement and potentially identify root causes for discrepancies. BPI is currently working on a separate, and related project regarding ORP. This project could lend to remediating findings in this report.	Janet Waldron, Vice Chancellor of Finance	8/31/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-415 UNT	Governance and Regulatory Compliance	Faculty and Staff International Travel Audit	UNT System	3. UNT System Travel Training\n\nThe Travel Budget Authorization (TBA) form used in the Business Support Services (BSS) online Travel Training presentation is not the most current form.\nThe TBA form used in the training presentation did not have the check box acknowledgement statement for international travel with web link reference. https://emergency.unt.edu/international-travel-registration.	Moderate	Recommendation for Abdul Mohammad, Senior Associate Controller for Operations:\n\n3.1.a. Ensure the most current TBA form is included in the online UNT System Travel Training presentation.	1a. Accounts Payable Travel (AP) team will coordinate and work with BSS training team to update online UPK (User Productivity Kit) training for Travel. AP will make sure that the most current TBA form is included in the online travel training.	Abdul Mohammad, Sr. Associate Controller of Operations	10/30/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	3.Checks Not Deposited Timely\n\nUNT International (UNT-I) Main Office that received payments from sponsors had failed to deposit over 300 checks received from sponsors within the required timeframe. Internal Audit was unable to identify when the checks were received because a cash receipt log was not being used in the department. Internal Audit was told the checks were received in November 2016 and were not deposited until January and February 2017.\n\nAs checks were deposited, credit amounts were created due to the athletic fee adjustment. The credit amounts on the sponsored students accounts were manually applied to past due debt on other sponsored student accounts. The employee was advised to contact the sponsors for guidance on what to do with unapplied credit amounts and to not apply the credit to past due student balances; however, Internal Audit found there was no evidence the employee reached out to the sponsors.\n\nAdditionally, 28 checks totaling $75,400, and corrected invoices were sent back to the sponsor to request new payment due to the checks expiring after a 90-day void date. The sponsor has provided updated payment to the University.	High	Recommendation for Interim Vice Provost for International Affairs and UNT Controller:\n\n3.1.a. Coordinate to correct the refund amounts incorrectly applied to sponsored student's past due amounts.	1a. Management agrees will take the following action. UNT-I will work with the UNT Controller's Office to develop a process for determining how to correct the refund amounts applied to sponsored students' past due amounts.	Pia Wood, Vice Provost for International Affairs and Jennifer Stevenson, UNT Controller	6/30/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-015 UNT	Governance and Regulatory Compliance	Minor Capital Projects	UNT	4. Construction Project Policies A) UNT System Administration Policy 06.200 is contradictory, outdated, and potentially confusing; and B) UNT Policy 11.009 is outdated and contains an inaccurate reference. A) Section 2 of UNT System Administration Policy 06.200 – Construction Projects states the following: A. The UNT System, Office of Facilities Planning and Construction (OFPC), shall direct the preparation of plans, specifications, and contract documents, as well as manage the construction administration for all larger projects at each institution. Larger projects are defined as any which exceed $1,000,000 in overall budget for new construction, or $2,000,000 for renovations. B. The UNT System, Office of Facilities Planning and Construction, shall direct the preparation of plans, specifications, and contract documents, as well as manage the construction administration for all projects located on the Denton campus regardless of size [emphasis added]. Section 2(B) appears to contradict section 2(A). This policy is inconsistent regarding OFPC's role for projects on the Denton campus. UNT System Administration policy applies to System Administration functions only and not to component institutions. This outdated policy needs to be revised to address System Administration only and reduce any potential confusion. B) UNT Policy 11.009 – Construction Projects states the following: Every project must be processed through the Office of Facilities	High	Recommendation for Brandi Renton, UNT Assistant Vice President for Organizational Behavior: 4.2.a. Coordinate with the Office of Facilities Planning and Construction and UNT Facilities to revise UNT Policy 11.009. Implementation will clarify application of UNT System Administration Policy 06.200 to System Administration only. Additionally, an updated UNT Policy 11.009 will accurately reflect current organizational structure and practice and requirements consistent with Regents Rules.	2a. In collaboration with the UNT System and the Vice Chancellor of Facilities, Planning & Construction, James Maguire, UNT will develop a revised Construction Projects Policy that will align with the new UNT System regulation and/or policy.	Stephanie McDonald, UNT Policy Manager	8/11/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-019 DAL	Governance and Regulatory Compliance	Registrar's Office Business Process Review	UNT Dallas	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	4. Course Fees The current course fee structure and account set-up promotes comingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, course fee rates for four primary care partnership courses were never submitted for approval and students were charged for the primary care partnership fee after the courses discontinued. In detail, TCOM has the following four course fee group accounts: • General Course Fee - this includes an annual fee for all four academic years that ranges from $100 to $650 depending on the academic year. The purpose of these fees are to cover simulation lab and technology materials, supplies and services related to TCOM's simulation patient program. • Course Fee-TCOM – this group encompasses fees associated with four specific course fee names (i.e. MEDE 7510, MEDE 7615, MEDE 7620, MEDE 8400) where the rate ranges from $50 to $250 depending on the course. The purpose of these fees are to cover materials, supplies and services associated with these courses. • Course Fee - this group includes fees associated with eleven specific	High	Recommendations for the Dean of TCOM: 4.1.a. Develop procedures to periodically conduct fee cost assessments to ensure that fees are set in accordance with the cost recovery nature of the fee.	1a. The Dean of TCOM will meet with the Executive Director of Enrollment Services and the Senior Associate Dean for Academic Affairs in April of each year after finalization of the curriculum for the succeeding academic year. Determination of a final fee schedule will be made at that time.	Frank Filipetto, Interim Dean of TCOM	7/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	4. Course Fees The current course fee structure and account set-up promotes comingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, course fee rates for four primary care partnership courses were never submitted for approval and students were charged for the primary care partnership fee after the courses discontinued. In detail, TCOM has the following four course fee group accounts: • General Course Fee - this includes an annual fee for all four academic years that ranges from $100 to $650 depending on the academic year. The purpose of these fees are to cover simulation lab and technology materials, supplies and services related to TCOM's simulation patient program. • Course Fee-TCOM – this group encompasses fees associated with four specific course fee names (i.e. MEDE 7510, MEDE 7615, MEDE 7620, MEDE 8400) where the rate ranges from $50 to $250 depending on the course. The purpose of these fees are to cover materials, supplies and services associated with these courses. • Course Fee - this group includes fees associated with eleven specific	High	Recommendations for the Dean of TCOM: 4.1.b. Work with the UNTHSC Enrollment Services and Provost to simplify the current course fee structure of TCOM. Consult with Office of General Counsel whether creating fees under TEC Section 55.16 will provide more flexibility and help eliminate the large number of course specific fees.	1b. TCOM will seek to adopt a consolidated fee schedule that is more appropriate for a cohort program.	Frank Filipetto, Interim Dean of TCOM	7/1/2018	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-302 HSC	Governance and Regulatory Compliance	Financial Review of UNTHSC Reserves	UNTHSC	1. PeopleSoft Upgrade Several IT system-related issues have resulted from the recent PeopleSoft upgrade and subsequent chart of accounts conversion, causing HSC schools, colleges, and departments to ineffectively monitor their accounts. As part of the PeopleSoft system upgrade that went live on March 1, 2016, changes were made to the chart of accounts to accommodate new system functionality. The upgrade project experienced delays prior to going live, and the new chart of accounts was provided to schools, colleges, and departments with very little time to provide feedback and testing. Consequently, there was insufficient time to verify that all accounts were appropriate by department or to perform proper testing, and the upgrade went live with a significant amount of errors (as described below), creating confusion among the majority of users. For example, one concern was regarding significant delays in the reception of purchasing card transaction data. Since the PeopleSoft upgrade went live, departments, schools, and colleges sometimes did	Moderate	1.1.b. The OGCM should work with Student Accounting to identify all tuition/fees and stipend expenses that were incorrectly converted to Grant/Scholarship expenses as part of the PeopleSoft upgrade and perform adjusting entries as needed.	2b. OGCM has worked with accounting and completed the coding correction journals for the 12 identified errors. In addition, 90 miscoded accounts were discovered on other ProjIDs. Those correction journals to reclass to 51629 have been completed.	LeAnn Forsberg, Assistant Vice President for Research Administration (OGCM)	10/25/2017	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-302 HSC	Governance and Regulatory Compliance	Financial Review of UNTHSC Reserves	UNTHSC	2. Contract Setup and Monitoring There are insufficient, detective controls in place for monitoring the revenue recognized as well as the expenses incurred in HSC's IT systems against the agreement terms. Contracts and Grants resulting from externally-sponsored projects at HSC are managed by the Office of Grant and Contract Management ("OGCM") in the Grants Module in PeopleSoft. The OGCM uploads the terms from the respective agreement into PeopleSoft, and the applicable files are provided to the Principal Investigator ("PI"). The PIs are very involved with the specific grants and discuss terms during the Project Initiation Meetings as they are expected to have a good understanding of the allowable expenses and revenue to be received. Furthermore, there are fixed rate agreements as well as cost reimbursement agreements, for which payments are received from the sponsor as expenses are incurred. Unless otherwise stated, a standard 46% Fixed and Administrative costs ("F&A") allocation is used, which is part of the contract terms for the majority of revenue related agreements. Currently, the OGCM	Moderate	2.1.a.The OGCM should review the agreement for the project that was set up with an incorrect F&A rate, identify the correct amount to be applied as F&A, and perform a manual correction to resolve the inaccurately allocated F&A costs in accordance with the agreement Additionally, the OGCM should establish a system of reviewing and approving sponsored projects set up in PeopleSoft through comparison of configurations to actual contract terms.	1a. The award documents for each year did not have an overhead rate or base to calculate F&A. Only a flat dollar amount, which was different each year, was awarded. Prior to conversion, OGCM managed that unusual F&A process through one time manual entries at the end of each award year. During conversion the award was changed to have an 8% rate and set up for automated capture each month. OGCM has corrected the set up that occurred during conversion and manually captured the final year of F&A.	LeAnn Forsberg, Assistant Vice President for Research Administration (OGCM)	10/25/2017	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	4. Course Fees

The current course fee structure and account set-up promotes comingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, course fee rates for four primary care partnership courses were never submitted for approval and students were charged for the primary care partnership fee after the courses discontinued.

In detail, TCOM has the following four course fee group accounts:
• General Course Fee - this includes an annual fee for all four academic years that ranges from $100 to $650 depending on the academic year. The purpose of these fees are to cover simulation lab and technology materials, supplies and services related to TCOM's simulation patient program.

• Course Fee-TCOM – this group encompasses fees associated with four specific course fee names (i.e. MEDE 7510, MEDE 7615, MEDE 7620, MEDE 8400) where the rate ranges from $50 to $250 depending on the course. The purpose of these fees are to cover materials, supplies and services associated with these courses.

• Course Fee - this group includes fees associated with eleven specific | High | Recommendations for the Dean of TCOM:

4.1.c. Develop reconciliation procedures for fees bundled in groups to help ensure that documentation is available to demonstrate the cost recovery nature of each fee collected. | 1c. The adoption of a single consolidated fee shall eliminate the issue of fee bundling. | Frank Filipetto, Interim Dean of TCOM | 7/1/2018 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-403 HSC | Governance and Regulatory Compliance | Texas College of Osteopathic Medicine Financial Review | UNTHSC | 4. Course Fees

The current course fee structure and account set-up promotes comingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, course fee rates for four primary care partnership courses were never submitted for approval and students were charged for the primary care partnership fee after the courses discontinued.

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• Course Fee - this group includes fees associated with eleven specific | High | Recommendations for the Dean of TCOM:

4.1.d. Ensure that Enrollment Services and UNT System Student Accounting are notified of any changes in curriculum prior to student enrollment for the academic year in order to ensure timely update of the University's Student Accounting System to avoid student overpayments. | 1d. See 1a. then the Execute Director of Enrollment Services will communicate to UNT System Student Accounting of any changes to the curriculum that will require modification to the student fee schedule. | Frank Filipetto, Interim Dean of TCOM | 7/1/2018 | Closed |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-015 UNT	Governance and Regulatory Compliance	Minor Capital Projects	UNT	1 . Project ID Numbers Only minor capital projects with an initial cost of $100,000 or greater are assigned project ID numbers. Currently, projects of $100,000 or greater are assigned a project ID number in PeopleSoft. The limit is based on the state's capitalization threshold for buildings and building improvements. Chapter 1 of the Texas Comptroller of Public Accounts State Property Accounting Process User's Guide sets the threshold at $100,000. The project ID allows for separate tracking of the project by assigning unique budget lines. Costs for projects less than $100,000 are recorded under generic accounts and cannot be easily tracked. It was noted during an interview with the former UNT System Capital Asset Senior Reporting Analyst that there are projects with an initial cost of less than $100,000 that rise to the $100,000 threshold during construction. These projects are often not assigned a project ID number. Projects that are not assigned a project ID number may not be reported as capital assets in the financial statements.	High	Recommendation for David Reynolds, Associate Vice President of Facilities: 1.1.a. Establish an appropriate lower threshold under $100,000 for requesting a project ID number.	1a. After consulting with UNT System Financial Reporting we determined that our threshold for requesting a project ID number will be set at $85,000. This new threshold will ensure that all project expenses that reach the capital asset level will be accurately captured and reported.	Hilary Liscano, Director of Facilities Business Support and Services.	10/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	4. Course Fees The current course fee structure and account set-up promotes comingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, course fee rates for four primary care partnership courses were never submitted for approval and students were charged for the primary care partnership fee after the courses discontinued. In detail, TCOM has the following four course fee group accounts: • General Course Fee - this includes an annual fee for all four academic years that ranges from $100 to $650 depending on the academic year. The purpose of these fees are to cover simulation lab and technology materials, supplies and services related to TCOM's simulation patient program. • Course Fee-TCOM – this group encompasses fees associated with four specific course fee names (i.e. MEDE 7510, MEDE 7615, MEDE 7620, MEDE 8400) where the rate ranges from $50 to $250 depending on the course. The purpose of these fees are to cover materials, supplies and services associated with these courses. • Course Fee - this group includes fees associated with eleven specific	High	Recommendations for the Dean of TCOM: 4.1.e. Review course fee accumulated unexpended balances at least annually to ensure course fees are set in accordance with applicable laws and policies.	1e. Course fee balances are reviewed monthly by the TCOM Dean as part of budget reconciliation. Balances are occasionally allowed to accumulate in order to meet anticipated extraordinary expenditures that may occur less frequently than annually but are properly charged to these fees. This practice is in compliance with health science center policies and applicable statutes.	Frank Filipetto, Interim Dean of TCOM	7/1/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	4. Course Fees The current course fee structure and account set-up promotes comingling of course fee revenues and expenditures. Furthermore, there is no reconciliation process to ensure course fees collected are spent for course specific related cost. In addition, there is no course fee cost assessment process in place to review whether existing course fees charged to students reasonably reflect the actual cost to the University. Moreover, course fee rates for four primary care partnership courses were never submitted for approval and students were charged for the primary care partnership fee after the courses discontinued. In detail, TCOM has the following four course fee group accounts: • General Course Fee - this includes an annual fee for all four academic years that ranges from $100 to $650 depending on the academic year. The purpose of these fees are to cover simulation lab and technology materials, supplies and services related to TCOM's simulation patient program. • Course Fee-TCOM – this group encompasses fees associated with four specific course fee names (i.e. MEDE 7510, MEDE 7615, MEDE 7620, MEDE 8400) where the rate ranges from $50 to $250 depending on the course. The purpose of these fees are to cover materials, supplies and services associated with these courses. • Course Fee - this group includes fees associated with eleven specific	High	Recommendation for the Executive Director of Enrollment Services & Registrar, Student Affairs: 4.2.a. Ensure that all course fees assessed to students have been approved and retain support documentation.	2a. In the spring prior to each academic year, the Executive Director of Enrollment Services will meet with the Registrar's Office to verify that each requested course fee change contains the appropriate approvals and supporting documentation. These approved forms and documentation will be stored electronically in a dedicated directory maintained by the Registrar's Office.	A.J. Randolph, Executive Director, Enrollment Services & Registrar, Student Affairs	5/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-415 UNT	Governance and Regulatory Compliance	Faculty and Staff International Travel Audit	UNT	4. Faculty and Staff Restricted Travel There is no process or procedure restricting faculty and staff from traveling internationally to countries or areas deemed unsafe. While UNT Risk Management monitors world events and traveling conditions, currently faculty or staff may still travel to an unsafe country or area with only supervisor approval. Additionally, these may be countries and areas where the University's insurance may not provide coverage. Finally, there is no legal release waiver for a faculty or staff to sign acknowledging that they are traveling on their own accord to areas deemed unsafe and not on behalf of the University.	Moderate	Recommendations for Doug Welch, Executive Director Risk Management Services: 4.1.a. Develop a process and procedure to raise the risk to a UNT cabinet level for that committee to decide if whether to approve or disapprove travel to countries that are deemed unsafe based on risk level.	1a. Risk Management Services will develop and establish an International Risk Oversight Committee (IROC), which will be responsible for regulating and/or prohibiting university-related travel to various foreign countries that pose a safety and/or health concern to travelers. In addition to developing IROC, the department will also develop and establish an International Crises Advisory Team (ICAT), which will be responsible for responding to crises that affect university travelers. IROC will be made up of several decision makers and safety experts responsible for categorizing countries into three risk categories. Those categories will result in different travel restrictions and requirements for certain groups of travelers i.e., faculty/staff; undergraduate students; graduate students; etc., based on risk tolerance levels. The categories will consist of the following: Extreme Risk Destinations, High Risk Destinations, and General Risk Destinations. It is UNT Risk Management's recommendation that UNT System, UNTHSC and UNT Dallas develop similar committees/methods with the assistance of UNT Risk Management to regulate and/or prohibit university/system-related travel to various foreign countries that pose a safety and/or health concern to their respective entity and its travelers. The committees will be empowered to make decisions or recommend decisions to senior officials at each institution/system.	Doug Welch, Executive Director Risk Management Services	4/20/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-415 UNT	Governance and Regulatory Compliance	Faculty and Staff International Travel Audit	UNT	4. Faculty and Staff Restricted Travel There is no process or procedure restricting faculty and staff from traveling internationally to countries or areas deemed unsafe. While UNT Risk Management monitors world events and traveling conditions, currently faculty or staff may still travel to an unsafe country or area with only supervisor approval. Additionally, these may be countries and areas where the University's insurance may not provide coverage. Finally, there is no legal release waiver for a faculty or staff to sign acknowledging that they are traveling on their own accord to areas deemed unsafe and not on behalf of the University.	Moderate	Recommendations for Doug Welch, Executive Director Risk Management Services: 4.1.b. Coordinate with the Office of General Counsel to identify the best mechanism to ensure the University is best protected when employees travel against the advice of the University.	1b. Risk Management Services will coordinate with the Office of General Counsel to determine the feasibility of utilizing waivers and/or other liability transfer methods to ensure the University is best protected when employees travel against the advice of the University.	Doug Welch, Executive Director Risk Management Services	4/20/2018	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-303 UNT	Governance and Regulatory Compliance	Student Managed Investment Fund (SMIF)	UNT	4. Financial reporting and timeliness The SIG annual report was not finalized within the 6 week timeframe as required by the SIG Bylaws. The SIG Accounting Committee did not finalized the 2016 SIG annual report within the allowed 6 weeks after December 31, 2016 as required by Article IX, section B(c) of the SIG By-Laws. The annual report was finalized on February 16, 2016 which is one week after the required due date. This constitutes an improvement of approximately 6 weeks compared to the prior year; however, further improvement is required by the SIG Accounting Committee to ensure that they achieve compliance with the SIG By-Laws. The Chair of the Department of Finance, Insurance, Real Estate and Law consistently provided reminders to the SIG regarding due dates for the quarterly reports and annual report. Risk/Impact: ⊡ The SIG Accounting Committee is not compliant with article IX, section B(c) of the SIG Bylaws.	Low	4.1.a. The SIG should document and implement procedures to define and communicate the annual reporting deadline. This should also be communicated to the SIG Accounting Committee as part of their onboarding and training to ensure that the annual report is finalized and reviewed in a timely manner, including consideration for timely review.	1a. The SIG Faculty Advisor and Chair of FIREL will monitor compliance with the Bylaws and provide reminders to the SIG President to ensure that submission of the annual report is finalized on a timely basis. In addition, the procedures to be documented as referred to in comment #2 will include reference to the required timeframes for submission of the SIG annual report.	SIG Accounting Committee and SIG Board of Directors	5/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	4. Fire Egress Signage Fire egress signage was either missing or not updated. Fourteen of the fifteen residence halls were either missing or did not have updated fire egress signage. This was also noted previously on the State Fire Marshal's Report dated November 1, 2016.	High	Recommendation for Gina Vanacore, Director of Housing and Residence Life: 4.1.a. Continue work to ensure fire egress signage is updated.	1a. Housing and residence life has secured procurement for the appropriate signage through Facilities. A production and implementation set back was experienced with Facilities delaying the installation. Director Vanacore will follow up with Facilities staff weekly until installation is completed.	Gina M. Vanacore, Director of Housing and Residence Life	Exp. Impl. Date: 1/31/2018 Revised Impl. Date: 12/21/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	4. Lack of Cash Controls Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes. The Clinic charges a fee of $10 to the community for providing counseling and mental health services. Additionally, the Clinic offers a discounted fee and/or pro bono services to limited clients based on the client's financial need. The Clinic accepts cash, check or money order. Specifically, the following were noted: a. There is no segregation of duties, one person is responsible for scheduling patient appointments, collecting money, updating the patients' Excel spreadsheet which details services rendered and amount collected, as well as preparing deposits. b. Prior to January 2017, there was no patient and/or collection database identifying services rendered and amount collected. Although an Excel spreadsheet is currently used to track collections, the spreadsheet can easily be altered by the Administrative Specialist. Additionally, the spreadsheet only includes the patient's first name and no medical record is cross-referenced to help ensure information collected is accurate and complete. c. Information recorded on the Excel spreadsheet is not independently reconciled between the appointment schedule and the prepared deposits to help ensure that all funds collected for services rendered were entered into the spreadsheet, and all funds collected were deposited.	High	Recommendations for the Chief Financial Officer and Provost in collaboration with the UNT System Associate Vice Chancellor & Controller: 4.1.a. Ensure that the Administrative Specialist does not perform incompatible duties and develop compensating controls where not possible to ensure proper segregation of duties are in place.	1a. To ensure security for future operation, the administrative assistant (Evette Thomas) will participate in training regarding the appropriate delegation of duties, internal controls and cash handling. The counseling clinic personnel will be trained ensure that adequate segregation of processing duties exist with respect to counseling clinic system services including: • Ensuring fee collection is carried out as a separate function. • Ensuring at least two individuals are responsible for the separate duties of collecting fees, making deposits and logging entries. • The administrative assistant will need the support of the Director and the Program Coordinator to ensure internal controls are in place. • The administrative specialist will learn about responsibilities related to cash handling, and develop written procedures for collecting fees, placing funds in a locked safe, and logging entries. • The Clinic Director or the Program Coordinator (when the clinic director is not available) will verify amounts received and make the deposit.	Jim Main, Chief Financial Officer and Betty Stewart, Provost/ Executive Vice President of Academic Affairs in collaboration with Aaron LeMay, UNT System Associate Vice Chancellor & Controller	8/31/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2017	17-015 UNT	Governance and Regulatory Compliance	Minor Capital Projects	UNT	4. Construction Project Policies A) UNT System Administration Policy 06.200 is contradictory, outdated, and potentially confusing; and B) UNT Policy 11.009 is outdated and contains an inaccurate reference. A) Section 2 of UNT System Administration Policy 06.200 – Construction Projects states the following: A. The UNT System, Office of Facilities Planning and Construction (OFPC), shall direct the preparation of plans, specifications, and contract documents, as well as manage the construction administration for all larger projects at each institution. Larger projects are defined as any which exceed $1,000,000 in overall budget for new construction, or $2,000,000 for renovations. B. The UNT System, Office of Facilities Planning and Construction, shall direct the preparation of plans, specifications, and contract documents, as well as manage the construction administration for all projects located on the Denton campus regardless of size [emphasis added]. Section 2(B) appears to contradict section 2(A). This policy is inconsistent regarding OFPC's role for projects on the Denton campus. UNT System Administration policy applies to System Administration functions only and not to component institutions. This outdated policy needs to be revised to address System Administration only and reduce any potential confusion. B) UNT Policy 11.009 – Construction Projects states the following: Every project must be processed through the Office of Facilities Planning and Construction (OFPC), University of North Texas for	High	Recommendation for James Maguire, Vice Chancellor for Facilities Planning and Construction and Chief Architect, and Rachel Burlage, UNT System Policy Manager: 4.1.a. Review and revise UNT System Administration Policy 06.200.	1a. Revised and clarified System Administration Policy 06.200 has been submitted for policy review.	James Maguire, Vice Chancellor for Facilities Planning and Construction and Chief Architect	9/22/2017	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	4. Lack of Cash Controls Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes. The Clinic charges a fee of $10 to the community for providing counseling and mental health services. Additionally, the Clinic offers a discounted fee and/or pro bono services to limited clients based on the client's financial need. The Clinic accepts cash, check or money order. Specifically, the following were noted: a. There is no segregation of duties, one person is responsible for scheduling patient appointments, collecting money, updating the patients' Excel spreadsheet which details services rendered and amount collected, as well as preparing deposits. b. Prior to January 2017, there was no patient and/or collection database identifying services rendered and amount collected. Although an Excel spreadsheet is currently used to track collections, the spreadsheet can easily be altered by the Administrative Specialist. Additionally, the spreadsheet only includes the patient's first name and no medical record is cross-referenced to help ensure information collected is accurate and complete. c. Information recorded on the Excel spreadsheet is not independently reconciled between the appointment schedule and the prepared deposits to help ensure that all funds collected for services rendered were entered into the spreadsheet, and all funds collected were deposited.	High	Recommendations for the Chief Financial Officer and Provost in collaboration with the UNT System Associate Vice Chancellor & Controller: 4.1.b. Evaluate the need of an electronic Patient Management System with a billing and payment module.	1b. Ongoing research to determine the viability of using a Patient Management System in the clinic will take place with the support of OIT personnel. The OIT personnel is currently looking for programs that can accommodate the academic a clinical need of the clinic system. We need to ensure that all software meets the requirements for HIPPA and Texas Medical Records Privacy Act. An electronic Patient Management System would allow us to track cash, checks or credit card processing, export transactions to excel and view interactive reports for up-to-date information on clinic practice for future use.	Jim Main, Chief Financial Officer and Betty Stewart, Provost/ Executive Vice President of Academic Affairs in collaboration with Aaron LeMay, UNT System Associate Vice Chancellor & Controller	8/31/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	4. Lack of Cash Controls Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes. The Clinic charges a fee of $10 to the community for providing counseling and mental health services. Additionally, the Clinic offers a discounted fee and/or pro bono services to limited clients based on the client's financial need. The Clinic accepts cash, check or money order. Specifically, the following were noted: a. There is no segregation of duties, one person is responsible for scheduling patient appointments, collecting money, updating the patients' Excel spreadsheet which details services rendered and amount collected, as well as preparing deposits. b. Prior to January 2017, there was no patient and/or collection database identifying services rendered and amount collected. Although an Excel spreadsheet is currently used to track collections, the spreadsheet can easily be altered by the Administrative Specialist. Additionally, the spreadsheet only includes the patient's first name and no medical record is cross-referenced to help ensure information collected is accurate and complete. c. Information recorded on the Excel spreadsheet is not independently reconciled between the appointment schedule and the prepared deposits to help ensure that all funds collected for services rendered were entered into the spreadsheet, and all funds collected were deposited.	High	Recommendations for the Chief Financial Officer and Provost in collaboration with the UNT System Associate Vice Chancellor & Controller: 4.1.c. If it is determined that an electronic Patient Management System is not needed, enhance the Excel spreadsheet to include the following fields: • Date of Service • Patient's Full Name • Medical Record Number • Provider • Services Rendered • Amount Paid • Receipt Number • Balance Due..	1c. We are in the process of enhancing the current Excel spreadsheet to include the required fields indicated in the recommendation.	Jim Main, Chief Financial Officer and Betty Stewart, Provost/ Executive Vice President of Academic Affairs in collaboration with Aaron LeMay, UNT System Associate Vice Chancellor & Controller	8/31/2019	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-015 UNT	Governance and Regulatory Compliance	Minor Capital Projects	UNT	6. Notice to Proceed The Notice to Proceed (NTP) has been sent to the contractor to initiate work before the purchase order is complete and received by the contractor. Our review of one of the project files found the NTP was dated within a day of the purchase order (P.O.). Therefore, the contractor would have received the NTP before the P.O. Based on discussions with Project Managers, it is Internal Audit's understanding that UNT Facilities uses the P.O. as the contract. Therefore, work should not start before the purchase order has been completed and received by the contractor to initiate work. Additionally, based on conversation with the UNT System Senior Director of Procurement Services, the current practice is that the purchase order serves as sufficient documentation when UNT Facilities uses a contractor on an approved cooperative. This is because the contractor's agreement is primarily between the cooperative and the contractor. Internal Audit was informed that Procurement Services is in the process of changing this practice. According to the UNT System Senior Director of Procurement Services, the new process will require a separate contract, not a purchase order, executed by UNT System and the contractor when Facilities uses a contractor on an approved cooperative. However, there has not yet been a decision regarding a specific dollar threshold for this requirement.	Moderate	Recommendation for David Reynolds, Associate Vice President of Facilities: 6.1.a. Establish a process to ensure that the Notice to Proceed is always submitted after the contractor has received the completed P.O.	1a. Facilities project managers will inform all outside contractors and vendors that the delivery of the purchase order is equal to the NTP. In situations where work cannot commence immediately at the issuance of the PO, it will be the responsibility of the Facilities personnel managing the PO to instruct their contractor or vendor not to proceed until further notice.	Helen Bailey, Director, Facilities Planning, Design and Construction	10/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	4. Lack of Cash Controls Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes. The Clinic charges a fee of $10 to the community for providing counseling and mental health services. Additionally, the Clinic offers a discounted fee and/or pro bono services to limited clients based on the client's financial need. The Clinic accepts cash, check or money order. Specifically, the following were noted: a. There is no segregation of duties, one person is responsible for scheduling patient appointments, collecting money, updating the patients' Excel spreadsheet which details services rendered and amount collected, as well as preparing deposits. b. Prior to January 2017, there was no patient and/or collection database identifying services rendered and amount collected. Although an Excel spreadsheet is currently used to track collections, the spreadsheet can easily be altered by the Administrative Specialist. Additionally, the spreadsheet only includes the patient's first name and no medical record is cross-referenced to help ensure information collected is accurate and complete. c. Information recorded on the Excel spreadsheet is not independently reconciled between the appointment schedule and the prepared deposits to help ensure that all funds collected for services rendered were entered into the spreadsheet, and all funds collected were deposited. d. Prior to January 2017, there was no reconciliation to ensure	High	Recommendations for the Chief Financial Officer and Provost in collaboration with the UNT System Associate Vice Chancellor & Controller: 4.1.d. Develop reconciliation procedures to help ensure that an independent personnel, other than the Administrative Specialist, is reconciling the appointment schedule to the Excel spreadsheet and the prepared deposits.	1d. To ensure security for future use, we will develop reconciliation procedures for fee collection in the clinic. The Clinic Director or the Program Coordinator will work with the Administrative Specialist and the Controller's office to develop reconciliation procedures documenting how to certify appointments, confirmed and log appointments appropriately, and ensure a balanced report is generated at the end of a recording period.	Jim Main, Chief Financial Officer and Betty Stewart, Provost/ Executive Vice President of Academic Affairs in collaboration with Aaron LeMay, UNT System Associate Vice Chancellor & Controller	8/31/2019	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	4. Lack of Cash Controls Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes. The Clinic charges a fee of $10 to the community for providing counseling and mental health services. Additionally, the Clinic offers a discounted fee and/or pro bono services to limited clients based on the client's financial need. The Clinic accepts cash, check or money order. Specifically, the following were noted: a. There is no segregation of duties, one person is responsible for scheduling patient appointments, collecting money, updating the patients' Excel spreadsheet which details services rendered and amount collected, as well as preparing deposits. b. Prior to January 2017, there was no patient and/or collection database identifying services rendered and amount collected. Although an Excel spreadsheet is currently used to track collections, the spreadsheet can easily be altered by the Administrative Specialist. Additionally, the spreadsheet only includes the patient's first name and no medical record is cross-referenced to help ensure information collected is accurate and complete. c. Information recorded on the Excel spreadsheet is not independently reconciled between the appointment schedule and the prepared deposits to help ensure that all funds collected for services rendered were entered into the spreadsheet, and all funds collected were deposited.	High	Recommendations for the Chief Financial Officer and Provost in collaboration with the UNT System Associate Vice Chancellor & Controller: 4.1.e. Develop reconciling procedures to help ensure that deposits turned into the Cashiering Office are posted to the Clinic's University account.	1e. To ensure security for future use, we will collaborate with the UNT System Controller to guarantee that clients receive a University issued receipt.	Jim Main, Chief Financial Officer and Betty Stewart, Provost/ Executive Vice President of Academic Affairs in collaboration with Aaron LeMay, UNT System Associate Vice Chancellor & Controller	8/31/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	4. Lack of Cash Controls Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes. The Clinic charges a fee of $10 to the community for providing counseling and mental health services. Additionally, the Clinic offers a discounted fee and/or pro bono services to limited clients based on the client's financial need. The Clinic accepts cash, check or money order. Specifically, the following were noted: a. There is no segregation of duties, one person is responsible for scheduling patient appointments, collecting money, updating the patients' Excel spreadsheet which details services rendered and amount collected, as well as preparing deposits. b. Prior to January 2017, there was no patient and/or collection database identifying services rendered and amount collected. Although an Excel spreadsheet is currently used to track collections, the spreadsheet can easily be altered by the Administrative Specialist. Additionally, the spreadsheet only includes the patient's first name and no medical record is cross-referenced to help ensure information collected is accurate and complete. c. Information recorded on the Excel spreadsheet is not independently reconciled between the appointment schedule and the prepared deposits to help ensure that all funds collected for services rendered were entered into the spreadsheet, and all funds collected were deposited.	High	Recommendations for the Chief Financial Officer and Provost in collaboration with the UNT System Associate Vice Chancellor & Controller: 4.1.f. Provide a University issued receipt to all patients. Additionally, record adequate information on the receipt which should always include the patient's full name, date of service and amount.	1f. The Administrative Specialists will conduct research to identify a viable fireproof safe to present to the administrative leadership for future consideration.	Jim Main, Chief Financial Officer and Betty Stewart, Provost/ Executive Vice President of Academic Affairs in collaboration with Aaron LeMay, UNT System Associate Vice Chancellor & Controller	8/31/2019	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	4. Lack of Cash Controls

Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes.
The Clinic charges a fee of $10 to the community for providing counseling and mental health services. Additionally, the Clinic offers a discounted fee and/or pro bono services to limited clients based on the client's financial need. The Clinic accepts cash, check or money order.
Specifically, the following were noted:
a. There is no segregation of duties, one person is responsible for scheduling patient appointments, collecting money, updating the patients' Excel spreadsheet which details services rendered and amount collected, as well as preparing deposits.
b. Prior to January 2017, there was no patient and/or collection database identifying services rendered and amount collected. Although an Excel spreadsheet is currently used to track collections, the spreadsheet can easily be altered by the Administrative Specialist. Additionally, the spreadsheet only includes the patient's first name and no medical record is cross-referenced to help ensure information collected is accurate and complete.
c. Information recorded on the Excel spreadsheet is not independently reconciled between the appointment schedule and the prepared deposits to help ensure that all funds collected for services rendered were entered into the spreadsheet, and all funds collected were deposited. | High | Recommendations for the Chief Financial Officer and Provost in collaboration with the UNT System Associate Vice Chancellor & Controller:

4.1.g. Obtain a fireproof safe to properly safeguard money. | 1g. The Clinic Director, the Program Coordinator and the Administrative Specialist will work with UNT System University Cashiering Services to develop reconciling procedures related to ensuring that deposits are turned in to the Cashiering office and is posted to the Clinic's University Account. | Jim Main, Chief Financial Officer and Betty Stewart, Provost/ Executive Vice President of Academic Affairs in collaboration with Aaron LeMay, UNT System Associate Vice Chancellor & Controller | 8/31/2019 | Open |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-413 DAL | Governance and Regulatory Compliance | Community Counseling Clinic Audit | UNT Dallas | 4. Lack of Cash Controls

Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes.
The Clinic charges a fee of $10 to the community for providing counseling and mental health services. Additionally, the Clinic offers a discounted fee and/or pro bono services to limited clients based on the client's financial need. The Clinic accepts cash, check or money order.
Specifically, the following were noted:
a. There is no segregation of duties, one person is responsible for scheduling patient appointments, collecting money, updating the patients' Excel spreadsheet which details services rendered and amount collected, as well as preparing deposits.
b. Prior to January 2017, there was no patient and/or collection database identifying services rendered and amount collected. Although an Excel spreadsheet is currently used to track collections, the spreadsheet can easily be altered by the Administrative Specialist. Additionally, the spreadsheet only includes the patient's first name and no medical record is cross-referenced to help ensure information collected is accurate and complete.
c. Information recorded on the Excel spreadsheet is not independently reconciled between the appointment schedule and the prepared deposits to help ensure that all funds collected for services rendered were entered into the spreadsheet, and all funds collected were deposited. | High | Recommendations for the Chief Financial Officer and Provost in collaboration with the UNT System Associate Vice Chancellor & Controller:

4.1.h. Collaborate with the UNT System University Cashiering Services to provide cash handling training to all personnel handling money. | 1h. We will identify appropriate training for the administrative specialists, and all staff responsible for cash handling, to participate in cash handling training. We received preliminary information from Mr. John Tannert, Manager of UNT Student Cashiering Services, through the Admissions Processor, Veronica Ewing. We now have a copy of the UNT Cash Control Training and the UNT System Cashier's Procedures Manual for the Dallas Campus. | Jim Main, Chief Financial Officer and Betty Stewart, Provost/ Executive Vice President of Academic Affairs in collaboration with Aaron LeMay, UNT System Associate Vice Chancellor & Controller | 8/31/2019 | Open |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	4. Lack of Cash Controls Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes. The Clinic charges a fee of $10 to the community for providing counseling and mental health services. Additionally, the Clinic offers a discounted fee and/or pro bono services to limited clients based on the client's financial need. The Clinic accepts cash, check or money order. Specifically, the following were noted: a. There is no segregation of duties, one person is responsible for scheduling patient appointments, collecting money, updating the patients' Excel spreadsheet which details services rendered and amount collected, as well as preparing deposits. b. Prior to January 2017, there was no patient and/or collection database identifying services rendered and amount collected. Although an Excel spreadsheet is currently used to track collections, the spreadsheet can easily be altered by the Administrative Specialist. Additionally, the spreadsheet only includes the patient's first name and no medical record is cross-referenced to help ensure information collected is accurate and complete. c. Information recorded on the Excel spreadsheet is not independently reconciled between the appointment schedule and the prepared deposits to help ensure that all funds collected for services rendered were entered into the spreadsheet, and all funds collected were deposited.	High	Recommendations for the Chief Financial Officer and Provost in collaboration with the UNT System Associate Vice Chancellor & Controller: 4.1.i. Seek guidance from the UNT System University Cashiering Services to develop written cash control procedures in accordance with the UNT Cash Control and Departmental Deposit Handbook.	1i. The Clinic Director, the Program Coordinator and the Administrative Specialist will work with UNT System Controller's office to develop procedures managing cash control for the counseling clinic.	Jim Main, Chief Financial Officer and Betty Stewart, Provost/ Executive Vice President of Academic Affairs in collaboration with Aaron LeMay, UNT System Associate Vice Chancellor & Controller	8/31/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2017	17-413 DAL	Governance and Regulatory Compliance	Community Counseling Clinic Audit	UNT Dallas	4. Lack of Cash Controls Safeguarding measures of payments received are not adequate during the collection, receipting, depositing and reconciliation processes. The Clinic charges a fee of $10 to the community for providing counseling and mental health services. Additionally, the Clinic offers a discounted fee and/or pro bono services to limited clients based on the client's financial need. The Clinic accepts cash, check or money order. Specifically, the following were noted: a. There is no segregation of duties, one person is responsible for scheduling patient appointments, collecting money, updating the patients' Excel spreadsheet which details services rendered and amount collected, as well as preparing deposits. b. Prior to January 2017, there was no patient and/or collection database identifying services rendered and amount collected. Although an Excel spreadsheet is currently used to track collections, the spreadsheet can easily be altered by the Administrative Specialist. Additionally, the spreadsheet only includes the patient's first name and no medical record is cross-referenced to help ensure information collected is accurate and complete. c. Information recorded on the Excel spreadsheet is not independently reconciled between the appointment schedule and the prepared deposits to help ensure that all funds collected for services rendered were entered into the spreadsheet, and all funds collected were deposited.	High	Recommendations for the Chief Financial Officer and Provost in collaboration with the UNT System Associate Vice Chancellor & Controller: 4.1.j. Retain appointment schedules for reconciliation purposes in accordance with the state retention guidelines..	1j. Until a Patient Management System is in place, the Administrative Specialist will create and maintain an appointment schedule log in a binder for reconciliation purposes. This process will be implemented until a systematic solution is developed.	Jim Main, Chief Financial Officer and Betty Stewart, Provost/ Executive Vice President of Academic Affairs in collaboration with Aaron LeMay, UNT System Associate Vice Chancellor & Controller	8/31/2019	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-414 UNT	Governance and Regulatory Compliance	Classroom Support Services	UNT	4. Lack of training documentation for CSS systems. There is no training documentation for the Room Monitor system used by CSS. The Room Monitor (RM) system was written in-house and no physical documentation exists to train its users. Developers include comments in their code and maintain a change log, both of which serve as system documentation. CSS is in the process of developing Blackboard video courses to train their employees in using the RM system.	Moderate	Recommendations for Classroom Support Services Director: 4.1.a. Complete development of Blackboard courses and implement their use in training CSS personnel.	1a. We agree and will continue to develop and customize training to fit the application. Since the review of the Classroom Support training documentation, Classroom Support incorporated the use of Lynda.com (a web based training service) which allows for an index of training options and retains documentation of each employee's training progression.	Ashley Olsberg, Director Classroom Support Services	11/30/2018	Open
Internal	UNT System Internal Audit	Fiscal Year 2017	17-414 UNT	Governance and Regulatory Compliance	Classroom Support Services	UNT	4. Lack of training documentation for CSS systems. There is no training documentation for the Room Monitor system used by CSS. The Room Monitor (RM) system was written in-house and no physical documentation exists to train its users. Developers include comments in their code and maintain a change log, both of which serve as system documentation. CSS is in the process of developing Blackboard video courses to train their employees in using the RM system.	Moderate	Recommendations for Classroom Support Services Director: 4.1.b. Create a punch list, outline, or talking points to cover during training to ensure consistency.	1b. We agree. Given that each employee has different responsibilities and training requirements, training models for Lynda.com will be indexed for each employee.	Ashley Olsberg, Director Classroom Support Services	11/30/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-401 HSC	Governance and Regulatory Compliance	Graduate School of Biomedical Sciences Review	UNTHSC	4. Service Teaching Assessments

There was neither an agreement nor documentation in place that provided a basis for the rate used for Service Teaching Assessment (STA). This issue was reported in the Texas College of Osteopathic Medicine Financial Review, Audit No. 17-403 HSC report as issue #5. STA is the redistribution of General Appropriation Act (GAA) funds to support collaborative teaching initiative of instructional services between Texas College of Osteopathic Medicine (TCOM), Graduate School of Biomedical Sciences (GSBS) and School of Health Professions (SHP).

The GSBS has its roots in TCOM where basic science courses were taught by TCOM faculty. The STA began in 2000 when the past President, and Deans of TCOM and GSBS agreed to move the faculty, who taught basic science courses, out of TCOM into the GSBS. This collaborative initiative aimed to provide a better professional/research environment to basic science faculty by GSBS. The faculty in the basic science departments continued to contribute to the teaching of the pre-clinical part of TCOM's medical curriculum, interview prospective medical students, provide research opportunities for TCOM students and serve on TCOM's Committees. Similarly, another collaboration began where TCOM and GSBS faculty teach courses to School of Health Professions (SHP) students. The purpose of this collaborative initiative was to promote economies of scale and an efficient use of faculty resources by eliminating duplication of teaching efforts/ courses among schools. The financial | High | Recommendations for the UNTHSC Executive Vice President for Finance & Chief Financial Officer and Interim Provost:

4.1.a. Review and assess options of administering Service Teaching Assessments and adopt a funding mechanism (e.g. based on determining cost of instruction) that best serves the University needs. | 1a. An analysis of current reimbursement models for teaching across schools and colleges was conducted in the spring of 2017. Options for providing reimbursements were discussed with the deans of the five schools and colleges. | Claire Peel, Interim Provost | 5/1/2018 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-412 UNT | Governance and Regulatory Compliance | College of Music Transition Audit | UNT | 2. Personally Identifiable Information

Copies of checks containing Personally Identifiable Information (PII), including name, address, and bank account information, are not properly secured.
Internal Audit observed two instances where copies of checks were not properly secured. Copies of checks in one office were stored in a lockable cabinet, but the individual did not have a key to the cabinet. Additionally, Internal Audit observed another office in which checks were stored in an unlocked closet. The closet was capable of being locked via a padlock. | High | Recommendation for John Richmond, Dean of the College of Music:

2.1.a. Identify areas in the College of Music where copies of checks are stored and ensure that those areas are properly secured. | 1a. The Assistant Dean for Business and Finance will be responsible for maintaining an accurate list of all faculty and staff that handle cash (checks) and will send reminders regarding appropriate handling of personally identifiable information at the start of each long semester. | Jon Nelson, Associate Dean for Operations (until Assistant Dean for Business and Finance is hired) | 9/30/2017 | Closed |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-401 HSC	Governance and Regulatory Compliance	Graduate School of Biomedical Sciences Review	UNTHSC	4. Service Teaching Assessments

There was neither an agreement nor documentation in place that provided a basis for the rate used for Service Teaching Assessment (STA). This issue was reported in the Texas College of Osteopathic Medicine Financial Review, Audit No. 17-403 HSC report as issue #5. STA is the redistribution of General Appropriation Act (GAA) funds to support collaborative teaching initiative of instructional services between Texas College of Osteopathic Medicine (TCOM), Graduate School of Biomedical Sciences (GSBS) and School of Health Professions (SHP).

The GSBS has its roots in TCOM where basic science courses were taught by TCOM faculty. The STA began in 2000 when the past President, and Deans of TCOM and GSBS agreed to move the faculty, who taught basic science courses, out of TCOM into the GSBS. This collaborative initiative aimed to provide a better professional/research environment to basic science faculty by GSBS. The faculty in the basic science departments continued to contribute to the teaching of the pre-clinical part of TCOM's medical curriculum, interview prospective medical students, provide research opportunities for TCOM students and serve on TCOM's Committees. Similarly, another collaboration began where TCOM and GSBS faculty teach courses to School of Health Professions (SHP) students. The purpose of this collaborative initiative was to promote economies of scale and an efficient use of faculty resources by eliminating duplication of teaching efforts/ courses among schools. The financial | High | Recommendations for the UNTHSC Executive Vice President for Finance & Chief Financial Officer and Interim Provost:

4.1.b. Develop policies and procedures to guide the administration of fund redistribution for Service Teaching Assessments within the institution. | 1b. Policies and procedures will be developed during FY2018 to guide reimbursement across schools and colleges for teaching services. The plan will be implemented for FY2019. | Claire Peel, Interim Provost | 5/1/2018 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-401 HSC | Governance and Regulatory Compliance | Graduate School of Biomedical Sciences Review | UNTHSC | 4. Service Teaching Assessments

There was neither an agreement nor documentation in place that provided a basis for the rate used for Service Teaching Assessment (STA). This issue was reported in the Texas College of Osteopathic Medicine Financial Review, Audit No. 17-403 HSC report as issue #5. STA is the redistribution of General Appropriation Act (GAA) funds to support collaborative teaching initiative of instructional services between Texas College of Osteopathic Medicine (TCOM), Graduate School of Biomedical Sciences (GSBS) and School of Health Professions (SHP).

The GSBS has its roots in TCOM where basic science courses were taught by TCOM faculty. The STA began in 2000 when the past President, and Deans of TCOM and GSBS agreed to move the faculty, who taught basic science courses, out of TCOM into the GSBS. This collaborative initiative aimed to provide a better professional/research environment to basic science faculty by GSBS. The faculty in the basic science departments continued to contribute to the teaching of the pre-clinical part of TCOM's medical curriculum, interview prospective medical students, provide research opportunities for TCOM students and serve on TCOM's Committees. Similarly, another collaboration began where TCOM and GSBS faculty teach courses to School of Health Professions (SHP) students. The purpose of this collaborative initiative was to promote economies of scale and an efficient use of faculty resources by eliminating duplication of teaching efforts/ courses among schools. The financial | High | Recommendations for the UNTHSC Executive Vice President for Finance & Chief Financial Officer and Interim Provost:

4.1.c. Communicate newly developed policies and procedures to the relevant parties. | 1c. The policies and procedures will be communicated to the Budget Office, Deans and other relevant parties in the spring of 2018. | Claire Peel, Interim Provost | 5/1/2018 | Closed |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	4. String Project The String Project was in noncompliance with UNT Policy 15.003. Criminal background checks were not performed on 2 String Project student employees. Additionally, String Project student employees did not complete the required sexual abuse and child molestation awareness training. The String Project is a teacher training program for UNT undergraduate string education majors. The program offers lessons in violin, viola cello, and double bass to approximately 150 public school age students each year. These students range in age from 8 to 17. The String Project runs concurrent with the UNT academic calendar. Internal Audit noted the following regarding the String Project for the 2016-17 academic year: ⬛ The required background checks were not performed for 2 of the 16 (12.5%) String Project student employees. ⬛ No String Project student employees completed sexual abuse awareness and child molestation awareness training. ⬛ It appears that Risk Management Services (RMS) was generally unaware of the String Project. ⬛ The medical insurance requirements for the String Project were unclear. Internal Audit spoke with RMS regarding medical insurance requirements for String Project participants. RMS indicated that it would need more information about the String Project to determine medical insurance requirements for the program. String Project student employees are hired through the UNT Career Center, but background checks are administered through RMS.	High	Recommendations for John Richmond, Dean of the College of Music: 4.1.a. Establish processes and procedures to ensure that Risk Management Services receives the necessary information to ensure that criminal background checks are administered for all String Project workers.	1a. String Project workers will be identified 1 (one) month prior to the start of the program. As of 9/1/17 student workers will submit their criminal background checks through Risk Management's on-line link. Within 2-5 business days, Risk Management will send the reports to the Music Education administrative assistant, who also assists with the String Project.	Elizabeth Chappell, Lecturer, Music Education	9/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	4. String Project The String Project was in noncompliance with UNT Policy 15.003. Criminal background checks were not performed on 2 String Project student employees. Additionally, String Project student employees did not complete the required sexual abuse and child molestation awareness training. The String Project is a teacher training program for UNT undergraduate string education majors. The program offers lessons in violin, viola cello, and double bass to approximately 150 public school age students each year. These students range in age from 8 to 17. The String Project runs concurrent with the UNT academic calendar. Internal Audit noted the following regarding the String Project for the 2016-17 academic year: ⬛ The required background checks were not performed for 2 of the 16 (12.5%) String Project student employees. ⬛ No String Project student employees completed sexual abuse awareness and child molestation awareness training. ⬛ It appears that Risk Management Services (RMS) was generally unaware of the String Project. ⬛ The medical insurance requirements for the String Project were unclear. Internal Audit spoke with RMS regarding medical insurance requirements for String Project participants. RMS indicated that it would need more information about the String Project to determine medical insurance requirements for the program. String Project student employees are hired through the UNT Career Center, but background checks are administered through RMS.	High	Recommendations for John Richmond, Dean of the College of Music: 4.1.b. Indicate in the ePAR that the String Project worker to be hired will be working with minors and that a criminal background check should be administered through Risk Management Services.	1b. The Music Education administrative assistant will indicate in the ePAR that a criminal history check is required.	Elizabeth Chappell, Lecturer, Music Education	9/1/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	4. String Project The String Project was in noncompliance with UNT Policy 15.003. Criminal background checks were not performed on 2 String Project student employees. Additionally, String Project student employees did not complete the required sexual abuse and child molestation awareness training. The String Project is a teacher training program for UNT undergraduate string education majors. The program offers lessons in violin, viola cello, and double bass to approximately 150 public school age students each year. These students range in age from 8 to 17. The String Project runs concurrent with the UNT academic calendar. Internal Audit noted the following regarding the String Project for the 2016-17 academic year: ▢ The required background checks were not performed for 2 of the 16 (12.5%) String Project student employees. ▢ No String Project student employees completed sexual abuse awareness and child molestation awareness training. ▢ It appears that Risk Management Services (RMS) was generally unaware of the String Project. ▢ The medical insurance requirements for the String Project were unclear. Internal Audit spoke with RMS regarding medical insurance requirements for String Project participants. RMS indicated that it would need more information about the String Project to determine medical insurance requirements for the program. String Project student employees are hired through the UNT Career Center, but background checks are administered through RMS.	High	Recommendations for John Richmond, Dean of the College of Music: 4.1.c. Establish processes and procedures to ensure that documentation of the criminal background check administered through Risk Management Services is always attached to the ePAR when hiring String Project workers..	1c. Documentation of the criminal history check will be attached to all ePARS.	Elizabeth Chappell, Lecturer, Music Education	9/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	4. String Project The String Project was in noncompliance with UNT Policy 15.003. Criminal background checks were not performed on 2 String Project student employees. Additionally, String Project student employees did not complete the required sexual abuse and child molestation awareness training. The String Project is a teacher training program for UNT undergraduate string education majors. The program offers lessons in violin, viola cello, and double bass to approximately 150 public school age students each year. These students range in age from 8 to 17. The String Project runs concurrent with the UNT academic calendar. Internal Audit noted the following regarding the String Project for the 2016-17 academic year: ▢ The required background checks were not performed for 2 of the 16 (12.5%) String Project student employees. ▢ No String Project student employees completed sexual abuse awareness and child molestation awareness training. ▢ It appears that Risk Management Services (RMS) was generally unaware of the String Project. ▢ The medical insurance requirements for the String Project were unclear. Internal Audit spoke with RMS regarding medical insurance requirements for String Project participants. RMS indicated that it would need more information about the String Project to determine medical insurance requirements for the program. String Project student employees are hired through the UNT Career Center, but background checks are administered through RMS.	High	Recommendations for John Richmond, Dean of the College of Music: 4.1.d. Establish processes and procedures to ensure that all String Project workers complete the required sexual abuse and child molestation awareness training.	1d. During the hiring process, the administrative assistant will provide the appropriate links to the student workers to complete sexual abuse and child molestation awareness training. The administrative assistant will confirm that the training has been completed, 1 (one) month prior to start date of String Project.	Elizabeth Chappell, Lecturer, Music Education	9/1/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	4. String Project

The String Project was in noncompliance with UNT Policy 15.003. Criminal background checks were not performed on 2 String Project student employees. Additionally, String Project student employees did not complete the required sexual abuse and child molestation awareness training.
The String Project is a teacher training program for UNT undergraduate string education majors. The program offers lessons in violin, viola cello, and double bass to approximately 150 public school age students each year. These students range in age from 8 to 17. The String Project runs concurrent with the UNT academic calendar. Internal Audit noted the following regarding the String Project for the 2016-17 academic year:
▪ The required background checks were not performed for 2 of the 16 (12.5%) String Project student employees.
▪ No String Project student employees completed sexual abuse awareness and child molestation awareness training.
▪ It appears that Risk Management Services (RMS) was generally unaware of the String Project.
▪ The medical insurance requirements for the String Project were unclear. Internal Audit spoke with RMS regarding medical insurance requirements for String Project participants. RMS indicated that it would need more information about the String Project to determine medical insurance requirements for the program.
String Project student employees are hired through the UNT Career Center, but background checks are administered through RMS. | High | Recommendations for John Richmond, Dean of the College of Music:

4.1.e. Coordinate with Risk Management Services to determine and fulfill the medical insurance requirements for String Project minor participants. | 1e. The String Project will comply with medical insurance requirements. All recommendations will be in place by 9/1/17. | Elizabeth Chappell, Lecturer, Music Education | 9/1/2017 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-407 SYS | Governance and Regulatory Compliance | Retirement Contributions | UNT System | 4. Third Party Administrator Issues

The validation process to reconcile data and funds received is not consistent between VRSCO (lead record keeper) and the ORP financial service companies. This creates unnecessary delays in the depositing of ORP contributions to the participants' accounts and non-compliance with the 3 business day rule required by the Texas Government Code and Texas Administrative Code as referenced in issue in number 3.

The third party administrator, VRSCO, is the University's intermediary party and in charge of the distribution of funds to the four financial service companies. The University is responsible for the timely supply of all required data and funds to VRSCO as stipulated by the contract. VRSCO is responsible for ensuring that ORP contributions are in good order to be forwarded to the financial service companies. VRSCO reconciles the data uploaded to the electronic fund transfer. After VRSCO determines that contributions are in good order, they release data and funds to the financial service companies.

VRSCO deemed data and funds to be in good order; however, the financial service companies identified errors. Refer to Flowchart 2 for graphic demonstration, this continues from Flowchart 1:

See flow chart 2. | High | Recommendations for the Vice Chancellor of Finance in consultation with the Office of General Counsel:

4.1.a. Work with the third party ORP administrator and the financial service companies to identify all required information and/or documentation needed by both parties to consider the ORP contributions in good order for depositing. | 1a. In partnership with our Retirement Consultant, cross-campus and cross-functional Retirement Committee, and internal departments, we will update contracts, processes, file feeds, and documentation. Due to the complexity of making vendor, process, and programming changes, anticipated full implementation is within the coming fiscal year. | Janet Waldron, Vice Chancellor of Finance | 8/31/2018 | Open |

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	4. Third Party Administrator Issues The validation process to reconcile data and funds received is not consistent between VRSCO (lead record keeper) and the ORP financial service companies. This creates unnecessary delays in the depositing of ORP contributions to the participants' accounts and non-compliance with the 3 business day rule required by the Texas Government Code and Texas Administrative Code as referenced in issue in number 3. The third party administrator, VRSCO, is the University's intermediary party and in charge of the distribution of funds to the four financial service companies. The University is responsible for the timely supply of all required data and funds to VRSCO as stipulated by the contract. VRSCO is responsible for ensuring that ORP contributions are in good order to be forwarded to the financial service companies. VRSCO reconciles the data uploaded to the electronic fund transfer. After VRSCO determines that contributions are in good order, they release data and funds to the financial service companies. VRSCO deemed data and funds to be in good order; however, the financial service companies identified errors. Refer to Flowchart 2 for graphic demonstration, this continues from Flowchart 1: See final report for flow chart 2.	High	Recommendations for the Vice Chancellor of Finance in consultation with the Office of General Counsel: 4.1.b. Request the validation processing requirements followed by the third party administrator is consistent with the financial service companies.	1b. Financial service companies' performance will be addressed through the project.	Janet Waldron, Vice Chancellor of Finance	8/31/2018	Open
Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	4. Travel Expenses Internal Audit noted a Lifelong Learning and Professional Development (LLPD) employee attended two international trips during fiscal year 2017 with no lodging or airfare costs reflected on a travel budget authorization (TBA) or travel voucher. Specifically: • TBA and travel voucher for the trip during January/February 2017 totaled $268.90 only including meals and taxis; and • TBA and travel voucher for the trip during May/June 2017 totaled $430.97 only including meals and taxis. Internal Audit was told by the employee that lodging and airfare costs for the international trips were paid out-of-pocket. During the course of the audit, Internal Audit identified unusual transactions within the LLPD chart string and requested support documentation. Travel agency invoices for two separate trips, January/February 2017 totaling $16,118.60 and May/June 2017 totaling $17,414.14, were provided by Business Support Services (BSS). It was determined the invoices were submitted as requisitions, approved by BSS and self-approved by the employee, then paid for using a pcard by BSS. The requisition for airfare and lodging did not receive supervisorial approval which resulted in the employee approving their own travel since the traveler was also the account holder.	High	Recommendations for Michael Abernethy, Senior Director of Procurement Services: 4.2.a. Coordinate with Business Support Services (BSS) Travel to develop and document a procedure to ensure travel invoice processing and support documentation requirements are clearly defined.	2a/2b. The management plan will be that Procurement Services and Accounts Payable will review our procurement guidance regarding these situations and make adjustments by January 1, 2018 to clearly delineate those situations where either the procurement card or the purchase order process may be used to facilitate payment for group travel. Included in this guidance will be language that enhances understanding of the expense by requiring that a travel Budget Authorization (TBA) be included with any requisitions and/or procurement card exception requests. Furthermore, we will ensure that language exists in our guidance prohibiting employees from seeking reimbursement for any expenses already facilitated through the purchase order or procurement card process.	Michael Abernethy, Senior Director of Procurement Services	1/1/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	4. Travel Expenses Internal Audit noted a Lifelong Learning and Professional Development (LLPD) employee attended two international trips during fiscal year 2017 with no lodging or airfare costs reflected on a travel budget authorization (TBA) or travel voucher. Specifically: • TBA and travel voucher for the trip during January/February 2017 totaled $268.90 only including meals and taxis; and • TBA and travel voucher for the trip during May/June 2017 totaled $430.97 only including meals and taxis. Internal Audit was told by the employee that lodging and airfare costs for the international trips were paid out-of-pocket. During the course of the audit, Internal Audit identified unusual transactions within the LLPD chart string and requested support documentation. Travel agency invoices for two separate trips, January/February 2017 totaling $16,118.60 and May/June 2017 totaling $17,414.14, were provided by Business Support Services (BSS). It was determined the invoices were submitted as requisitions, approved by BSS and self-approved by the employee, then paid for using a pcard by BSS. The requisition for airfare and lodging did not receive supervisorial approval which resulted in the employee approving their own travel since the traveler was also the account holder.	High	Recommendations for Michael Abernethy, Senior Director of Procurement Services: 4.2.b. Ensure BSS employees fully understand the nature of expense before processing payment.	2a/2b. The management plan will be that Procurement Services and Accounts Payable will review our procurement guidance regarding these situations and make adjustments by January 1, 2018 to clearly delineate those situations where either the procurement card or the purchase order process may be used to facilitate payment for group travel. Included in this guidance will be language that enhances understanding of the expense by requiring that a travel Budget Authorization (TBA) be included with any requisitions and/or procurement card exception requests. Furthermore, we will ensure that language exists in our guidance prohibiting employees from seeking reimbursement for any expenses already facilitated through the purchase order or procurement card process.	Michael Abernethy, Senior Director of Procurement Services	1/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	5. Cash Handling UNT cash handling policies were not consistently followed in the College of Music. There were numerous issues related to cash handling, including the following: ⧠ Internal Audit reviewed cash handling training records in the University's Enterprise Information System. Internal Audit identified six individuals who have handled cash without having completed cash handling training. ⧠ Internal Audit identified two additional individuals who handle cash but have not completed cash handling training within the last 12 months. Also, Internal Audit was informed during an interview that individuals delivered deposits to Student Accounting and University Cashiering Services prior to having completed cash handling training. ⧠ Internal Audit identified two unofficial petty cash funds. The funds had a balance of $200 and $10, respectively. Internal Audit was informed during interviews of two additional unofficial petty cash funds that were closed shortly prior to the start of the audit. ⧠ Funds were not properly secured. The following examples were identified via observation or interviews: o Funds stored in an unlocked desk drawer; o Funds not transported in a lockable bank bag; o Safe left open during office hours; and o Unmounted safes. ⧠ Internal Audit observed instances of deposits not made within three business days of receipt. Additionally, several individuals said during interviews that they had not made deposits within three	High	Recommendations for John Richmond, Dean of the College of Music: 5.1.a. Identify individuals in the College of Music who handle cash and evaluate whether those individuals should perform cash handling duties.	1a. The Assistant Dean for Business and Finance will be responsible for maintaining an accurate listing of all college employees that handle cash. The Assistant Dean for Business and Finance will also review the personnel who handle cash at the beginning of each long semester to determine whether or not it is appropriate for them to have cash handling responsibilities.	Jon Nelson, Associate Dean for Operations (until Assistant Dean for Business and Finance has been hired)	1/31/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	5. Cash Handling UNT cash handling policies were not consistently followed in the College of Music. There were numerous issues related to cash handling, including the following: ⬜ Internal Audit reviewed cash handling training records in the University's Enterprise Information System. Internal Audit identified six individuals who have handled cash without having completed cash handling training. ⬜ Internal Audit identified two additional individuals who handle cash but have not completed cash handling training within the last 12 months. Also, Internal Audit was informed during an interview that individuals delivered deposits to Student Accounting and University Cashiering Services prior to having completed cash handling training. ⬜ Internal Audit identified two unofficial petty cash funds. The funds had a balance of $200 and $10, respectively. Internal Audit was informed during interviews of two additional unofficial petty cash funds that were closed shortly prior to the start of the audit. ⬜ Funds were not properly secured. The following examples were identified via observation or interviews: o Funds stored in an unlocked desk drawer; o Funds not transported in a lockable bank bag; o Safe left open during office hours; and o Unmounted safes. ⬜ Internal Audit observed instances of deposits not made within three business days of receipt. Additionally, several individuals said	High	Recommendations for John Richmond, Dean of the College of Music: 5.1.b. Ensure all individuals with cash handling responsibilities receive training on University cash handling policies and departmental cash handling written procedures.	1b. The Assistant Dean for Business and Finance will distribute the college cash handling policy to all personnel who are authorized to handle cash at the start of each long semester. The college cash handling policy is currently being revised to bring it into compliance with the university policy. On-site training will be made available within the college on an annual basis.	Jon Nelson, Associate Dean for Operations (until Assistant Dean for Business and Finance has been hired)	1/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-015 UNT	Governance and Regulatory Compliance	Minor Capital Projects	UNT System	5. An Additional Observation Regarding Major Capital Projects Not all UNT major capital projects in PeopleSoft contain budget information. UNT Major Capital Projects Managed by UNT System Office of Facilities Planning & Construction While conducting fieldwork in minor capital projects, we noted several UNT major capital projects that did not have budget information entered into PeopleSoft, including the following: ⬜ Science Research Building Interior Renovation; ⬜ Central Path Extension at Clark Park; ⬜ College of Visual Arts & Design Building; and ⬜ Track & Field Stadium & Sports Fields. While actual expenses were recorded, budgets were not entered. Seven other UNT major capital projects were active under the UNT System Office of Facilities Planning & Construction during our review; the budgets were entered into PeopleSoft for these projects. Based on discussion with personnel in the UNT System Office of Facilities Planning & Construction, UNT System Asset Accounting, and the UNT Budget Office, the flow of budget information for UNT major capital projects generally is as follows: ⬜ UNT System Office of Facilities Planning & Construction submits a project ID request along with project budget information to UNT System Asset Accounting. ⬜ UNT System Asset Accounting assigns a project ID, creates the project in PeopleSoft, and sends the project setup file to the UNT Budget Office. ⬜ The UNT Budget Office creates the budget lines in PeopleSoft	High	Recommendation for Paige Smith, Associate Vice Chancellor for Budget and Planning: 5.1.a. In coordination with UNT System Asset Accounting, UNT Budget Office, UNT System Office of Facilities Planning and Construction, UNT Facilities and UNT System Treasury develop a process to ensure that budget information is entered into PeopleSoft for UNT major capital projects.	1a. Management concurs with the findings and recommendations above. We are currently coordinating with the parties noted to solidify and put into place a process that will meet the expectations and requirements delineated in this observation. Phase 1 includes establishing a clear process flow, clarifying roles and responsibilities, and formalizing communication lines for: project ID set-up, establishment of budgets in PeopleSoft, and reconciliation and on-going monitoring of project budgets. Phase 2 will include an evaluation of Phase 1 to determine if the set-up is working as expected - including project and project reporting data integrity/clarity, and surveys of management and end-user satisfaction. Phase I – May 2018; Phase II – May 2019	Paige Smith, Associate Vice Chancellor for Budget and Planning	5/31/2019	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	5. Cash Handling UNT cash handling policies were not consistently followed in the College of Music. There were numerous issues related to cash handling, including the following: ⊡ Internal Audit reviewed cash handling training records in the University's Enterprise Information System. Internal Audit identified six individuals who have handled cash without having completed cash handling training. ⊡ Internal Audit identified two additional individuals who handle cash but have not completed cash handling training within the last 12 months. Also, Internal Audit was informed during an interview that individuals delivered deposits to Student Accounting and University Cashiering Services prior to having completed cash handling training. ⊡ Internal Audit identified two unofficial petty cash funds. The funds had a balance of $200 and $10, respectively. Internal Audit was informed during interviews of two additional unofficial petty cash funds that were closed shortly prior to the start of the audit. ⊡ Funds were not properly secured. The following examples were identified via observation or interviews: o Funds stored in an unlocked desk drawer; o Funds not transported in a lockable bank bag; o Safe left open during office hours; and o Unmounted safes. ⊡ Internal Audit observed instances of deposits not made within three business days of receipt. Additionally, several individuals said	High	Recommendations for John Richmond, Dean of the College of Music: 5.1.d. Address the inadequate segregation of duties related to the sale of CDs at Jazz performances.	1d. The Assistant Dean for Business and Finance will work with the Chair of the Division of Jazz Studies to ensure that adequate separation of duties will be implemented immediately for the sale of any jazz merchandise at jazz performances.	Jon Nelson, Associate Dean for Operations (until Assistant Dean for Business and Finance has been hired)	1/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	5. Cash Handling Internal Audit reviewed a sample of deposits from September 1, 2016 through December 5, 2016 and April 7, 2017 through June 12, 2017 and identified 52 out of 107 deposits, approximately 49%, that were not deposited timely, up to 10 days late. UNT Policy 10.006 Cash Handling Controls was modified during October 2016 to update the maximum amount of business days to deposit cash from 5 to 3 business days. Internal Audit performed testing in accordance with requirement in place during period of sample reviewed. Internal Audit also noted Lifelong Learning and Professional Development (LLPD) departmental procedures referenced a petty cash fund. Turnover in August 2017 resulted in an inability to adhere to department procedures and University Cash Handling policies. As a result, not all individuals have received cash handling training and/or a completed Cash Handling Authorization form.	High	Recommendations for Stephanie Reinke, Director of Lifelong Learning and Professional Development: 5.1.a. Ensure job responsibilities are handled in a way cash is deposited timely.	1a./1b./1c. LLPD will work directly with UNT Policies: 10.017, 10.024, 10.029, 10.006 and 04.007 to develop and implement department procedures and separation of duties so that we are within compliance and handling all cash deposited timely.	Stephanie Reinke, Director of Lifelong Learning and Professional Development	1/1/2018 Revised Impl. Date: 3/30/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	5. Cash Handling Internal Audit reviewed a sample of deposits from September 1, 2016 through December 5, 2016 and April 7, 2017 through June 12, 2017 and identified 52 out of 107 deposits, approximately 49%, that were not deposited timely, up to 10 days late. UNT Policy 10.006 Cash Handling Controls was modified during October 2016 to update the maximum amount of business days to deposit cash from 5 to 3 business days. Internal Audit performed testing in accordance with requirement in place during period of sample reviewed. Internal Audit also noted Lifelong Learning and Professional Development (LLPD) departmental procedures referenced a petty cash fund. Turnover in August 2017 resulted in an inability to adhere to department procedures and University Cash Handling policies. As a result, not all individuals have received cash handling training and/or a completed Cash Handling Authorization form.	High	Recommendations for Stephanie Reinke, Director of Lifelong Learning and Professional Development: 5.1.b. Due to employee turnover, update departmental procedures to reflect changes in personnel job responsibilities.	1a./1b./1c. LLPD will work directly with UNT Policies: 10.017, 10.024, 10.029, 10.006 and 04.007 to develop and implement department procedures and separation of duties so that we are within compliance and handling all cash deposited timely.	Stephanie Reinke, Director of Lifelong Learning and Professional Development	1/1/2018 Revised Impl. Date: 3/30/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	5. Cash Handling Internal Audit reviewed a sample of deposits from September 1, 2016 through December 5, 2016 and April 7, 2017 through June 12, 2017 and identified 52 out of 107 deposits, approximately 49%, that were not deposited timely, up to 10 days late. UNT Policy 10.006 Cash Handling Controls was modified during October 2016 to update the maximum amount of business days to deposit cash from 5 to 3 business days. Internal Audit performed testing in accordance with requirement in place during period of sample reviewed. Internal Audit also noted Lifelong Learning and Professional Development (LLPD) departmental procedures referenced a petty cash fund. Turnover in August 2017 resulted in an inability to adhere to department procedures and University Cash Handling policies. As a result, not all individuals have received cash handling training and/or a completed Cash Handling Authorization form.	High	Recommendations for Stephanie Reinke, Director of Lifelong Learning and Professional Development: 5.1.c. Update departmental procedures to reflect actual processes, including addition of desktop deposit, and removal of petty cash.	1a./1b./1c. LLPD will work directly with UNT Policies: 10.017, 10.024, 10.029, 10.006 and 04.007 to develop and implement department procedures and separation of duties so that we are within compliance and handling all cash deposited timely.	Stephanie Reinke, Director of Lifelong Learning and Professional Development	1/1/2018 Revised Impl. Date: 3/30/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	5. Cash Handling UNT cash handling policies were not consistently followed in the College of Music. There were numerous issues related to cash handling, including the following: ⬜ Internal Audit reviewed cash handling training records in the University's Enterprise Information System. Internal Audit identified six individuals who have handled cash without having completed cash handling training. ⬜ Internal Audit identified two additional individuals who handle cash but have not completed cash handling training within the last 12 months. Also, Internal Audit was informed during an interview that individuals delivered deposits to Student Accounting and University Cashiering Services prior to having completed cash handling training. ⬜ Internal Audit identified two unofficial petty cash funds. The funds had a balance of $200 and $10, respectively. Internal Audit was informed during interviews of two additional unofficial petty cash funds that were closed shortly prior to the start of the audit. ⬜ Funds were not properly secured. The following examples were identified via observation or interviews: o Funds stored in an unlocked desk drawer; o Funds not transported in a lockable bank bag; o Safe left open during office hours; and o Unmounted safes. ⬜ Internal Audit observed instances of deposits not made within three business days of receipt. Additionally, several individuals said	High	Recommendations for John Richmond, Dean of the College of Music: 5.1.c. Close all unofficial petty cash funds.	1c. The Assistant Dean for Business and Finance will actively work to identify and close all unauthorized petty cash funds by the close of 2017.	Jon Nelson, Associate Dean for Operations (until Assistant Dean for Business and Finance has been hired)	1/31/2018	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-303 UNT	Governance and Regulatory Compliance	Student Managed Investment Fund (SMIF)	UNT	5. Meeting attendance Meeting attendance is taken using manual attendance forms that are distributed during the meeting, giving students the opportunity to add names of students that did not attend the meeting. The student member attendance at SIG meetings are taken making use of manual attendance forms. On an annual basis, this information is used to allocate course credits for students attending SIG meetings, based on their number of meetings attended and relevant enrolled courses. Risk/Impact: The usage of manual attendance forms gives students the opportunity to sign in on behalf of other students who did not attend the meeting, which may result in students receiving unearned course credits.	Low	5.1.a. The SIG in coordination with the FIREL chair should evaluate and, if viable, implement measures whereby meeting attendance can be taken either by swiping or scanning student IDs or manually verifying student IDs written on attendance forms.	1a. FIREL department chair will work with the SIG Board of Directors to enable the use of the current card swiping system implemented at UNT, for taking student attendance at SIG meetings and will also assist in training SIG officers on its use.	FIREL department chair in coordination with the SIG Board of Directors	Exp. Impl. Date: 12/31/2017 Revised Impl. Date: 03/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	5. ORP Financial Companies Issues ORP contributions were not always deposited within the 3 business day requirement described in issue number 3 by certain financial service companies for 21 pay periods reviewed from January 2015 - September 2016. The Institution currently has 1,408 ORP participants out of which 739 (53%) elected Fidelity, 468 (33%) elected TIAA-CREF, 71 (5%) elected VALIC and 130 (9%) elected VOYA. The financial companies receive contribution data and funds through VRSCO. The financial service companies validates the information provided and notifies either VRSCO, Benefits and/or Payroll of any errors identified. After errors are addressed by Benefits and Payroll, the financial service companies deposit contributions to the participant's account by batch processing. Refer to Flowchart 3 for graphic demonstration: See final report for flow chart 3. In detail the following were noted: •Financial service companies are required to deposit contributions in the participant's account within the same business day if received from VRSCO by close of business or the next business day. The Texas Government Code and Texas Administrative Code contemplate that financial service companies will deposit or credit ORP contributions to each participant's account the same business day the contributions are received so long as the funds are received before the close of	High	Recommendations for the Assistant Vice Chancellor of Total Rewards in consultation with the Office of General Counsel and the Sr. Director of Controller Operations: 5.1.a.Work with the third party ORP administrator and the financial service companies to ensure contribution amounts are credited to the participant's account within 3 days of legal availability and monitor until no deposit delays are noted.	1a. An evaluation of the process is underway to determine potential quick fixes for immediate implementation while longer term corrections are being addressed. As a stage of the Retirement Update Project, we will be asking our existing vendors to submit proposals to select a lead record keeper among them with services to address compliance shortfalls and user experience improvements compared to the current program. The lead record keeper selection and contracting are likely to be completed by February 2018, so we can partner with the lead record keeper to complete the programming process, and any required plan design changes. Incremental improvement will be implemented along the way, and due to the complex and coordinated effort necessary, full automation is estimated to complete by the end of fiscal year 2018.	Christopher DeClerk, Assistant Vice Chancellor of Total Rewards and the Sr. Director of Controller Operations in collaboration with the Office of General Counsel	8/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	5. ORP Financial Companies Issues ORP contributions were not always deposited within the 3 business day requirement described in issue number 3 by certain financial service companies for 21 pay periods reviewed from January 2015 - September 2016. The Institution currently has 1,408 ORP participants out of which 739 (53%) elected Fidelity, 468 (33%) elected TIAA-CREF, 71 (5%) elected VALIC and 130 (9%) elected VOYA. The financial companies receive contribution data and funds through VRSCO. The financial service companies validates the information provided and notifies either VRSCO, Benefits and/or Payroll of any errors identified. After errors are addressed by Benefits and Payroll, the financial service companies deposit contributions to the participant's account by batch processing. Refer to Flowchart 3 for graphic demonstration: See flow chart 3. In detail the following were noted: •Financial service companies are required to deposit contributions in the participant's account within the same business day if received from VRSCO by close of business or the next business day. The Texas Government Code and Texas Administrative Code contemplate that financial service companies will deposit or credit ORP contributions to each participant's account the same business day the contributions are received so long as the funds are received before the close of	High	Recommendations for the Assistant Vice Chancellor of Total Rewards in consultation with the Office of General Counsel and the Sr. Director of Controller Operations: 5.1.b. Work with the Office of General Counsel to update the current agreement(s) to include but not be limited to the following: ➢ Timeliness of notification of discrepancies from the ORP financial service companies to UNT System Controller Operations and Human Resources departments. ➢ Post all ORP participant contributions in good order in accordance with state regulation. Only withhold contributions for each individual ORP participant for whom contributions submitted were not in good order until resolved.	1b. Contract and service level agreements will be addressed in item 1a in coordination with the Office of General Counsel.	Christopher DeClerk, Assistant Vice Chancellor of Total Rewards and the Sr. Director of Controller Operations in collaboration with the Office of General Counsel	8/31/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	5. Segregation of Duties Internal Audit noted an inappropriate segregation of duties within the UNT International (UNT-I) Sponsored Students and Special Programs Center. Specifically, one employee had access to perform the following: • Put students on sponsorships (Third Party Contracts); • Terminate sponsorships; • Generate, prepare, and send invoices to sponsors; • Work the accounts receivable report to obtain past due tuition and fee charges; and • Place past due tuition and fee charges back on students' accounts. Additionally, during the course of this review, it was noted an employee in the UNT-I Sponsored Students and Special Programs Center office placed their spouse on a sponsorship totaling $5,644.82 to avoid paying 10 percent of their tuition and fees until their UNT Faculty/Staff Scholarship posted to their account. Once the scholarship posted, the employee terminated the sponsorship and the account balance was paid. This employee has been terminated from the University.	High	Recommendation for Director of Sponsored Student Programs and Director of Financial Services, Student Finance: 5.1.a. Coordinate to ensure appropriate segregation of duties within the sponsorship process.	1a. Management agrees with the recommendation. Sponsored Student Programs and Student Finance will investigate how to mitigate the risks and determine the best possible solution within the constraints of limited staffing.	Aleka Myre, Director of Sponsored Student Programs, and Jeane Olson, Director of Financial Services, Student Finance	6/30/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	5. Service Teaching Assessments There was neither an agreement nor documentation in place that provided a basis for the rate used for Service Teaching Assessment (STA). STA is the redistribution of General Appropriation Act (GAA) funds to support collaborative teaching initiative of instructional services between Texas College of Osteopathic Medicine (TCOM), Graduate School of Biomedical Sciences (GSBS) and School of Health Professions (SHP). The GSBS has its roots in TCOM where basic science courses were taught by TCOM faculty. The STA began in 2000 when the past President, and Deans of TCOM and GSBS agreed to move the faculty, who taught basic science courses, out of TCOM into the GSBS. This collaborative initiative aimed to provide a better professional/research environment to basic science faculty by GSBS. The faculty in the basic science departments continued to contribute to the teaching of the pre-clinical part of TCOM's medical curriculum, interview prospective medical students, provide research opportunities for TCOM students and serve on TCOM's Committees. Similarly, another collaboration began where TCOM and GSBS faculty teach courses to School of Health Professions (SHP) students. The purpose of this collaborative initiative was to promote economies of scale and an efficient use of faculty resources by eliminating duplication of teaching efforts/ courses among schools. The financial	High	Recommendations for the UNTHSC Executive Vice President for Finance & Chief Financial Officer and Interim Provost: 5.1.a. Review and assess options of administering Service Teaching Assessments and adopt a funding mechanism (e.g. based on determining cost of instruction) that best serves the University needs.	1a. An analysis of current reimbursement models for teaching across schools and colleges was conducted in the spring of 2017. Options for providing reimbursements were discussed with the deans of the five schools and colleges.	Claire Peel, Interim Provost	5/1/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	5. Service Teaching Assessments There was neither an agreement nor documentation in place that provided a basis for the rate used for Service Teaching Assessment (STA). STA is the redistribution of General Appropriation Act (GAA) funds to support collaborative teaching initiative of instructional services between Texas College of Osteopathic Medicine (TCOM), Graduate School of Biomedical Sciences (GSBS) and School of Health Professions (SHP). The GSBS has its roots in TCOM where basic science courses were taught by TCOM faculty. The STA began in 2000 when the past President, and Deans of TCOM and GSBS agreed to move the faculty, who taught basic science courses, out of TCOM into the GSBS. This collaborative initiative aimed to provide a better professional/research environment to basic science faculty by GSBS. The faculty in the basic science departments continued to contribute to the teaching of the pre-clinical part of TCOM's medical curriculum, interview prospective medical students, provide research opportunities for TCOM students and serve on TCOM's Committees. Similarly, another collaboration began where TCOM and GSBS faculty teach courses to School of Health Professions (SHP) students. The purpose of this collaborative initiative was to promote economies of scale and an efficient use of faculty resources by eliminating duplication of teaching efforts/ courses among schools. The financial	High	Recommendations for the UNTHSC Executive Vice President for Finance & Chief Financial Officer and Interim Provost: 5.1.b. Develop policies and procedures to guide the administration of fund redistribution for Service Teaching Assessments within the institution.	1b. Policies and procedures will be developed during FY2018 to guide reimbursement across schools and colleges for teaching services. The plan will be implemented for FY2019.	Claire Peel, Interim Provost	5/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	5. Service Teaching Assessments There was neither an agreement nor documentation in place that provided a basis for the rate used for Service Teaching Assessment (STA). STA is the redistribution of General Appropriation Act (GAA) funds to support collaborative teaching initiative of instructional services between Texas College of Osteopathic Medicine (TCOM), Graduate School of Biomedical Sciences (GSBS) and School of Health Professions (SHP). The GSBS has its roots in TCOM where basic science courses were taught by TCOM faculty. The STA began in 2000 when the past President, and Deans of TCOM and GSBS agreed to move the faculty, who taught basic science courses, out of TCOM into the GSBS. This collaborative initiative aimed to provide a better professional/research environment to basic science faculty by GSBS. The faculty in the basic science departments continued to contribute to the teaching of the pre-clinical part of TCOM's medical curriculum, interview prospective medical students, provide research opportunities for TCOM students and serve on TCOM's Committees. Similarly, another collaboration began where TCOM and GSBS faculty teach courses to School of Health Professions (SHP) students. The purpose of this collaborative initiative was to promote economies of scale and an efficient use of faculty resources by eliminating duplication of teaching efforts/ courses among schools. The financial	High	Recommendations for the UNTHSC Executive Vice President for Finance & Chief Financial Officer and Interim Provost: 5.1.c. Communicate newly developed policies and procedures to the relevant parties.	1c. The policies and procedures will be communicated to the Budget Office, Deans and other relevant parties in the spring of 2018.	Claire Peel, Interim Provost	5/1/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-401 HSC	Governance and Regulatory Compliance	Graduate School of Biomedical Sciences Review	UNTHSC	5. Standardized Budget Reporting Application There is no standardized budget reporting application utilized by the different departments within the institution. Specifically, it was identified some departments use eThority while others use Cognos to review their budget balances. The Office of Financial Planning and Budget grants access to eThority upon request and administers training, however every department has access to Cognos.	Moderate	Recommendations for the UNTHSC Executive Vice President for Finance & Chief Financial Officer: 5.1.a. Assess the reporting needs of different users across the institution.	1a. Reporting needs will be assessed across the HSC.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	5/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-401 HSC	Governance and Regulatory Compliance	Graduate School of Biomedical Sciences Review	UNTHSC	5. Standardized Budget Reporting Application There is no standardized budget reporting application utilized by the different departments within the institution. Specifically, it was identified some departments use eThority while others use Cognos to review their budget balances. The Office of Financial Planning and Budget grants access to eThority upon request and administers training, however every department has access to Cognos.	Moderate	Recommendations for the UNTHSC Executive Vice President for Finance & Chief Financial Officer: 5.1.b. Determine which application will best deliver the right information to users, on time and at the right cost.	1b. Based on the needs identified, a cost effective application will be chosen that will best deliver timely and current information.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	5/1/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-401 HSC	Governance and Regulatory Compliance	Graduate School of Biomedical Sciences Review	UNTHSC	5. Standardized Budget Reporting Application There is no standardized budget reporting application utilized by the different departments within the institution. Specifically, it was identified some departments use eThority while others use Cognos to review their budget balances. The Office of Financial Planning and Budget grants access to eThority upon request and administers training, however every department has access to Cognos.	Moderate	Recommendations for the UNTHSC Executive Vice President for Finance & Chief Financial Officer: 5.1.c. Provide access and thorough training to the users of the application.	1c. Access and training will be provided to users to provide a thorough understanding of the application.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	5/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	5. Swimming Pool at College Inn Swimming pool at College Inn does not comply with chapter 757, section 757.004 of the Texas Health and Safety Code, which requires a self-latching mechanism. During pool hours, the swimming pool gate is unlocked at College Inn, and the entry gate to the pool does not have a self-latching mechanism. Additionally, there is no prominent signage at the gate entrance indicating that the pool is only for UNT Housing residents and their guests or pool safety requirements.	High	Recommendations for Gina Vanacore, Director of Housing and Residence Life: 5.1.a. Compliance with Chapter 757 Section 757.004 of the Texas Health and Safety Code pertaining to pool yard enclosure requirements.	1a. Housing and Residence Life staff are aware of the requirements regarding pool safety. Director Vanacore will inform colleagues in Facilities about the code and compliance and submit all applicable work orders.	Gina M. Vanacore, Director of Housing and Residence Life	12/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-415 UNT	Governance and Regulatory Compliance	Faculty and Staff International Travel Audit	UNT System	1. International Travel Registration Control Process An internal control process is not established to ensure that all individuals traveling internationally on either UNT System, UNT, UNTHSC or UNT Dallas business have registered with UNT Risk Management prior to departure. Thus, UNT Risk Management does not know the total number and location of individuals traveling internationally. Additionally, there are no travel policies that address international travel registration at the UNT System, UNT, UNTHSC, and UNT Dallas. Currently, the international traveler acknowledges they will register their travel plans with UNT Risk Management using the TBA form acknowledgement statement. However, there is no certification that the international traveler has registered prior to departure.	High	Recommendation for Abdul Mohammad, Senior Associate Controller for Operations: 1.1.a. Develop a procedure to forward Travel Budget Authorization (TBA) forms received for international trips to UNT Risk Management.	1a. On a daily basis, if Travel Budget Authorization forms are received from travelers/departments by Accounts Payable Travel (AP) team prior to international trips then such forms will be forwarded to UNT Risk Management team. AP will reach out to UNT Risk Management to get contact details of the person to whom forms should be forwarded. UNT System currently under a contract to implement automated Travel and Expense system, including a risk messaging application for international travelers, which will eliminate the above stated manual process.	Abdul Mohammad, Sr. Associate Controller of Operations	10/30/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	5. Swimming Pool at College Inn Swimming pool at College Inn does not comply with chapter 757, section 757.004 of the Texas Health and Safety Code, which requires a self-latching mechanism. During pool hours, the swimming pool gate is unlocked at College Inn, and the entry gate to the pool does not have a self-latching mechanism. Additionally, there is no prominent signage at the gate entrance indicating that the pool is only for UNT Housing residents and their guests or pool safety requirements.	High	Recommendations for Gina Vanacore, Director of Housing and Residence Life: 5.1.b. Place signage at pool gate entrance area indicating the pool is for UNT Housing residents and their guests.	1b. Director Vanacore will create a work order for appropriate signage.	Gina M. Vanacore, Director of Housing and Residence Life	12/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	5. Swimming Pool at College Inn

Swimming pool at College Inn does not comply with chapter 757, section 757.004 of the Texas Health and Safety Code, which requires a self-latching mechanism.

During pool hours, the swimming pool gate is unlocked at College Inn, and the entry gate to the pool does not have a self-latching mechanism. Additionally, there is no prominent signage at the gate entrance indicating that the pool is only for UNT Housing residents and their guests or pool safety requirements. | High | Recommendations for Gina Vanacore, Director of Housing and Residence Life:

5.1.c. Post appropriate prominent signage near the entry gate location to the pool detailing the College Inn pool safety requirements for those residents and their guests using the pool. | 1c. Director Vanacore will create a work order for appropriate signage. | Gina M. Vanacore, Director of Housing and Residence Life | 12/31/2017 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-417 UNT | Governance and Regulatory Compliance | LLPD Business Process Audit | UNT | 6. Desktop Deposit Policy

Internal Audit noted during an unannounced cash count at Lifelong Learning and Professional Development (LLPD), the safe contained checks that had been deposited via desktop deposit from 2014. LLPD employees stated they did not know how to retain the checks after deposit. There are no documented processes regarding check retention guidance for desktop deposit.
Although cash handling sits at a System level, cash handling management is overseen by each individual component. | High | Recommendation for Larry Worthy, Director of Asset Protection:

6.1.a. Coordinate with Institutional Compliance Records Management to develop procedures to provide guidance regarding retention period and disposition of checks for departments using desktop deposit. | 1a. Management concurs with the finding and recommendation and will develop Desktop Deposit Procedures. One feature of this procedure will be to retain checks after deposit for 30 days before destruction. While we are aware the Wells Fargo guidance suggests destruction after 14 days, we believe 14 days is not long enough. There was one check deposited in another department on September 25, 2017 that was not readable by Wells Fargo who did not request submission until October 12, 2017, 17 days later. We will coordinate the procedure with Records Management. | Larry Worthy, Director of Asset Protection | 11/30/2017 | Closed |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	6. Desktop Deposit Policy Internal Audit noted during an unannounced cash count at Lifelong Learning and Professional Development (LLPD), the safe contained checks that had been deposited via desktop deposit from 2014. LLPD employees stated they did not know how to retain the checks after deposit. There are no documented processes regarding check retention guidance for desktop deposit. Although cash handling sits at a System level, cash handling management is overseen by each individual component.	High	Recommendation for Stephanie Reinke, Director of Lifelong Learning and Professional Development: 6.2.a. Coordinate with Institutional Compliance Records Management to properly dispose of checks.	2a. Management concurs with the finding and recommendation and will develop the aforementioned Desktop Deposit Procedures. Another feature of these procedures will be to describe a Cash receipt log that will contain the date checks are received, deposited and destroyed. Additionally, procedures will require disposal in a cross cut shredder. We will coordinate the procedure with Records Management and undergo records management training to bring the handling and storage of UNT records within LLPD to compliance and develop new office procedures. As of 10/19/2017, all LLPD employees have successfully completed Cash Handling Training.	Stephanie Reinke, Director of Lifelong Learning and Professional Development	Exp. Impl. Date: 11/30/2017 Rev. Impl. Date: 3/30/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	6. IRS Dollar Limitations Based on 403(b) Contributions A manual process breakdown in updating the year-to-date contribution amount in PeopleSoft caused two employee's ORP accounts to be over contributed by both the Institution and employee. This occurred when employee benefit changes were not entered into PeopleSoft, since the process is manual rather than a system configuration which automatically calculates contribution amounts. In detail, testing identified 2 out of 64 employees (3%) exceeded the annual IRS dollar compensation limitations based on 403(b) Contributions for Calendar Year 2015. These two employees elected a different financial service company in October 2015; however, notification was not provided to the Controller Operations team in order to manually update the year-to-date contribution amount in PeopleSoft. Therefore, PeopleSoft calculated their maximum contribution inaccurately.	High	Recommendations for the Assistant Vice Chancellor of Total Rewards: 6.1.a. For the two employees, estimate the total amount of excess contributions for all calendar years, based on annual compensation limitation set by the IRS, starting from the employees' hire dates.	1a. Performed a manual audit of these two individuals' retirement accounts to determine the following. Employees should have only been able to contribute a portion of the first $265,000 earnings in 2015. As a result of transferring vendors, and exceeding contribution limits, EIS did not stop employee or employer contributions when these two employees exceeded $265,000 in earnings. As a result, the first employee over contributed $2,326.13 and the employer overpaid $2,298.71. The second employee over contributed $1,064.27 and the employer overpaid $1,056.26.	Christopher DeClerk, Assistant Vice Chancellor of Total Rewards	8/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	6. IRS Dollar Limitations Based on 403(b) Contributions A manual process breakdown in updating the year-to-date contribution amount in PeopleSoft caused two employee's ORP accounts to be over contributed by both the Institution and employee. This occurred when employee benefit changes were not entered into PeopleSoft, since the process is manual rather than a system configuration which automatically calculates contribution amounts. In detail, testing identified 2 out of 64 employees (3%) exceeded the annual IRS dollar compensation limitations based on 403(b) Contributions for Calendar Year 2015. These two employees elected a different financial service company in October 2015; however, notification was not provided to the Controller Operations team in order to manually update the year-to-date contribution amount in PeopleSoft. Therefore, PeopleSoft calculated their maximum contribution inaccurately.	High	Recommendations for the Assistant Vice Chancellor of Total Rewards: 6.1.b. Develop a report of all employees who changed financial service companies during the year that may have exceeded the IRS contribution limit.	1b. In 2016 a report was developed and a manual process was created to account for this situation. Benefits reviewed periods prior to that manual process and determined these were the only two instances over limits. For this error to occur, one would need to be compensated over IRS contribution limits and change record keepers mid-year. Only a small number of, if any, individuals could be in this situation in any given calendar year.	Christopher DeClerk, Assistant Vice Chancellor of Total Rewards	8/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	6. IRS Dollar Limitations Based on 403(b) Contributions A manual process breakdown in updating the year-to-date contribution amount in PeopleSoft caused two employee's ORP accounts to be over contributed by both the Institution and employee. This occurred when employee benefit changes were not entered into PeopleSoft, since the process is manual rather than a system configuration which automatically calculates contribution amounts. In detail, testing identified 2 out of 64 employees (3%) exceeded the annual IRS dollar compensation limitations based on 403(b) Contributions for Calendar Year 2015. These two employees elected a different financial service company in October 2015; however, notification was not provided to the Controller Operations team in order to manually update the year-to-date contribution amount in PeopleSoft. Therefore, PeopleSoft calculated their maximum contribution inaccurately.	High	Recommendations for the Assistant Vice Chancellor of Total Rewards: 6.1.c. For those employees identified with exceeding the IRS contribution limit, work with the Office of General Counsel and Finance to determine the appropriate action regarding the excess contributions.	1c. Partner with OGC to take appropriate action for any excess contributions.	Christopher DeClerk, Assistant Vice Chancellor of Total Rewards	8/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	6. IRS Dollar Limitations Based on 403(b) Contributions A manual process breakdown in updating the year-to-date contribution amount in PeopleSoft caused two employee's ORP accounts to be over contributed by both the Institution and employee. This occurred when employee benefit changes were not entered into PeopleSoft, since the process is manual rather than a system configuration which automatically calculates contribution amounts. In detail, testing identified 2 out of 64 employees (3%) exceeded the annual IRS dollar compensation limitations based on 403(b) Contributions for Calendar Year 2015. These two employees elected a different financial service company in October 2015; however, notification was not provided to the Controller Operations team in order to manually update the year-to-date contribution amount in PeopleSoft. Therefore, PeopleSoft calculated their maximum contribution inaccurately.	High	Recommendations for the Assistant Vice Chancellor of Total Rewards: 6.1.d. Work with Information Technology Shared Services (ITSS) and the Controller Operations team to configure an automatic calculation in PeopleSoft for the year-to-date contribution amount when an employee elects a different financial service company during the year. This will eliminate the need for a manual process.	1d. As part of the Retirement Update Project, we are working to ensure all deduction codes are functioning correctly and develop a reporting mechanism to verify they are working correctly.	Christopher DeClerk, Assistant Vice Chancellor of Total Rewards	Exp. Imp. Date: 8/31/2018 Rev. Imp. Date: 06/01/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	6. Unauthorized Bank Account A bank account is being maintained on behalf of UNT. The Percussion Club is a student organization in the College of Music. The club is not a registered student organization with the Student Activities Center. The club maintains its own bank account. It is Internal Audit's understanding that access to this bank account is limited to two Percussion faculty members. Internal Audit reviewed monthly statements from August 2015 through May 2017 for this bank account, and the account contains UNT in its title. During a discussion with the Associate Vice Chancellor for Treasury, he confirmed that this account was not on the inventory list of authorized accounts.	High	Recommendation for John Richmond, Dean of the College of Music, to coordinate with Larry Worthy, Special Assistant to the CFO/Vice President for Finance & Administration, to: 6.1.a. Register the Percussion Club with the Student Activities Center, obtain a bank account authorized by UNT System Treasury, deposit club funds in the authorized account, and close the unauthorized account.	1a. The Audit Report has been reviewed with Professor Ford, who will register the Percussion Club with the Student Activities Center. The unauthorized bank account will be closed and a new UNT account will be established.	John Holt, Chair, Division of Instrumental Studies, in consultation with Mark Ford, Professor & Coordinator of Percussion	Exp. Impl. Date: 10/31/2017 Revised Impl. Date: 3/1/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	7. Cash Handling UNT cash handling policy 10.006 Cash Handling Controls and best practices were not consistently followed in the UNT International (UNT-I) Main Office. Specifically, the following were noted: • Student workers were handling cash without receiving appropriate training and without necessary documentation completed; • UNT-I's Main Office Cash Handling Procedure Manual was not up-to-date with current University policies; • Cash was not being logged upon receipt; and • Deposits taken to Student Accounting and University Cashiering Services (SAUCS) by employees were not concealed in transit.	Moderate	Recommendation for Interim Vice Provost for International Affairs and Director of Financial Services, Student Finance: 7.1.a. Coordinate to ensure all UNT International cash handling functions are transferred to Student Accounting and University Cashiering Services.	1a. Management agrees. Following notification, UNT-I addressed cash handling training and documentation issues and updated the Main Office Cash Handling Procedure Manual to reflect current university policy. UNT-I implemented a check log (initial check logged on 1/3/2017) and began concealing the locked bank bag inside a generic bag when transporting deposits to SAUCS. UNT-I will coordinate with the Director of Financial Services, Student Finance, to explore the feasibility of transferring cash handling functions to Student Accounting and University Cashiering Services. In order to transfer this function, it will be necessary to address the ability of Sponsored Students to see complete and accurate accounts receivable reports per Observation 2. If this function can be transferred, the Sponsored Students will immediately instruct all new sponsors to direct deposits to Student Accounting and University Cashiering Services. They will work with existing sponsors to follow the same procedure with the expectation that there may be some delay in effectively communicating this. If check payment are still directed to UNT-I, staff will follow university policy on cash handling.	Pia Wood, Vice Provost for International Affairs, and Jeane Olson, Director of Financial Services, Student Finance.	Exp. Impl. Date: 6/30/2018 Rev. Impl. Date: 05/31/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	1. Commingled Funds When the new chart of accounts went into implementation, Lifelong Learning and Professional Development (LLPD) donations, University of North Texas Retiree Association (UNTRA) fees, and camp and conference revenue and expenses were commingled into the same chart string totaling approximately $620,000 as of August 31, 2017. Upon approval of the Osher Lifelong Learning Institute (OLLI) program at UNT, $100,000 of OLLI grant funds were also commingled in the same unrestricted account. Lifelong Learning and Professional Development (LLPD) staff were keeping shadow spreadsheets to account for all of the separate items and their correlating funds. During the course of this audit, LLPD camps and conferences were transferred to UNT's One Stop Shop, which handles event planning and scheduling services.	High	Recommendations for Stephanie Reinke, Director of Lifelong Learning and Professional Development (LLPD): 1.1.a. Coordinate with UNT Controller to ensure Osher Lifelong Learning Institute (OLLI) grant funds are moved into a restricted gift account.	1a. In working with UNT Controller Jennifer Stevenson, a new dedicated restricted gift chartstring is now in place for (OLLI).	Stephanie Reinke, Director of Lifelong Learning and Professional Development	2/28/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	7. Contract Oversight ORP service provider agreements were not in compliance with Institution policies and procedures. Specifically, testing identified the following: •All agreements (VRSCO, Fidelity, VALIC, VOYA and TIAA-CREF) have-not been reviewed since the execution date of 2009 and/or 2010. •Two agreement renewals with VRSCO were not executed before the agreement expiration date; therefore, there was a lapse from March20, 2013 – March 03, 2014 and March 19, 2015 – March 31, 2016 •Both agreement renewals with VRSCO were not signed by the Chancellor or an employee with a written sub-delegation of authority. These agreement renewals were signed by the Benefits Manager. •The agreements with Fidelity were not updated in mid-2010 to the University of North Texas System agreements and continued until November 2016 under the prior agreements with the University of North Texas Health Science Center at Fort Worth and the University of North Texas as the contracting parties (UNT System and UNT Dallas were included under the UNT agreement umbrella). •The agreements with VOYA and VALIC did not have an audit clause	High	Recommendations for the Vice Chancellor for Finance: 7.1.a.Work with the Office of General Counsel to review retirement plan contract agreements to help ensure they are renewed, updated and signed as appropriate and in accordance with UNT System Board Regent Rules.	1a. A Retirement Plan Committee was put in place to frame the project, select a vendor, and oversee the Retirement Plan Update Project. The committee will work with our retirement consultant, CAPTRUST Financial Advisors, and the Office of General Counsel to review retirement plan contract agreements to help ensure they are renewed, updated and signed as appropriate and in accordance with UNT System Board Regent Rules. Due to the nature of the revisions, need for negotiation, programming, and coordination among multiple internal teams, four record keepers, and potentially a new Lead Record keeper, this update will be complex and is expected to finalize within the next fiscal year.	Janet Waldron, Vice Chancellor of Finance	8/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	1. Commingled Funds When the new chart of accounts went into implementation, Lifelong Learning and Professional Development (LLPD) donations, University of North Texas Retiree Association (UNTRA) fees, and camp and conference revenue and expenses were commingled into the same chart string totaling approximately $620,000 as of August 31, 2017. Upon approval of the Osher Lifelong Learning Institute (OLLI) program at UNT, $100,000 of OLLI grant funds were also commingled in the same unrestricted account. Lifelong Learning and Professional Development (LLPD) staff were keeping shadow spreadsheets to account for all of the separate items and their correlating funds. During the course of this audit, LLPD camps and conferences were transferred to UNT's One Stop Shop, which handles event planning and scheduling services.	High	Recommendations for Stephanie Reinke, Director of Lifelong Learning and Professional Development (LLPD): 1.1.c. Coordinate with UNT Controller to ensure all appropriate OLLI revenue and expenses are moved in the restricted gift account.	1b./c. Our office is still working with the budget and financial reporting offices to reconcile and verify that all funds (expenses and revenue) are in the correct and appropriate chartstrings as it pertains to (OLLI).	Stephanie Reinke, Director of Lifelong Learning and Professional Development	2/28/2018	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-407 SYS	Governance and Regulatory Compliance	Retirement Contributions	UNT System	7. Contract Oversight ORP service provider agreements were not in compliance with Institution policies and procedures. Specifically, testing identified the following: •All agreements (VRSCO, Fidelity, VALIC, VOYA and TIAA-CREF) have-not been reviewed since the execution date of 2009 and/or 2010. •Two agreement renewals with VRSCO were not executed before the agreement expiration date; therefore, there was a lapse from March20, 2013 – March 03, 2014 and March 19, 2015 – March 31, 2016 •Both agreement renewals with VRSCO were not signed by the Chancellor or an employee with a written sub-delegation of authority. These agreement renewals were signed by the Benefits Manager. •The agreements with Fidelity were not updated in mid-2010 to the University of North Texas System agreements and continued until November 2016 under the prior agreements with the University of North Texas Health Science Center at Fort Worth and the University of North Texas as the contracting parties (UNT System and UNT Dallas were included under the UNT agreement umbrella). •The agreements with VOYA and VALIC did not have an audit clause	High	Recommendations for the Vice Chancellor for Finance: 7.1.b.Establish a Retirement Plan Committee to assist annually with guidance, review, and oversight of the retirement contracts, financial service company's performance and investments options for the UNT System retirement plans. This will ensure proper monitoring of contract performance and compliance with terms and conditions.	1b. A Retirement Plan Committee has already been established as a component of the Retirement Plan Update project. When the project concludes, the Retirement Plan Committee will establish an ongoing Retirement Plan Committee with governance responsibilities.	Janet Waldron, Vice Chancellor of Finance	8/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	2. Donor Gifts Donor gifts, including online donations received through June 2017 were processed and deposited by Lifelong Learning and Professional Development (LLPD), instead of through UNT Division of Advancement as required by UNT Policy 09.002 Fundraising and Private Support. These funds were deposited into the same chart string as items mentioned in observation 1..	High	Recommendation for Stephanie Reinke, Director of Lifelong Learning and Professional Development: 2.1.a. Ensure donor gifts, including online donations, are coordinated through the UNT Division of Advancement in accordance with UNT Policy 09.002 Fundraising and Private Support.	1a. We agree with the findings and have already coordinated with the Development office to setup a new Netcommunity website (owned and managed by Advancement) for online donations. As well as redirecting all future donations of cash received by the LLPD Office, to the Advancement Gift Administration office for processing- to be in compliance with UNT policy.	Stephanie Reinke, Director of Lifelong Learning and Professional Development	10/19/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	7. Fire Pull Stations Not all outdoor fire pull stations at College Inn are appropriately protected to prevent malfunction. Water and condensation have caused the fire alarms to activate when there was no fire or emergency. Auditors observed several outdoor fire pull stations covered with plastic bag type material. See final report for picture.	High	Recommendation for Gina Vanacore, Director of Housing and Residence Life: 7.1.a. Submit a work order(s) to install appropriate covers to properly protect fire pull stations from the outdoor elements.	1a. Director Vanacore will submit work orders to install appropriate covers to properly protect fire pull stations from the outdoor elements.	Gina M. Vanacore, Director of Housing and Residence Life	12/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	4. Travel Expenses Internal Audit noted a Lifelong Learning and Professional Development (LLPD) employee attended two international trips during fiscal year 2017 with no lodging or airfare costs reflected on a travel budget authorization (TBA) or travel voucher. Specifically: • TBA and travel voucher for the trip during January/February 2017 totaled $268.90 only including meals and taxis; and • TBA and travel voucher for the trip during May/June 2017 totaled $430.97 only including meals and taxis. Internal Audit was told by the employee that lodging and airfare costs for the international trips were paid out-of-pocket. During the course of the audit, Internal Audit identified unusual transactions within the LLPD chart string and requested support documentation. Travel agency invoices for two separate trips, January/February 2017 totaling $16,118.60 and May/June 2017 totaling $17,414.14, were provided by Business Support Services (BSS). It was determined the invoices were submitted as requisitions, approved by BSS and self-approved by the employee, then paid for using a pcard by BSS. The requisition for airfare and lodging did not receive supervisorial approval which resulted in the employee approving their own travel since the traveler was also the account holder.	High	Recommendation for Stephanie Reinke, Director of Lifelong Learning and Professional Development: 4.1.a. Effective immediately all travel reimbursements will be managed and/or prepared by Sara Martin, (new LLPD Budget Officer) who has received updated BSC training on travel policies. All travel requests and reimbursements will be submitted for approval by the requesting staff member's supervisor in accordance with UNT policy	1a. Effective immediately all travel reimbursements will be managed and/or prepared by Sara Martin, (new LLPD Budget Officer) who has received updated BSC training on travel policies. All travel requests and reimbursements will be submitted for approval by the requesting staff member's supervisor in accordance with UNT policy	Stephanie Reinke, Director of Lifelong Learning and Professional Development	10/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	7. Instructional Fee Salaries for staff who perform activities unrelated to classroom instruction were expensed to the instructional fee. Instrument Repair Technicians in the College of Music perform musical instrument repairs for students. Additionally, Instrument Repair Technicians also perform repairs for external customers in the local community as part of their job duties. Music Repair Shop staff estimated that approximately 80% of instrument repairs are for internal customers, while 20% are for external customers. Internal Audit identified two Instrument Repair Technicians who perform external repairs and whose salaries are funded 100% from the instructional fee. Internal Audit reviewed the College's annual instructional fee proposal worksheets that were submitted to Academic Resources for fiscal years 2016, 2017, and 2018. The proposals each included the salaries for the two Instrument Repair Technicians noted above who perform external repairs. The proposals indicated that the College of Music instructional fee funds 100% of the salaries for these two individuals.	High	Recommendations for John Richmond, Dean of the College of Music: 7.1.a. Thoroughly review staff salaries to be charged against the instructional fee prior to submitting the annual instructional fee proposal to Academic Resources.	1a. The Assistant Dean for Business and Finance will review all staff salaries charged against the college instructional fee by October 31, 2017. The distribution among salary-source accounts will be adjusted to accurately reflect the personnel workload related to fees as quickly as possible and staff workload will be adjusted immediately to comply with policy. The final implementation plan will be completed by December 31, 2017. The necessary salary adjustments will be incorporated into our FY19 fee and college budget requests. Given that the solution to remedy this situation will depend on fee and budget determinations for FY19, the complete resolution will likely not be fully implemented until September, 2018. The Assistant Dean for Business and Finance also will develop and implement a more accurate system for tracking time to assist in this endeavor.	Jon Nelson, Associate Dean for Operations (until Assistant Dean for Business and Finance has been hired)	12/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	7. Instructional Fee Salaries for staff who perform activities unrelated to classroom instruction were expensed to the instructional fee. Instrument Repair Technicians in the College of Music perform musical instrument repairs for students. Additionally, Instrument Repair Technicians also perform repairs for external customers in the local community as part of their job duties. Music Repair Shop staff estimated that approximately 80% of instrument repairs are for internal customers, while 20% are for external customers. Internal Audit identified two Instrument Repair Technicians who perform external repairs and whose salaries are funded 100% from the instructional fee. Internal Audit reviewed the College's annual instructional fee proposal worksheets that were submitted to Academic Resources for fiscal years 2016, 2017, and 2018. The proposals each included the salaries for the two Instrument Repair Technicians noted above who perform external repairs. The proposals indicated that the College of Music instructional fee funds 100% of the salaries for these two individuals.	High	Recommendations for John Richmond, Dean of the College of Music: 7.1.b. Coordinate with the UNT Budget Office on transferring the salary expense of the two Instrument Repair Technicians paid from the instructional fee back to the instructional fee chart string.	1b. The Assistant Dean for Business and Finance will work with the UNT Budget Office to transfer salary expenses erroneously charged to the fee account for the two Instrument Repair Technicians.	Jon Nelson, Associate Dean for Operations (until Assistant Dean for Business and Finance has been hired)	12/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	7. Personally Identifiable Information Internal Audit noted two instances of personally identifiable information (PII), checking account information, on support documentation submitted on requisitions for expense reimbursement via Enterprise Information System (EIS) dating back to May 2016. Additionally, during the course of the audit, PII including checking account information was sent via email without being redacted.	High	Recommendations for Stephanie Reinke, Director of Lifelong Learning and Professional Development: 7.1.a. Redact personally identifiable information (PII) prior to submitting documentation for reimbursement and transmitting via email.	1a. Effective immediately, all PII will be redacted appropriately in accordance with UNT policy prior to documenting and/or transmitting via email.	Stephanie Reinke, Director of Lifelong Learning and Professional Development	12/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	7. Personally Identifiable Information Internal Audit noted two instances of personally identifiable information (PII), checking account information, on support documentation submitted on requisitions for expense reimbursement via Enterprise Information System (EIS) dating back to May 2016. Additionally, during the course of the audit, PII including checking account information was sent via email without being redacted.	High	Recommendations for Stephanie Reinke, Director of Lifelong Learning and Professional Development: 7.1.b. Develop procedures to help ensure that all PII is appropriately protected.	1b/c. As of 10/19/2017, all LLPD employees have successfully completed Cash Handling Training- with special attention to UNT Policy 10.006. The office will work directly with Larry Worthy to create and implement a new procedure.	Stephanie Reinke, Director of Lifelong Learning and Professional Development	12/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	7. Personally Identifiable Information Internal Audit noted two instances of personally identifiable information (PII), checking account information, on support documentation submitted on requisitions for expense reimbursement via Enterprise Information System (EIS) dating back to May 2016. Additionally, during the course of the audit, PII including checking account information was sent via email without being redacted.	High	Recommendations for Stephanie Reinke, Director of Lifelong Learning and Professional Development: 7.1.c. Ensure all employees receive training related to the protection of PII	1b/c. As of 10/19/2017, all LLPD employees have successfully completed Cash Handling Training- with special attention to UNT Policy 10.006. The office will work directly with Larry Worthy to create and implement a new procedure.	Stephanie Reinke, Director of Lifelong Learning and Professional Development	12/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	5. Cash Handling Internal Audit reviewed a sample of deposits from September 1, 2016 through December 5, 2016 and April 7, 2017 through June 12, 2017 and identified 52 out of 107 deposits, approximately 49%, that were not deposited timely, up to 10 days late. UNT Policy 10.006 Cash Handling Controls was modified during October 2016 to update the maximum amount of business days to deposit cash from 5 to 3 business days. Internal Audit performed testing in accordance with requirement in place during period of sample reviewed. Internal Audit also noted Lifelong Learning and Professional Development (LLPD) departmental procedures referenced a petty cash fund. Turnover in August 2017 resulted in an inability to adhere to department procedures and University Cash Handling policies. As a result, not all individuals have received cash handling training and/or a completed Cash Handling Authorization form.	High	Recommendations for Stephanie Reinke, Director of Lifelong Learning and Professional Development: 5.1.d. Ensure all employees handling cash receive training related to cash handling.	1d. As of 10/19/2017, all LLPD employees have successfully completed Cash Handling Training.	Stephanie Reinke, Director of Lifelong Learning and Professional Development	1/1/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-015 UNT	Governance and Regulatory Compliance	Minor Capital Projects	UNT	7. Procedures Manual The UNT Facilities Construction Project Procedures Manual is outdated. Project Managers stated during interviews that the manual contained outdated information. The manual has not been updated since June 2010. For example, the manual defines a project as involving more than one trade and having a cost in excess of $3,500. The current Project Initiation Worksheet also defines a project as involving multiple trades, but it establishes that a project has a cost in excess of $5,000. Also, the manual references individuals who are no longer employed at UNT. There is a standard project file checklist from which the Planning, Design, & Construction group works; however, the Maintenance group does not use this checklist when managing minor capital projects.	Moderate	Recommendations for David Reynolds, Associate Vice President of Facilities: 7.1.a. Evaluate and update, where necessary, the UNT Facilities Construction Project Procedures Manual.	1a. Beginning February 2017, Facilities Planning Design and Construction began holding regularly scheduled meetings to update the UNT Construction Project Procedures Manual (CPPM). The new CPPM will be continuously maintained and updated as procedures and methods get affected by new business practices related to our upgrade of TMA and business process improvements. Additionally, over the next fiscal year the CPPM will be refined and expanded to address the various different categories of projects managed by Facilities groups.	Helen Bailey, Director, Facilities Planning, Design and Construction	8/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-015 UNT	Governance and Regulatory Compliance	Minor Capital Projects	UNT	7. Procedures Manual The UNT Facilities Construction Project Procedures Manual is outdated. Project Managers stated during interviews that the manual contained outdated information. The manual has not been updated since June 2010. For example, the manual defines a project as involving more than one trade and having a cost in excess of $3,500. The current Project Initiation Worksheet also defines a project as involving multiple trades, but it establishes that a project has a cost in excess of $5,000. Also, the manual references individuals who are no longer employed at UNT. There is a standard project file checklist from which the Planning, Design, & Construction group works; however, the Maintenance group does not use this checklist when managing minor capital projects.	Moderate	Recommendations for David Reynolds, Associate Vice President of Facilities: 7.1.b. Ensure that the appropriate staff receives training on the updated UNT Facilities Construction Project Procedures Manual..	1b. Facilities will create a regularly scheduled training program to reach all personnel that are involved in the lifecycle of managing construction projects.	Helen Bailey, Director, Facilities Planning, Design and Construction	8/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-015 UNT	Governance and Regulatory Compliance	Minor Capital Projects	UNT	7. Procedures Manual The UNT Facilities Construction Project Procedures Manual is outdated. Project Managers stated during interviews that the manual contained outdated information. The manual has not been updated since June 2010. For example, the manual defines a project as involving more than one trade and having a cost in excess of $3,500. The current Project Initiation Worksheet also defines a project as involving multiple trades, but it establishes that a project has a cost in excess of $5,000. Also, the manual references individuals who are no longer employed at UNT. There is a standard project file checklist from which the Planning, Design, & Construction group works; however, the Maintenance group does not use this checklist when managing minor capital projects.	Moderate	Recommendations for David Reynolds, Associate Vice President of Facilities: 7.1.c. Ensure that the various groups that manage projects follow consistent processes and procedures.	1c. Facilities will refine and improve standard project processes and procedures across the organization's project managers.	Helen Bailey, Director, Facilities Planning, Design and Construction	8/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	7. Standardized Budget Reporting Application There is no standardized budget reporting application utilized by the different departments within the institution. Specifically, it was identified some departments use eThority, while others use Cognos to review their budget balances. Departments contact the Office of Financial Planning and Budget (Budget Office) which grants access to eThority upon request and administers training; however, every department has access to Cognos.	Moderate	Recommendations for the UNTHSC Executive Vice President for Finance & Chief Financial Officer: 7.1.a. Assess the reporting needs of different users across the institution.	1a. Reporting needs will be assessed across the HSC.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	5/1/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	7.Standardized Budget Reporting Application There is no standardized budget reporting application utilized by the different departments within the institution. Specifically, it was identified some departments use eThority, while others use Cognos to review their budget balances. Departments contact the Office of Financial Planning and Budget (Budget Office) which grants access to eThority upon request and administers training; however, every department has access to Cognos.	Moderate	Recommendations for the UNTHSC Executive Vice President for Finance & Chief Financial Officer: 7.1.b.Determine which application will best deliver the right information tousers, on time and at the right cost.	1b. Based on the needs identified, a cost effective application will be chosen that will best deliver timely and current information.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	5/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	7.Standardized Budget Reporting Application There is no standardized budget reporting application utilized by the different departments within the institution. Specifically, it was identified some departments use eThority, while others use Cognos to review their budget balances. Departments contact the Office of Financial Planning and Budget (Budget Office) which grants access to eThority upon request and administers training; however, every department has access to Cognos.	Moderate	Recommendations for the UNTHSC Executive Vice President for Finance & Chief Financial Officer: 7.1.c.Provide access and thorough training to the users of the application.	1c. Access and training will be provided to users to provide a thorough understanding of the application.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	5/1/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	8. Communication with Students There is no process in place to formally communicate to students that payment has not been received from a sponsor and charges will be placed on the student's account. The students only receive notice when charges are placed onto their account with no advance notice. Additionally, during interviews it was noted a staff member was using a personal cell phone to contact students concerning their accounts.	Moderate	Recommendation for Director of Sponsored Student Programs and Director of Financial Services, Student Finance: 8.1.a. Coordinate to establish sponsor payment deadlines.	1a. Management agrees with the recommendation. The Director of Financial Services and the Director of Sponsored Student Programs will meet with Larry Worthy, Special Assistant to the CFO, to establish appropriate sponsor payment deadlines. Upon receiving guidance from Larry Worthy outstanding sponsor invoices will be updated to reflect the established due date for payment.	Aleka Myre, Director of Sponsored Student Programs and Jeane Olson, Director of Financial Services, Student Finance.	6/30/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-417 UNT	Governance and Regulatory Compliance	LLPD Business Process Audit	UNT	8. Philanthropic Grants During the course of the audit, the Osher Lifelong Learning Institute (OLLI) philanthropic grant in the amount of $100,000 was tracked and reported in Lifelong Learning and Professional Development (LLPD) instead of UNT Division of Advancement as required by UNT Policy 09.002 Fundraising and Private Support. Although there is a process for post-gift management of philanthropic grants, Internal Audit identified an opportunity to document and strengthen procedures related to post-gift management, including processes related to donor intent and deliverables.	Moderate	Recommendation for Susan Holmes, Executive Director for Development, Foundation Relations: 8.1.a. Coordinate with Donor Relations to document processes related to philanthropic grants to ensure they reflect current processes and strengthen aspects related to donor intent and deliverables.	1a. As the one responsible for this action, I, Susan Holmes, will coordinate with Stan Walker, Kim Collinsworth and Rachel Kimball in Advancement to draft clear procedures for post gift management and define clearly who is responsible for each portion of the required reporting - as this is a highly collaborative task between the individual faculty member, department, college and Advancement. We will then publish these processes on the UNT Advancement website and share at an upcoming Dean's Council meeting, and refer to the processes during all FR Faculty Workshops throughout the year. It is our goal to create clarity university wide on gift execution to strengthen our stewardship model.	Kim Collinsworth, Assistant Vice President of Donor Relations and Advancement Services, and Stan Walker, Assistant Vice President for Advancement	Exp. Impl. Date: 01/31/2018 Rev. Impl. Date: 07/1/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	3. Holiday Break Payroll Process Resident Assistants are not always paid in the appropriate pay period. Student Resident Assistants (RAs) are paid an hourly rate; however, during holiday breaks, RAs "on call" are paid a flat shift rate. If the RA accumulates more than forty hours per week, the excess time over forty hours is recorded and paid in the following week(s) until accumulated hours are exhausted.	High	Recommendation for Gina Vanacore, Director of Housing and Residence Life: 3.1.a. Coordinate with UNT System Human Resources department to discuss and evaluate the appropriate payroll process and controls in order to determine the appropriate action or actions to be taken to ensure students are paid appropriately.	1a. Staff are currently in full compliance with University policy, state and federal laws regarding student staff payroll processes. Language referring to "roll over" beyond forty hours per week has been removed from the document Holiday Break RAOC Pay. RAOC - (Resident Assistant on Call.) All staff who supervise student staff will be trained on payroll process during annual training programs. The next program is scheduled for July 26, 2017.	Gina M. Vanacore, Director of Housing and Residence Life	8/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	8. Unsecured Assets Musical instruments and equipment are not always properly secured. Internal Audit observed the following instances of unsecured musical instruments and equipment: ☐ The door to the Instrument Storage room in the Murchison Performing Arts Center (MPAC) was left open. ☐ Roll up doors were left open in the up position in the Instrument Storage room in the MPAC. These doors may be locked with a padlock. ☐ A cabinet in the Instrument Storage room in the MPAC was left open. The cabinet may be locked with a padlock. ☐ A metal cage in Stan Kenton Hall containing musical instruments and equipment and boxes of CD inventory was left open. ☐ An amplifier was left on the floor in Stan Kenton Hall. ☐ An audio receiver and speakers were left out in the Music Annex. Additionally, based on discussion with College of Music staff, the College replaces approximately 50 to 100 music stands each year. While some music stands are replaced each year due to age and wear, it appears that a significant number of music stands are replaced due to theft.	Moderate	Recommendation for John Richmond, Dean of the College of Music: 8.1.a. Educate employees on the importance of properly storing and securing musical instruments and equipment when not in use.	1a. The Assistant Dean for Business and Finance will send information to all employees at the start of each long semester to remind them of the importance of carefully securing all university-owned property. In addition, we will work to develop a set of best practices for those spaces that are utilized to store university-owned property.	Jon Nelson, Associate Dean for Operations (until Assistant Dean for Business and Finance has been hired)	1/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	8. Unsecured Assets

Musical instruments and equipment are not always properly secured. Internal Audit observed the following instances of unsecured musical instruments and equipment:
⊠ The door to the Instrument Storage room in the Murchison Performing Arts Center (MPAC) was left open.
⊠ Roll up doors were left open in the up position in the Instrument Storage room in the MPAC. These doors may be locked with a padlock.
⊠ A cabinet in the Instrument Storage room in the MPAC was left open. The cabinet may be locked with a padlock.
⊠ A metal cage in Stan Kenton Hall containing musical instruments and equipment and boxes of CD inventory was left open.
⊠ An amplifier was left on the floor in Stan Kenton Hall.
⊠ An audio receiver and speakers were left out in the Music Annex.
Additionally, based on discussion with College of Music staff, the College replaces approximately 50 to 100 music stands each year. While some music stands are replaced each year due to age and wear, it appears that a significant number of music stands are replaced due to theft. | Moderate | Recommendation for John Richmond, Dean of the College of Music:

8.1.b. Develop processes and procedures to secure or maintain music stands from the risk of theft. | 1b. We are currently reviewing how best to address the concern regarding the ongoing theft of music stands, a problem that is shared by nearly every university that has a music program. We will determine how best to proceed in conjunction with our ensemble directors and other music-stand users throughout the College and modify our practices accordingly. | Jon Nelson, Associate Dean for Operations (until Assistant Dean for Business and Finance has been hired) | Exp. Impl. Date: 1/31/2018

Revised Impl. Date: 9/1/2018 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-021 UNT | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT | 8. Victory Hall Stairwell Tower

Inadequate gate and barrier access to observation deck in Victory Hall.

Currently, the gate is kept locked, but the observation deck can easily be accessed. Internal Audit noted evidence of people having been in the tower.

See final report for pictures. | High | Recommendation for Gina Vanacore, Director of Housing and Residence Life:

8.1.a. Take appropriate action to properly prevent unauthorized access to the top observation level of the southwest tower Victory Hall location. | 1a. Director Vanacore will have a meeting with the UNT Police Department, Risk Management, Facilities, and housing and residence life staff regarding how to best secure and manage this area as it relates to code. | Gina M. Vanacore, Director of Housing and Residence Life | Exp. Impl. Date: 12/31/2017

Revised Impl. Date: 07/31/2018 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-021 UNT | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT | 9. Bruce Hall Access

Floor door access to residence rooms d0 not have swipe card equipment to allow only residents to enter.
Bruce Hall is open to all residents and non-residents because of the dining hall cafeteria. Once in the residence hall an individual has the ability to access floors with residents' rooms. In addition, once inside residence hall one has the ability to exit building thru some of the emergency exit doors that do not have surveillance cameras. | High | Recommendation for Gina Vanacore, Director of Housing and Residence Life:

9.1.a. Ensure a site evaluation is performed at Bruce Hall including Housing management and UNT Police department to determine the best alternatives to secure access to resident rooms in Bruce Hall. | 1a. Director Vanacore will conduct a meeting with the UNT Police Department, Risk Management, Facilities, and housing and residence life staff to determine the best alternatives to secure access to resident rooms in Bruce Hall as it relates to Code. | Gina M. Vanacore, Director of Housing and Residence Life | Exp. Impl. Date: 12/31/2017

Revised Impl. Date: 07/31/2018 | Closed |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	6. Unsecured Personal Information Unsecured medical insurance information and social security numbers was maintained in McConnell Hall. This information was maintained in an unlocked file cabinet located behind the front desk area. Residents are high school students in the TAMS (Texas Academy of Mathematics and Science) program.	High	Recommendations for Glênisson de Oliveira, Dean of TAMS: 6.1.a. Ensure personal medical information and any applicable social security information is always kept secured.	1a. All records with personal information have been secured in compliant cabinets or safes, in a secure area.	Russ Stukel, Assistant Dean for Student Life	5/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	6. Unsecured Personal Information Unsecured medical insurance information and social security numbers was maintained in McConnell Hall. This information was maintained in an unlocked file cabinet located behind the front desk area. Residents are high school students in the TAMS (Texas Academy of Mathematics and Science) program.	High	Recommendations for Glênisson de Oliveira, Dean of TAMS: 6.1.b. Review FERPA, UNT FERPA policy 07.018, and UNT System Information Handbook chapter 9.2.8	1b. TAMS leadership (the Dean of TAMS and Assistant Dean for Student Life) have reviewed policy and handbook.	Russ Stukel, Assistant Dean for Student Life	6/30/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	6. Unsecured Personal Information Unsecured medical insurance information and social security numbers was maintained in McConnell Hall. This information was maintained in an unlocked file cabinet located behind the front desk area. Residents are high school students in the TAMS (Texas Academy of Mathematics and Science) program.	High	Recommendations for Glênisson de Oliveira, Dean of TAMS: 6.1.c. Ensure staff at McConnell Hall receive FERPA training, including familiarizing them with UNT FERPA policy 07.018 and the UNT System Information Security Handbook.	1c. i) Director for Finance and Operations, Rose Preston, verified that staff members received FERPA training. Staff with access to EIS, have received UNT-required training, in accordance with policy. (June 2017) ii) All permanent staff in McConnell Hall received FERPA training (completed by July 10, 2017; overseen by Russ Stukel, and signed off by Dean). iii) All RAs and any part-time staff in McConnell who access student information (even if internal to TAMS; non-EIS) will receive FERPA training by October 15, 2017, (to be overseen by Russ Stukel).	Russ Stukel, Assistant Dean for Student Life	10/15/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-412 UNT	Governance and Regulatory Compliance	College of Music Transition Audit	UNT	9. Instrument Repair and Rental Transactions The current process for tracking instrument repair and rental activity is ineffective. Internal Audit observed numerous issues related to the processing, recording, and tracking of instrument repair and rental transactions, including: ⍰ Website registration was not available for external instrument repair customers. ⍰ Dates of payment received were not consistently documented. ⍰ The system was not able to automatically generate invoices. ⍰ Invoices are manually created. ⍰ There was no effective method of tracking accounts receivable. ⍰ There was no effective method of tracking transactions from internal customers versus external customers. Musical instrument repairs and rentals are performed in the Music Repair Shop located in the Music Annex. The primary source of tracking instrument repairs consists of a paper repair tag	Moderate	Recommendation for John Richmond, Dean of the College of Music: 9.1.a. Evaluate upgrading the functionality of the Music Repair Shop website or acquiring a recordkeeping software program that is compatible with PeopleSoft.	1a. The College has invested in the development of a new instrument-repair-shop database. The new database addresses the majority of the concerns but requires more testing and the addition of other features that will enhance functionality.	Jon Nelson, Associate Dean for Operations (until Assistant Dean for Business and Finance has been hired)	Exp. Impl. Date: 1/31/2018 Revised Impl. Date: 12/1/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-409 UNT	Governance and Regulatory Compliance	International Sponsored Students Process Review	UNT	9. Student Acknowledgement of Charges

All students, including sponsored students, are required to sign the UNT Financial Obligation Agreement form each semester prior to registering for courses. This form does not specify acknowledgement of student responsibility for charges incurred on their behalf for which third party payments are not received (i.e. when a sponsor fails to provide payment for the sponsored student's charges, the charges are placed on the student's account).

Additionally, Internal Audit noted Intensive English Language Institute (IELI) students are being manually registered by IELI staff and blocks on their account are overridden. Based on discussions with IELI staff, students must be manually registered because the PeopleSoft Enterprise Information System (EIS) IELI module does not perform all necessary functions to maintain current processes. IELI students also need to have the UNT Financial Obligation Agreement form translated in order to understand what they are signing. | Moderate | Recommendations for UNT System Controller:

9.1.a. Review the current document and determine if it is descriptive, specific, and addresses concerns to ensure all students acknowledge awareness that financial obligations are their responsibility if a third party fails to pay. | 1a. Management agrees with the recommendation and will work with IELI, Student Finance, and OGC to review the current document and determine where improvements are needed and then implement those improvements. | Aaron LeMay, UNT System Controller | 6/30/2018 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-409 UNT | Governance and Regulatory Compliance | International Sponsored Students Process Review | UNT System | 9. Student Acknowledgement of Charges

All students, including sponsored students, are required to sign the UNT Financial Obligation Agreement form each semester prior to registering for courses. This form does not specify acknowledgement of student responsibility for charges incurred on their behalf for which third party payments are not received (i.e. when a sponsor fails to provide payment for the sponsored student's charges, the charges are placed on the student's account).

Additionally, Internal Audit noted Intensive English Language Institute (IELI) students are being manually registered by IELI staff and blocks on their account are overridden. Based on discussions with IELI staff, students must be manually registered because the PeopleSoft Enterprise Information System (EIS) IELI module does not perform all necessary functions to maintain current processes. IELI students also need to have the UNT Financial Obligation Agreement form translated in order to understand what they are signing. | Moderate | Recommendations for UNT System Controller:

9.1.b. Ensure IELI students are registering using PeopleSoft Enterprise Information System. | 1b. Management agrees with the recommendation and will work with IELI, Student Finance, Registrar, and other offices as needed to ensure students are registering appropriately. | Aaron LeMay, UNT System Controller | 6/30/2018 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-021 UNT | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT | 10. Room Key Cabinets Not Locked

Lockable cabinets that have extra keys to resident rooms in five halls were not always locked.

Five of fifteen residence halls had unlocked dumb boxes – cabinets where the extra room keys are stored. The key cabinets for Traditions Hall and Santa Fe Square are located in Traditions Hall. These cabinets are too full with keys to close, and one of two lock mechanisms was broken. | Moderate | Recommendations for Gina Vanacore, Director of Housing and Residence Life:

10.1.a. Ensure key cabinets with duplicate resident room keys are locked except when a staff member is accessing a key for a resident. | 1a. Director Vanacore will ensure that key cabinets with duplicate resident room keys are locked except when a staff member is accessing a key for a resident. This will be reiterated in all staff training. | Gina M. Vanacore, Director of Housing and Residence Life | 8/31/2017 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2017 | 17-021 UNT | Governance and Regulatory Compliance | Residence Hall - Student Safety Practices | UNT | 10. Room Key Cabinets Not Locked

Lockable cabinets that have extra keys to resident rooms in five halls were not always locked.

Five of fifteen residence halls had unlocked dumb boxes – cabinets where the extra room keys are stored. The key cabinets for Traditions Hall and Santa Fe Square are located in Traditions Hall. These cabinets are too full with keys to close, and one of two lock mechanisms was broken. | Moderate | Recommendations for Gina Vanacore, Director of Housing and Residence Life:

10.1.b. For Traditions Hall and Santa Fe Square, obtain key cabinets large enough to contain all the duplicate room keys. | 1b. Director Vanacore will obtain key cabinets large enough to contain all the duplicate room keys for Traditions Hall and Santa Fe Square. | Gina M. Vanacore, Director of Housing and Residence Life | 8/31/2017 Rev. 12/31/17 | Closed |

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	11. Step Drop Step at the southwest door entrance to Traditions Hall from parking Lot 19 is unnoticeable. There is a significant 5.25" drop on sidewalk area from parking lot to the entrance sidewalk to the Hall. The top edge is not painted to bring attention to residents and visitors that there is a drop. Additionally, there is not a painted front of the step to alert those individuals leaving the Hall to the parking area that there is a step up. See final report for pictures.	Moderate	Recommendation for Gina Vanacore, Director of Housing and Residence Life: 11.1.a. Prepare a work order to have the top and the front of the step painted at the parking lot entrance of the southwest door entrance to Traditions Hall.	1a. Director Vanacore will submit a work order request to have the top and the front of the step identifiable, as it relates to code, at the parking lot entrance of the southwest door entrance to Traditions Hall.	Gina M. Vanacore, Director of Housing and Residence Life	12/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	12. Surveillance Camera Feed – No Designated Monitor With Feed On McConnell Hall is the only residence hall of the fifteen residence halls that did not have a dedicated monitor showing continuous surveillance camera feeds. This hall is for resident students in the TAMS (Texas Academy of Mathematics and Science) program which are high school students attending UNT.	Moderate	Recommendation for Glênisson de Oliveira the Dean of TAMS: 12.1.a. Obtain a monitor so there is a designated monitor for front desk personnel at McConnell Hall to be able to observe surveillance camera recordings to ensure residents' safety.	1a. TAMS IT Director, Roy Zumwalt, assessed the existing cameras and available streaming from those cameras. Russ Stukel, Assistant Dean for Student Life will oversee the completion of the measures below; they are expected to be completed by October 15, 2017. i) A screen at the front desk will be dedicated to the cameras in McConnell Hall. ii) TAMS will schedule one or more walkthroughs with UNT Police, in order to assess the possible need for more cameras — several cameras are already connected. iii) Should more cameras be recommended, TAMS will request Housing or other appropriate departments to install extra cameras.	Russ Stukel, Assistant Dean for Student Life	10/15/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	13. Comfort Animals There is no process in place to ensure that a residence hall comfort animal has received appropriate vaccinations. Vaccination status is not verified. ODA (Office of Disability Accommodation) vets the comfort animals for overall general health by the animal's veterinarian for the first initial year. For returning comfort animals there is no process to ensure either the overall general health or vaccination status.	Moderate	Recommendations for Dan Naegeli, Senior Director, Career and Leadership Services: 13.1.a. Develop a process to ensure that residence hall comfort animals are properly vetted each year regarding status of vaccinations and overall health of the comfort animal.	1a. ODA will develop a new process and associated form that will separate the accommodation request for use of a comfort animal from the veterinary and vaccination report on said animal. This new process will ensure that at the beginning of each year, a new form will be completed by the student (Housing resident) and the animal's veterinarian. The result of which will be that the Accommodation for a Comfort Animal will not be connected to the vaccination/animal health form. As part of the process, at the conclusion of the Housing registration/application process, the Housing Director will share with the ODA Director a list of all potential returning residents that had a comfort animal during the previous year. ODA will work with Housing to determine which is the appropriate office to handle the animal vaccination/health report requirement in the future, as this should not be directly connected with the accommodation.	Dan Naegeli, Executive Director, Career & Leadership Development	12/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	13. Comfort Animals There is no process in place to ensure that a residence hall comfort animal has received appropriate vaccinations. Vaccination status is not verified. ODA (Office of Disability Accommodation) vets the comfort animals for overall general health by the animal's veterinarian for the first initial year. For returning comfort animals there is no process to ensure either the overall general health or vaccination status.	Moderate	Recommendations for Dan Naegeli, Senior Director, Career and Leadership Services: 13.1.b. Obtain and retain appropriate documentation for each year a comfort animal lives in the residence hall.	1b. ODA will work on procedures that address storing and distribution of these animal vaccination/health reports within their office. As part of the conversation with Housing, it will be determined which office is the most appropriate for this record storage.	Dan Naegeli, Executive Director, Career & Leadership Development	12/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	13. Comfort Animals There is no process in place to ensure that a residence hall comfort animal has received appropriate vaccinations. Vaccination status is not verified. ODA (Office of Disability Accommodation) vets the comfort animals for overall general health by the animal's veterinarian for the first initial year. For returning comfort animals there is no process to ensure either the overall general health or vaccination status.	Moderate	Recommendations for Dan Naegeli, Senior Director, Career and Leadership Services: 13.1.c. Ensure Housing Director receives a copy of overall health and applicable vaccination documentation of the comfort animal.	1c. ODA will share with Housing Office (Director), at the beginning of each academic year, a copy of the animal vaccination/health forms received for each housing resident that has requested a comfort animal for the upcoming year. As part of the conversation with Housing, it will be determined if this needs to continue, or Housing should collect these records on their own.	Dan Naegeli, Executive Director, Career & Leadership Development	12/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	15. Custodian and Mechanical Room Doors Custodian maintenance and mechanical room doors are not always locked. (e.g., Victory Hall, Santa Fe Square, and West Hall) While performing a walkthrough of Victory Hall, Santa Fe Square, and West Hall, it was noted that some custodian maintenance and mechanical room doors were unlocked.	Moderate	Recommendation for David Reynolds, Associate Vice President of Facilities: 15.1.a. Instruct/train Facilities maintenance personnel to keep the residence halls' mechanical room doors closed and locked.	1a. UNT Facilities will instruct all Auxiliary Services maintenance personnel and student employees to close and lock mechanical room doors when they leave the area. Management will make periodic checks.	Monica Thomas, Manager Auxiliary Services Maintenance	7/15/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-021 UNT	Governance and Regulatory Compliance	Residence Hall - Student Safety Practices	UNT	15. Custodian and Mechanical Room Doors Custodian maintenance and mechanical room doors are not always locked. (e.g., Victory Hall, Santa Fe Square, and West Hall) While performing a walkthrough of Victory Hall, Santa Fe Square, and West Hall, it was noted that some custodian maintenance and mechanical room doors were unlocked.	Moderate	Recommendation for Gina Vanacore, Director of Housing and Residence Life: 15.2.a. Instruct residence hall personnel to keep custodian maintenance room doors closed and locked.	2a. Director Vanacore will instruct residence hall personnel to keep custodian maintenance room doors closed and locked within reasonable operations of job.	Gina M. Vanacore, Director of Housing and Residence Life	7/31/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-009 SYS	Governance and Regulatory Compliance	Conflict of Interest Assessment	UNT System	Based on the results of our work performed within the scope of the assessment, the University has adequate rules, policies and forms in place to manage conflicts of interest in compliance with laws and regulations.	NA	NA	NA	NA	NA	N/A

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-010 SYS	Governance and Regulatory Compliance	Status Report - Senate Bill 20 As of July 21, 2016	UNT System	Based on the results of our work performed, the majority of processes are in place to help ensure compliance was achieved with the SB20 Regulation. The areas that are outstanding and will be completed in FY 2018 include the following: • Update Regent Rules 03.300, 03.900 and 05.700 and have them approved by the Board of Regents; • Update the Institutional ethics policy in accordance with Regent Rule 05.700; • Develop Institutional Compliance and UNTHSC Compliance training in accordance with Regent Rule 05.700; and • Develop a compliance program that meets the requirements of SB20. In FY 2018, Internal Audit will perform an audit which includes substantive testing to ensure controls surrounding the contracting	NA	NA	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	1. Budgeting Model Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives. In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources. This issue was also identified in School of Public Health (Unit Specific	High	Recommendations to the UNTHSC President and Executive Vice President for Finance & Chief Financial Officer: 1.1.a. Review and assess alternative budget models and adopt a model that aligns with institutional goals and initiatives.	1a. The Health Science Center (HSC) will establish a budget advisory committee to review and assess various ways to budget and to provide recommendations regarding the underlining principles and procedures to the President's cabinet. The President's cabinet will discuss and determine the best course of action in budgeting for HSC, with the implementation of the revised budget model occurring in FY 2018 for the FY 2019 budget process. This budgeting model will be completed by September 30, 2017.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	9/30/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	1. Budgeting Model Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives. In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources. This issue was also identified in School of Public Health (Unit Specific Management Control Review) Audit No. 16-022 HSC	High	Recommendations to the UNTHSC President and Executive Vice President for Finance & Chief Financial Officer: 1.1.b. Develop institutional principles, policies and procedures.	1b. Based on the determination by the President's cabinet, budget principles, policy and procedures will be developed which support the accomplishment of the HSC objectives and initiatives consistent with the strategic plan. The proposed budget policy will be submitted to the Office of General Counsel (OGC) by October 5, 2017.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	10/5/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	1. Budgeting Model Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives. In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources. This issue was also identified in School of Public Health (Unit Specific Management Control Review) Audit No. 16-022 HSC	High	Recommendations to the UNTHSC President and Executive Vice President for Finance & Chief Financial Officer: 1.1.c. Communicate newly developed principles, policies and procedures to pertinent employees. Management should consider posting these documents on the UNTHSC website.	1c. Once developed, the proposed budget policy will be submitted to OGC for approval by October 5, 2017 and once OGC approves, then the budget policy and procedures will be communicated to the employees and posted on the UNTHSC website.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	10/5/2017	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	2. Standardized Patients Payments Inadequate controls were identified surrounding the Standardized Patient payment processes. TCOM Academic Affairs and Rural Medicine departments use standardized patients; individuals who receive cash payments for learning scripts and acting as patients, to train students. From July 20, 2016 to April 4, 2017, Academic Affairs had 92 sessions and Rural Medicine had 13 sessions, in which each session paid in cash $25 - $200 per standardized patient. TCOM Academic Affairs currently has a database of 30 standardized patients and Rural Medicine has a database of 13 patients whom they invite several times within the year for simulation sessions. From July 2016 to	High	Recommendations for the UNTHSC Executive Vice President for Finance & Chief Financial Officer: 2.1.a. Assess the contractual status of standardized patients and determine whether these patients should be part-time employees or independent contractors.	1a. Starting in July, standardized patients will be informed that they are independent contractors.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	8/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	2. Standardized Patients Payments Inadequate controls were identified surrounding the Standardized Patient payment processes. TCOM Academic Affairs and Rural Medicine departments use standardized patients; individuals who receive cash payments for learning scripts and acting as patients, to train students. From July 20, 2016 to April 4, 2017, Academic Affairs had 92 sessions and Rural Medicine had 13 sessions, in which each session paid in cash $25 - $200 per standardized patient. TCOM Academic Affairs currently has a database of 30 standardized patients and Rural Medicine has a database of 13 patients whom they invite several times within the year for simulation sessions. From July 2016 to	High	Recommendations for the UNTHSC Executive Vice President for Finance & Chief Financial Officer: 2.1.b. Based on assessment above, work with Human Resources or BSS to establish standardized patient employment relationship and compensation payments with the University. This will eliminate the use of cash as form of compensation and ensure IRS compliance.	1b. A new contract system is being set up, which will eliminate the use of cash and will ensure IRS compliance.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	8/1/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	2. Standardized Patients Payments Inadequate controls were identified surrounding the Standardized Patient payment processes. TCOM Academic Affairs and Rural Medicine departments use standardized patients; individuals who receive cash payments for learning scripts and acting as patients, to train students. From July 20, 2016 to April 4, 2017, Academic Affairs had 92 sessions and Rural Medicine had 13 sessions, in which each session paid in cash $25 - $200 per standardized patient. TCOM Academic Affairs currently has a database of 30 standardized patients and Rural Medicine has a database of 13 patients whom they invite several times within the year for simulation sessions. From July 2016 to March 2017, EIS entries showed that Academic Affairs has requested $63,525 and Rural Medicine $3,225 to pay standardized patients. Specifically, the following were noted: • Standardized Patients are recruited by word of mouth (i.e. previous patients, friends, family, current employees or ex-employees). • There is no contractual agreement between the University and the	High	Recommendation for the UNT System Associate Vice Chancellor Finance & Administration: 2.2.a. Update the Simulated Patients' section in the UNT System Procurement Guide based on UNTHSC Chief Financial Officer's assessment.	2a. We have drafted the attached change to the Procurement Guide to address in response to the recommendation. We will publish this once it is confirmed that this satisfies the recommendation. Payments to simulated patients may only be made by submitting a requisition in the ePro system. The patient shall be established in the ePro system as an independent contractor and the requisition must have appropriate documentation consisting of a standardized agreement, which includes the patient's name, script to be performed by patient, date of service, amount to be paid, as well as signature by patient and appropriate TCOM personnel. Payment may be made once confirmation is made in the ePro system that the patient has in fact participated in accordance with the standardized agreement.	Donna Asher, Associate Vice Chancellor Finance & Administration	8/1/2017	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	2. Standardized Patients Payments Inadequate controls were identified surrounding the Standardized Patient payment processes. TCOM Academic Affairs and Rural Medicine departments use standardized patients; individuals who receive cash payments for learning scripts and acting as patients, to train students. From July 20, 2016 to April 4, 2017, Academic Affairs had 92 sessions and Rural Medicine had 13 sessions, in which each session paid in cash $25 - $200 per standardized patient. TCOM Academic Affairs currently has a database of 30 standardized patients and Rural Medicine has a database of 13 patients whom they invite several times within the year for simulation sessions. From July 2016 to March 2017, EIS entries showed that Academic Affairs has requested $63,525 and Rural Medicine $3,225 to pay standardized patients. Specifically, the following were noted: • Standardized Patients are recruited by word of mouth (i.e. previous patients, friends, family, current employees or ex-employees). • There is no contractual agreement between the University and the		Recommendation for the Dean of TCOM: 2.3.a. Create a standardized patient recruitment application process available to the public to provide equal opportunity to the community to participate.	3a. The director of the TCOM simulation center has prepared a draft application and text for inclusion on a public Website that is being created by the UNTHSC webmaster, The final documents and application/appointment process will be submitted for legal review and to the institutional compliance officer to assure compliance with UNTHSC and UNT System policies.	Don Peska, Dean of TCOM	1/1/2018	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2017	16-303 UNT	Governance and Regulatory Compliance	UNT Endowments Internal Audit	UNT	Comment #1: Communication and Authority There are communication and information gaps between the UNT Foundation, Advancement, SFAS, and the Colleges/Departments; and there is not a clear delineation of responsibilities and authority for the management of university disbursement accounts. UNT has set up a taskforce to centralize the Scholarships process within the last year. However, during the course of fieldwork, IA noted several issues related to communication and responsibility, which has led to inconsistent disbursement processes across departments as well as a lack of sufficient information/training available for department personnel. Through interviews with Advancement, SFAS, and the sampled Colleges/Departments, IA identified several areas for improvement, including consistent communication between departments, as well as better defined authority and responsibilities in order to facilitate the related processes and help manage disbursement of endowment/scholarship funds appropriately. Refer to the following observations for further details: I. Management of Funds • There are disbursement accounts that have unusually high or increasing balances; however, they continue to receive distributions	NA	I. UNT should create a formal process for managing remaining balances in disbursement accounts and consider implementing a plan to cease distributions based on aging performed for each disbursement account's remaining balance. Additionally, UNT management should monitor the balances through the distribution of a university disbursement accounts report, addressed to the President of UNT, showing all disbursement account balances on a periodic basis.	I. Utilizing the new chart of accounts, UNT shall create a comprehensive report of all endowment/scholarship funds that shows the distribution of university disbursement account balances. Financial Aid and Scholarships will work in collaboration with Budget and Analytics, and Advancement, to develop the report. This report shall be generated monthly and distributed to the President, Divisional VP's, Deans and the Steering Committee. Each division and college shall designate a responsible party to review and reconcile the account balances. The Steering Committee (newly formed) shall monitor this activity, work to resolve issues, and escalate to division VP's and Deans as appropriate. I. The Division of Advancement has hired an Assistant Director of Donor Relations for Scholarship Stewardship and Compliance who will serve as a member of the university-wide team to create a formal process for managing balances in disbursement accounts.	Collaboration between Mike Mlinac, UNT Foundation President & CEO; Finley Graves, Provost and Vice President for Academic Affairs; David Wolf, Vice President for Advancement; Shannon Goodman, Vice President for Enrollment; and Bob Brown, Vice President for Finance and Administration	Exp. Impl. Date: 12/22/2017 Revised Impl. Date: 11/1/2018	Open

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2017	16-303 UNT	Governance and Regulatory Compliance	UNT Endowments Internal Audit	UNT	Comment #1: Communication and Authority There are communication and information gaps between the UNT Foundation, Advancement, SFAS, and the Colleges/Departments; and there is not a clear delineation of responsibilities and authority for the management of university disbursement accounts. UNT has set up a taskforce to centralize the Scholarships process within the last year. However, during the course of fieldwork, IA noted several issues related to communication and responsibility, which has led to inconsistent disbursement processes across departments as well as a lack of sufficient information/training available for department personnel. Through interviews with Advancement, SFAS, and the sampled Colleges/Departments, IA identified several areas for improvement, including consistent communication between departments, as well as better defined authority and responsibilities in order to facilitate the related processes and help manage disbursement of endowment/scholarship funds appropriately. Refer to the following observations for further details: II. Sharing of Information • UNT Foundation provides confidential endowment account information to account-holders and their designated financial and	NA	II. UNT should ensure that all disbursement account managers in addition to the respective Deans, are included in communications, reporting, and discussions involving related endowments and scholarships.	II. The Division of Advancement, Enrollment, Academic Affairs, Finance and Administration, and the Foundation will work collaboratively with the university-wide team to ensure Deans and disbursement account managers receive appropriate communication regarding endowments and scholarships.	Collaboration between Mike Mlinac, UNT Foundation President & CEO; Finley Graves, Provost and Vice President for Academic Affairs; David Wolf, Vice President for Advancement; Shannon Goodman, Vice President for Enrollment; and Bob Brown, Vice President for Finance and Administration	12/22/2017	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2017	16-303 UNT	Governance and Regulatory Compliance	UNT Endowments Internal Audit	UNT	Comment #1: Communication and Authority There are communication and information gaps between the UNT Foundation, Advancement, SFAS, and the Colleges/Departments; and there is not a clear delineation of responsibilities and authority for the management of university disbursement accounts. UNT has set up a taskforce to centralize the Scholarships process within the last year. However, during the course of fieldwork, IA noted several issues related to communication and responsibility, which has led to inconsistent disbursement processes across departments as well as a lack of sufficient information/training available for department personnel. Through interviews with Advancement, SFAS, and the sampled Colleges/Departments, IA identified several areas for improvement, including consistent communication between departments, as well as better defined authority and responsibilities in order to facilitate the related processes and help manage disbursement of endowment/scholarship funds appropriately. Refer to the following observations for further details: III. Donor Compliance • IA identified one out of 14 endowments sampled that was not in compliance with the requirements documented within the respective MOU. This particular endowment was given to the College of	NA	III. - V. UNT should create a steering committee responsible for determining and implementing policies, processes, authority, and responsibility for various aspects related to managing scholarship and endowment awards and disbursement accounts. Specifically, UNT should consider implementation of an annual account-holder MOU-compliance certification letter and establishment of procedures for requiring Scholarship Committee Meeting Minutes as well as performing continuous monitoring of scholarship selections through review of the Minutes to ensure that MOUs are being followed appropriately and in alignment with donor wishes. The steering committee would also be responsible for 1) enhancement and distribution of existing policies and procedures to personnel responsible for managing endowment funds, 2) creating additional policies and procedures for internal reporting, and time limits/thresholds for accumulated unspent endowment distributions, 3) developing a detailed process flow document for the entire endowments process to be distributed to Colleges/Departments, and 4) implementation of formal endowment disbursement account training for all Colleges/Departments. Additionally, UNT should consider the use of new or existing software to assist in recording/monitoring the endowments process. For example, UNT should assess whether PeopleSoft 9.2 can be used to monitor transactions and balances as well as interface with the other established systems (i.e. Raiser's Edge in Advancement).	III. The Division of Enrollment has appointed the Executive Director of Financial Aid and Scholarships and the Director of Scholarships to serve as members on the recommended steering committee. III. - V. The Division of Advancement has hired an Assistant Director of Donor Relations for Scholarship Stewardship and Compliance who will serve as a member of the recommended steering committee, along with the Director of Donor Relations and the Assistant Vice President for Donor Relations and Advancement Services.	Collaboration between Mike Mlinac, UNT Foundation President & CEO; Finley Graves, Provost and Vice President for Academic Affairs; David Wolf, Vice President for Advancement; Shannon Goodman, Vice President for Enrollment; and Bob Brown, Vice President for Finance and Administration	Exp. Impl. Date: 12/22/2017 Revised Impl. Date: 1/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2017	16-303 UNT	Governance and Regulatory Compliance	UNT Endowments Internal Audit	UNT	Comment #2: Incorrect Gift Agreement One out of the 14 MOUs sampled did not include all of the appropriate criteria in the revised gift agreement updated by the Office of Advancement. Advancement, responsible for donor solicitation as well as donor stewardship, revised a donor gift agreement for one sampled endowment in the College of Information in order to bring the gift agreement in alignment with current policy as the donor is deceased. However, the revisions made to the agreement did not include all of the required donor criteria from the original agreement, including GPA and career path requirements. Furthermore, the personnel responsible for the related disbursement account in the College of Information did not receive the updated gift agreement from Advancement. As a result, a review or reconciliation of the original and updated donor agreements to ensure that all criteria were appropriately transferred could not be performed.	NA	The Office of Advancement should update the incorrect donor gift agreement for the endowment in the College of Information to include the correct criteria. Also, Advancement should consider formally documenting policies and procedures related to updating or changing MOUs and other gift agreements, including a review process to ensure all details of the updated memo are captured appropriately.	The Director of Donor Relations is drafting a memo to address the conflicting documentation for the endowment in question and will formally document the correct spending criteria according to original donor intent. This memo will be distributed to all appropriate parties on campus for record keeping purposes. Additionally, a Gift Agreement Handbook is currently in draft form written by Donor Relations to outline procedures currently used for writing new gift agreements/ memos and amending existing fund documentation. This handbook will include applicable laws the University must follow in regard to scholarship criteria, as well as University and UNT System policies that must be complied with in regard to gift acceptance and naming.	Kim Collinsworth, Assistant Vice President of Donor Relations	Exp. Impl. Date: 12/22/2017 Revised Impl. Date: 8/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-403 HSC	Governance and Regulatory Compliance	Texas College of Osteopathic Medicine Financial Review	UNTHSC	6.Prior Year Balance Roll Forward Error Prior year budget balance from FY2015 did not roll forward to FY2016. Specifically, a budget balance of $200,000 at the end of FY2015, related to Department ID 79130-Ruch Endowment Fund, did not roll forward to FY2016. As a result, the FY2016 Q1 Quarterly Budget Report was understated by $200,000. This is a restricted fund, therefore can only be utilized in accordance to provisions of the donor agreement. This balance was identified and addressed during this audit.	Moderate	Recommendation for the Vice President of Finance and Planning and UNT System Senior Associate Controller: 6.1.a.Work with the UNT System Controller's Office to develop procedures to ensure budget balances at year-end are reconciled to the General Ledger and any discrepancies identified are addressed.	1a. The Budget Office of the Health Science Center will work with UNT System Controller's Office to develop procedures to reconcile the Commitment Control Ledger and the General Ledger. These procedures will include a mechanism for identifying discrepancies between the two ledgers and a process to align roll forward budget balances with their proper amount.	Geoffrey Scarpelli, Vice President of Finance and Planning and Paula Welch, Senior Associate Controller for UNTHSC	10/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-401 HSC	Governance and Regulatory Compliance	Graduate School of Biomedical Sciences Review	UNTHSC	1. Budgeting Model Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives. In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources. We specifically noted that there were significant unspent balances in both FY2015 to FY2016. Specifically, Tobacco Funds had beginning budget balances of $88,879 and $73,750 and expenses of $3,634 and $391 during FY2015 and FY2016 respectively. Similarly, Designated Tuition funds and Designated Fee Funds categories received additional budget allocation in FY2016 and FY2016 despite having significant carryover amounts from prior years. This issue was also identified in School of Public Health (Unit Specific Management Control Review) Audit No. 16-022 HSC and in Texas College of Osteopathic Medicine Financial Review Audit No. 17-403.	High	Recommendations to the UNTHSC President and Executive Vice President for Finance & Chief Financial Officer: 1.1.a. Review and assess alternative budget models and adopt a model that aligns with institutional goals and initiatives.	1a. The Health Science Center (HSC) will establish a budget advisory committee to review and assess various ways to budget and to provide recommendations regarding the underlining principles and procedures to the President's cabinet. The President's cabinet will discuss and determine the best course of action in budgeting for HSC, with the implementation of the revised budget model occurring in FY 2018 for the FY 2019 budget process. This budgeting model will be completed by September 30, 2017.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	9/30/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2017	17-401 HSC	Governance and Regulatory Compliance	Graduate School of Biomedical Sciences Review	UNTHSC	1. Budgeting Model Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives. In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources. We specifically noted that there were significant unspent balances in both FY2015 to FY2016. Specifically, Tobacco Funds had beginning budget balances of $88,879 and $73,750 and expenses of $3,634 and $391 during FY2015 and FY2016 respectively. Similarly, Designated Tuition funds and Designated Fee Funds categories received additional budget allocation in FY2016 and FY2016 despite having significant carryover amounts from prior years. This issue was also identified in School of Public Health (Unit Specific Management Control Review) Audit No. 16-022 HSC and in Texas College of Osteopathic Medicine Financial Review Audit No. 17-403.	High	Recommendations to the UNTHSC President and Executive Vice President for Finance & Chief Financial Officer: 1.1.b. Develop institutional principles, policies and procedures.	1b. Based on the determination by the President's cabinet, budget principles, policy and procedures will be developed which support the accomplishment of the HSC objectives and initiatives consistent with the strategic plan. The proposed budget policy will be submitted to the Office of General Counsel (OGC) by October 5, 2017.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	10/5/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2017	17-401 HSC	Governance and Regulatory Compliance	Graduate School of Biomedical Sciences Review	UNTHSC	1. Budgeting Model Currently, UNTHSC utilizes an incremental budget model, in which budget allocations are based upon the funding levels of the previous years. However, the model is not sufficient to ensure allocated amounts are adequate based on business needs and to achieve institutional goals and initiatives. In addition, although UNTHSC has operating budget guidelines, there are no formalized principles. Budget principles help create overarching values for prioritization and resource allocation which management adhere to as the budget is developed. Furthermore, policies and procedures are not sufficiently developed to clarify and crystalize the intent behind how the University will manage its financial resources. We specifically noted that there were significant unspent balances in both FY2015 to FY2016. Specifically, Tobacco Funds had beginning budget balances of $88,879 and $73,750 and expenses of $3,634 and $391 during FY2015 and FY2016 respectively. Similarly, Designated Tuition funds and Designated Fee Funds categories received additional budget allocation in FY2016 and FY2016 despite having significant carryover amounts from prior years. This issue was also identified in School of Public Health (Unit Specific Management Control Review) Audit No. 16-022 HSC and in Texas College of Osteopathic Medicine Financial Review Audit No. 17-403.	High	Recommendations to the UNTHSC President and Executive Vice President for Finance & Chief Financial Officer: 1.1.c. Communicate newly developed principles, policies and procedures to pertinent employees. Management should consider posting these documents on the UNTHSC website.	1c. Once developed, the proposed budget policy will be submitted to OGC for approval by October 5, 2017 and once OGC approves, then the budget policy and procedures will be communicated to the employees and posted on the UNTHSC website.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	10/5/2017	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-304 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Internal Audit	UNTHSC	1. Funding Source Not Accurately Set Up The funding source for the FDC grant was not accurately set up to include fringe benefits for FDC employees in accordance with the FDC State Grant Agreement. Specifically, the chart string field for fringe benefits was inaccurate, resulting in the designation of $14,377.58 to the incorrect fund.	High	1.1.a. Correctly set up the FDC grant in upcoming appropriation years to ensure that fringe benefits are configured as expenses to be included in the grant total from the correct funding source (i.e. chart field string) and coordinate with appropriate management from the Office of Finance & Planning as well as the UNT System Controller's office to confirm that the accurate funding source is being utilized.	1a. OGCM will coordinate with HSC Office of Finance & Planning and HSC System Controller's Office to ensure THECB appropriations for current and upcoming appropriation years are set up to indicate the correct funding source in the chart field string.	LeAnn Forsberg, Assistant Vice President of Research Administration	5/19/2017	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-304 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Internal Audit	UNTHSC	2. Not All Grant Expenses Were Charged Accurately The THECB FDC grant expenditures were not always recorded accurately prior to the FDC grant Annual Financial Report (AFR) being submitted to the THECB. After the submission of the AFR to the THECB, the management of the FDC determined that $8,364.32 in expenses charged to the grant were unallowable expenses, and $8,730.55 in expenses charged to local/discretionary accounts were allowable expenses that could be funded by the grant. Internal Audit reviewed both the unallowable and allowable expenses.	High	2.1.a. Initiate a cost transfer form for $8,364.32 in unallowable expenses to be removed from .the THECB FDC grant as well as a cost transfer form for $8,730.55 in allowable expenses from the local/discretionary account (300610) to be included on the THECB FDC grant and submit the form to the OGCM for review.	The TCOM Office of Educational programs has initiated the recommended funds transfer in coordination with the OGCM.	Lisa Nash, Senior Associate Dean of Educational Programs (TCOM), and Cynthia Passmore, Director of Faculty Development Center	NA	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-304 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Internal Audit	UNTHSC	2. Not All Grant Expenses Were Charged Accurately The THECB FDC grant expenditures were not always recorded accurately prior to the FDC grant Annual Financial Report (AFR) being submitted to the THECB. After the submission of the AFR to the THECB, the management of the FDC determined that $8,364.32 in expenses charged to the grant were unallowable expenses, and $8,730.55 in expenses charged to local/discretionary accounts were allowable expenses that could be funded by the grant. Internal Audit reviewed both the unallowable and allowable expenses.	High	2.1.b. Work with OGCM to update the workflow approval routing to go through the Director of the FDC, who, as head of the FDC, has greater oversight and first-hand knowledge of activities performed to be able to sufficiently review and approve expenses for the grant.	The Senior Associate Dean shall retain management oversight of the program and provide final approval of expenditures. Additionally, the Senior Associate Dean will provide guidance to participating staff, and an internal control/manual business process for the FDC Director to review expenses will be implemented.	Lisa Nash, Senior Associate Dean of Educational Programs (TCOM), and Cynthia Passmore, Director of Faculty Development Center	8/31/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-304 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Internal Audit	UNTHSC	2. Not All Grant Expenses Were Charged Accurately The THECB FDC grant expenditures were not always recorded accurately prior to the FDC grant Annual Financial Report (AFR) being submitted to the THECB. After the submission of the AFR to the THECB, the management of the FDC determined that $8,364.32 in expenses charged to the grant were unallowable expenses, and $8,730.55 in expenses charged to local/discretionary accounts were allowable expenses that could be funded by the grant. Internal Audit reviewed both the unallowable and allowable expenses.	High	2.2.a. Review the expenses along with supporting documentation for appropriateness and provide approval to the UNT System Controller's office to post the transfer to the General Ledger.	OGCM has reviewed, approved and forwarded to the HSC System Controller's office the necessary cost transfers.	LeAnn Forsberg, Assistant Vice President of Research Administration	NA	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-304 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Internal Audit	UNTHSC	2. Not All Grant Expenses Were Charged Accurately The THECB FDC grant expenditures were not always recorded accurately prior to the FDC grant Annual Financial Report (AFR) being submitted to the THECB. After the submission of the AFR to the THECB, the management of the FDC determined that $8,364.32 in expenses charged to the grant were unallowable expenses, and $8,730.55 in expenses charged to local/discretionary accounts were allowable expenses that could be funded by the grant. Internal Audit reviewed both the unallowable and allowable expenses.	High	2.2.b. Update the FDC grant AFR to appropriately reflect expenses charged to the grant and resubmit the AFR to the THECB.	OGCM will complete the revised FDC grant AFR and will forward the revised AFR to the THECB.	LeAnn Forsberg, Assistant Vice President of Research Administration	4/28/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-304 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Internal Audit	UNTHSC	2. Not All Grant Expenses Were Charged Accurately The THECB FDC grant expenditures were not always recorded accurately prior to the FDC grant Annual Financial Report (AFR) being submitted to the THECB. After the submission of the AFR to the THECB, the management of the FDC determined that $8,364.32 in expenses charged to the grant were unallowable expenses, and $8,730.55 in expenses charged to local/discretionary accounts were allowable expenses that could be funded by the grant. Internal Audit reviewed both the unallowable and allowable expenses.	High	2.2.c. Implement a follow-up process with the grantees for all grants on a periodic basis to ensure that all expenses are being charged correctly and establish an escalation procedure to notify appropriate personnel to ensure timely submission of expenses, supporting documentation, and the completed AFR.	OGC will implement additional processes specifically for the FDC award and, where needed, additional TCOM awards through quarterly meetings to review award status and expenditures. The meetings and subsequent follow up will include escalation to management, as needed, to ensure proper grant oversight. Other grants will follow standard procedures of PIM meeting schedule, expenditure review and trainings.	LeAnn Forsberg, Assistant Vice President of Research Administration	5/31/2017	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-304 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Internal Audit	UNTHSC	2. Not All Grant Expenses Were Charged Accurately The THECB FDC grant expenditures were not always recorded accurately prior to the FDC grant Annual Financial Report (AFR) being submitted to the THECB. After the submission of the AFR to the THECB, the management of the FDC determined that $8,364.32 in expenses charged to the grant were unallowable expenses, and $8,730.55 in expenses charged to local/discretionary accounts were allowable expenses that could be funded by the grant. Internal Audit reviewed both the unallowable and allowable expenses.	High	2.3.a. Commit additional resources in TCOM and establish a transfer procedure in which personnel creates a journal worksheet with the cost transfer form, which is then routed to the OGCM for review and approval. Once it is approved, the OGCM will send the documentation to the UNT System Controller's office for posting to the General Ledger through a journal entry.	The Chief Financial Officer and the Dean of TCOM have committed to providing additional resources in TCOM by creating a new position embedded in TCOM to oversee business/accounting activity to ensure any financial reports are done correctly and timely. Additionally, a transfer procedure will be established in which personnel creates a journal worksheet with the cost transfer form to be routed to the OGCM for review & approval and posted by the Controller's Office.	Gregory Anderson, Chief Financial Officer and Don Peska, Dean of TCOM	9/30/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-304 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Internal Audit	UNTHSC	3. Monitoring and Tracking of Grant Expenditures Was Insufficient The preparation of the FDC grant AFR was not performed in adherence with the FDC State Grant Agreement. The FDC grant AFR was not always supported by the sufficient level of documentation required to ensure accurate financial reporting, resulting in a delayed and inaccurate submission of the AFR.	High	3.1.a. Establish a formal system (i.e. creating a spreadsheet, retaining invoices and receipts) of tracking and monitoring expenses throughout the appropriation year to be able to provide sufficient supporting documentation for the creation of the FDC grant AFR.	The Director of the Faculty Development Center will establish a formal system to track and monitor expenses as recommended.	Cynthia Passmore, Director of Faculty Development Center	8/31/2017	Closed
Internal (Co-Sourced)	PwC	Fiscal Year 2017	17-304 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Internal Audit	UNTHSC	3. Monitoring and Tracking of Grant Expenditures Was Insufficient The preparation of the FDC grant AFR was not performed in adherence with the FDC State Grant Agreement. The FDC grant AFR was not always supported by the sufficient level of documentation required to ensure accurate financial reporting, resulting in a delayed and inaccurate submission of the AFR.	High	3.1.b. Perform quarterly reviews, at a minimum, of all expenditures on the FDC grant by reconciling all FDC grant expenses to what has been posted in the system to ensure expenses are appropriately charged to the grant based on the guidelines.	The Director of the Faculty Development Center will perform quarterly reconciliations to ensure FDC expenses are appropriately recorded.	Cynthia Passmore, Director of Faculty Development Center	8/30/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-005 SYS	Governance and Regulatory Compliance	Investments Audit	UNT System	1. Unauthorized Sweep Investment Vehicles UNT System, UNT, and UNT Dallas held repurchase agreements with Wells Fargo Bank as sweep investment vehicles during fiscal year 2017. However, this is specifically prohibited in the Master Depository and Banking Services Agreement between UNT System and Wells Fargo Bank. The total balance in the repurchase account at August 31, 2017 was $7,665,644. During the audit we reviewed repurchase agreements for compliance with requirements of UNT System Regulation 08.2000-Investment of System Funds. We noted all existing repurchase agreements were signed in July 2014, which predated the signing of the Master Depository and Banking Services Agreement of August 2015. Upon further review of the of the Master Depository and Banking Services Agreement, section 4 'Consolidated Account Structure with Sweep Mechanism' stated repurchase agreements were not acceptable as sweep investment vehicles. This contradicted the existing process where UNT System, UNT and UNT Dallas utilized repurchase agreements as their sweep mechanism. Furthermore, there is an inconsistency between the Master Depository and Banking Services Agreement which prohibits the use of repurchase agreements, and UNT System Regulation 08.2000 which allows investing in fully collateralized repurchase agreements.	High	Recommendations for the Associate Vice Chancellor for Treasury and Reporting: 1.1.a.Work with the Office of General Counsel to review the current Master Depository and Banking Services Agreements to ensure they are aligned with UNT System Regulation 08.2000 and current practices.	1a. Management will work with the Office of General Counsel to review the current Master Depository and Banking Services Agreements to ensure they are aligned with UNT System Regulation 08.2000 and current practices.	James Mauldin, Associate Vice Chancellor for Treasury and Reporting	1/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-005 SYS	Governance and Regulatory Compliance	Investments Audit	UNT System	1. Unauthorized Sweep Investment Vehicles UNT System, UNT, and UNT Dallas held repurchase agreements with Wells Fargo Bank as sweep investment vehicles during fiscal year 2017. However, this is specifically prohibited in the Master Depository and Banking Services Agreement between UNT System and Wells Fargo Bank. The total balance in the repurchase account at August 31, 2017 was $7,665,644. During the audit we reviewed repurchase agreements for compliance with requirements of UNT System Regulation 08.2000-Investment of System Funds. We noted all existing repurchase agreements were signed in July 2014, which predated the signing of the Master Depository and Banking Services Agreement of August 2015. Upon further review of the of the Master Depository and Banking Services Agreement, section 4 'Consolidated Account Structure with Sweep Mechanism' stated repurchase agreements were not acceptable as sweep investment vehicles. This contradicted the existing process where UNT System, UNT and UNT Dallas utilized repurchase agreements as their sweep mechanism. Furthermore, there is an inconsistency between the Master Depository and Banking Services Agreement which prohibits the use of repurchase agreements, and UNT System Regulation 08.2000 which allows investing in fully collateralized repurchase agreements.	High	Recommendations for the Associate Vice Chancellor for Treasury and Reporting: 1.1.b.Based on the review in recommendation 'a', resolve and ensure new agreements are fully executed by all the relevant parties.	1b. Management will resolve and ensure new agreements are fully executed by all the relevant parties.	James Mauldin, Associate Vice Chancellor for Treasury and Reporting	1/31/2018	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-005 SYS	Governance and Regulatory Compliance	Investments Audit	UNTHSC	2. Accrued Investment Interest Income not Recorded in the General Ledger There were 2 out of 4 instances where accrued investment interest income for UNTHSC at August 31, 2017, totaling $22,683, was not recorded in the general ledger. During the audit we reviewed the accuracy, existence and valuation of the asset balances in the investment reports at August 31, 2017 by vouching the amounts to the investment and bank statements. Furthermore, to test the completeness of investment amounts in the financial statements, we traced the balances from the investment report to the general ledger. We identified 2 out of 4 instances; Texas Term – Term CP (maturity 9/15/2017) $3,222, and Texas Term – CP Proceeds – Term CP (maturity 12/26/2017) $19,461 where accrued investment interest income was not recorded in the general ledger.	Moderate	Recommendations for the UNTHSC Associate Controller: 2.1.a.Identify the journal entries needed to correct the unrecorded amount of$22,683, and post them to the general ledger.	2a. The journal entries needed to correct the unrecorded amounts have been identified and will be posted to the general ledger.	Paula Welch, UNTHSC Associate Controller:	2/28/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-005 SYS	Governance and Regulatory Compliance	Investments Audit	UNTHSC	2. Accrued Investment Interest Income not Recorded in the General Ledger There were 2 out of 4 instances where accrued investment interest income for UNTHSC at August 31, 2017, totaling $22,683, was not recorded in the general ledger. During the audit we reviewed the accuracy, existence and valuation of the asset balances in the investment reports at August 31, 2017 by vouching the amounts to the investment and bank statements. Furthermore, to test the completeness of investment amounts in the financial statements, we traced the balances from the investment report to the general ledger. We identified 2 out of 4 instances; Texas Term – Term CP (maturity 9/15/2017) $3,222, and Texas Term – CP Proceeds – Term CP (maturity 12/26/2017) $19,461 where accrued investment interest income was not recorded in the general ledger.	Moderate	Recommendations for the UNTHSC Associate Controller: 2.1.b.Develop a process to ensure that information in the quarterly investment reports from UNT System Treasury is reconciled to the general ledger at the end of each quarter.	2b. The reconciliation process will be reviewed and updated to ensure quarterly investment reports are reconciled to the general ledger at least quarterly.	Paula Welch, UNTHSC Associate Controller:	2/28/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-008 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program Audit	UNTHSC	1. Unexpended Balance from Prior Year CBFP Funds Unexpended Coordinating Board Family Practice (CBFP) funds received from the FY2016 operational grant for the amount of $4,403.28 were not spent as of August 31, 2017. This amount was not reported in the AFR section "A. Revenue: 1. Unexpended Balance on CBFP Funds (Received Prior to August 31, 2017)." As a result, the revenue subtotal was not correctly reflected in the AFR. Furthermore, the FY2016 unexpended balance was not transferred at the end of FY2016 in the University's General Ledger to the FY2017 project ID; therefore, it was not available to be spent by the department during FY2017.	High	Recommendations for the Senior Academic and Business Director, TCOM: 1.1.a. Work with the Associate Controller at UNTHSC, the Vice President of Finance & Planning and the Office of Research Compliance and Sponsored Programs to transfer unexpended funds.	1.a. Request to transfer unexpended balance of $4,403.28 from FY16 FMRP Operational Grant to the FY17 grant (RA00002) was submitted to Office of Research Compliance and Sponsored Programs. They will work with the UNTHSC Associate Controller's Office to complete the transfer, increase the project budget for FY17, and update the AFR with the unexpended balance of $4,403.28.	J. Randolph, Senior Academic and Business Director, TCOM	12/22/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-008 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program Audit	UNTHSC	1. Unexpended Balance from Prior Year CBFP Funds Unexpended Coordinating Board Family Practice (CBFP) funds received from the FY2016 operational grant for the amount of $4,403.28 were not spent as of August 31, 2017. This amount was not reported in the AFR section "A. Revenue: 1. Unexpended Balance on CBFP Funds (Received Prior to August 31, 2017)." As a result, the revenue subtotal was not correctly reflected in the AFR. Furthermore, the FY2016 unexpended balance was not transferred at the end of FY2016 in the University's General Ledger to the FY2017 project ID; therefore, it was not available to be spent by the department during FY2017.	High	Recommendations for the Senior Academic and Business Director, TCOM: 1.1.b. Develop a follow-up process with all departments involved (TCOM, UNT System Controller, Office of Research Compliance and Sponsored Programs, Office of Finance) to ensure all expenses are being charged correctly, submitted, approved, posted timely to the General Ledger and Uniform Statewide Accounting System (USAS) with appropriate support documentation, and reconciled on a monthly basis. Additionally, provide the monthly reconciliation to the Chief Financial Officer. Furthermore, the AFR should be complete no later than October 1st of every year.	1.b. The Sr. Academic and Business Director began holding monthly reconciliation meetings in October 2017. Stakeholders from the Office of Grant and Contract Management, the UNT System Controller's Office, and the TCOM Office of Educational Programs meet monthly to review all FDC expenditures to ensure expenditures are reconciled with the University's General Ledger. UNT System Controller's staff are present to ensure expenses recorded on the General Ledger are reconciled monthly with the Texas Uniform Statewide Accounting System (USAS). A complete reconciliation will be provided to the Chief Financial Officer on a monthly basis. The Annual Financial Report will be completed no later than October 1, 2018.	A.J. Randolph, Senior Academic and Business Director, TCOM	10/1/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-008 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program Audit	UNTHSC	1. Unexpended Balance from Prior Year CBFP Funds Unexpended Coordinating Board Family Practice (CBFP) funds received from the FY2016 operational grant for the amount of $4,403.28 were not spent as of August 31, 2017. This amount was not reported in the AFR section "A. Revenue: 1. Unexpended Balance on CBFP Funds (Received Prior to August 31, 2017)." As a result, the revenue subtotal was not correctly reflected in the AFR. Furthermore, the FY2016 unexpended balance was not transferred at the end of FY2016 in the University's General Ledger to the FY2017 project ID; therefore, it was not available to be spent by the department during FY2017.	High	2. Recommendation for the Associate Vice President of Research Administration: 1.2.a. Update the AFR to appropriately reflect all revenue on the grant and submit the AFR to the THECB.	2.a. The Office of Sponsored Programs will update the AFR and resubmit	Brian Gladue, Associate Vice President of Research Administration	12/22/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-008 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program Audit	UNTHSC	2. Measurement Guidelines for Cost Elements and Income Sources Internal Audit was unable to validate whether the FMRP's cost and income elements were in accordance with the established measures outlined in Section V- Financial Monitoring Procedures (Measurement Guidelines) of the FMRP Guidelines for Funding due to the following reasons: • Amounts reported as Revenues and Expenditures paid with Non-CBFP Funds (Other Funds) were not always calculated based on actual amounts as required by the THECB Instructions for Completing the AFR. Specifically, ▢ $1,130,320.23 reported as "Revenues - D.1. Total Financial Support for the Family Practice Residency Program" and $936,486.43 reported in "Expenditures - A. Resident Compensation" as support to the program by the Affiliated Hospital did not include actual resident stipends and benefits for FY2017. • The amount of $410,000 was reported twice on the AFR as financial support to the FMRP in the Revenue section "D. Affiliated Hospital(s) Support" and also in "H.4. Graduate Medical Education Expansion Grant." This amount was used to reimburse the Affiliated Hospital for the six residents that were paid by the Hospital. • Amounts reported as Revenues and Expenditures paid with Non-CBFP Funds (Other Funds) does not include the accurate amount of financial support provided by the Medical School. In detail: ▢ $299,510.29 in Operating Expenses reported as "Expenditures - D. Operating Expenses" were not included in the Revenues section as financial support provided by the Medical School in "Revenues - E.2. Total Financial Support to the Program: All Other Funds."	High	Recommendations for the Senior Academic and Business Director, TCOM: 2.1.a. Update the AFR to appropriately reflect revenues and expenses supported with Non-CBFP Funds (Other Funds).	1.a. The FY17 FMRP AFR will reflect revenues and expenses supported with Non-CBFP Funds (Other Funds) from September 1, 2016 to August 31, 2017.	A.J. Randolph, Senior Academic and Business Director, TCOM	12/22/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-008 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program Audit	UNTHSC	2. Measurement Guidelines for Cost Elements and Income Sources Internal Audit was unable to validate whether the FMRP's cost and income elements were in accordance with the established measures outlined in Section V- Financial Monitoring Procedures (Measurement Guidelines) of the FMRP Guidelines for Funding due to the following reasons: • Amounts reported as Revenues and Expenditures paid with Non-CBFP Funds (Other Funds) were not always calculated based on actual amounts as required by the THECB Instructions for Completing the AFR. Specifically, ⊠ $1,130,320.23 reported as "Revenues - D.1. Total Financial Support for the Family Practice Residency Program" and $936,486.43 reported in "Expenditures - A. Resident Compensation" as support to the program by the Affiliated Hospital did not include actual resident stipends and benefits for FY2017. • The amount of $410,000 was reported twice on the AFR as financial support to the FMRP in the Revenue section "D. Affiliated Hospital(s) Support" and also in "H.4. Graduate Medical Education Expansion Grant." This amount was used to reimburse the Affiliated Hospital for the six residents that were paid by the Hospital. • Amounts reported as Revenues and Expenditures paid with Non-CBFP Funds (Other Funds) does not include the accurate amount of financial support provided by the Medical School. In detail: ⊠ $299,510.29 in Operating Expenses reported as "Expenditures - D. Operating Expenses" were not included in the Revenues section as financial support provided by the Medical School in "Revenues - E.2.	High	Recommendations for the Senior Academic and Business Director, TCOM: 2.1.b. Going forward, complete the AFR to ensure accounting standards are followed. Additionally, the AFR should be complete, accurate and entail actual amounts in accordance with THECB Instructions for Completing the AFR.	1.b. The AFR for future reporting cycles will be completing according to accounting standards as well as the FMRP Operating Grant Guidelines.	A.J. Randolph, Senior Academic and Business Director, TCOM	10/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-008 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program Audit	UNTHSC	3. Faculty and Staff Worker's Compensation Support Personnel's fringe benefits paid with the Coordinating Board Family Practice (CBFP) funds for the amount of $443.17 related to "Unemployment, Worker's Compensation, and Lump Sum Vacation Pay Upon Termination" was included under Faculty's fringe benefits. As a result, category "B. Faculty Compensation" on the AFR was overstated by $443.17 and category "C. Support Personnel Compensation" was understated.	High	Recommendations for the Associate Vice President of Research Administration: 3.1.a. Update the AFR to appropriately reflect expenses charged to the grant and submit the AFR to the THECB.	1.a. The Office of Sponsored Programs will update the AFR and resubmit by December 22, 2017.	Brian Gladue, Associate Vice President of Research Administration	12/22/2017	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-008 HSC	Governance and Regulatory Compliance	Family Medicine Residency Program Audit	UNTHSC	3. Faculty and Staff Worker's Compensation Support Personnel's fringe benefits paid with the Coordinating Board Family Practice (CBFP) funds for the amount of $443.17 related to "Unemployment, Worker's Compensation, and Lump Sum Vacation Pay Upon Termination" was included under Faculty's fringe benefits. As a result, category "B. Faculty Compensation" on the AFR was overstated by $443.17 and category "C. Support Personnel Compensation" was understated.	High	Recommendations for the Associate Vice President of Research Administration: 3.1.b. Going forward, record the appropriate amount for both faculty and staff fringe benefits on the AFR. Provide this amount to the Senior Academic and Business Director, TCOM in order to accurately complete the AFR.	1.b. The Office of Sponsored Programs will coordinate with the Senior Academic Business Director to ensure accurate reporting going forward.	Brian Gladue, Associate Vice President of Research Administration	12/31/2018	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	18-007 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Audit	UNTHSC	1. Unallowable Cost with THECB Funds Unallowable cost for alcohol, tips, and gratuities in accordance with State and University Guidelines were reported as expenditures paid with the Texas Higher Education Coordinating Board (THECB) funds on the Annual Financial Report (AFR). Specifically, Internal Audit determined that unallowable expenditures for the amount of $54.66 for alcoholic beverages and $271.25 for tips and gratuities were reported on the AFR under the category "C.1c. Staff Conference Travel & Lodging." Furthermore, for 1 out of 5 vouchers reviewed, Internal Audit was unable to determine whether alcoholic beverages were reimbursed to the traveler because the detailed receipt was not provided as required by University Travel Guidelines. The unallowable expenditure amount of $54.66 for alcoholic beverages and $10.00 out of $271.25 for tips were recorded in the University General Ledger. The tips were incorrectly accounted under the meal expenditure.	High	Recommendations for the Senior Academic and Business Director, TCOM: 1.1.a. Initiate a cost transfer form for unallowable expenses to be removed from the THECB FDC grant and submit the form to the Office of Research Compliance and Sponsored Programs for review.	1a. A Non-Payroll Cost Transfer Form to move unallowable alcohol and gratuity expenses from the Faculty Development Center Grant (HSC Project ID RA0004) has been completed and submitted to the Office of Grant and Contract Management.	A.J. Randolph, Senior Academic and Business Director, TCOM	12/22/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-007 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Audit	UNTHSC	1. Unallowable Cost with THECB Funds Unallowable cost for alcohol, tips, and gratuities in accordance with State and University Guidelines were reported as expenditures paid with the Texas Higher Education Coordinating Board (THECB) funds on the Annual Financial Report (AFR). Specifically, Internal Audit determined that unallowable expenditures for the amount of $54.66 for alcoholic beverages and $271.25 for tips and gratuities were reported on the AFR under the category "C.1c. Staff Conference Travel & Lodging." Furthermore, for 1 out of 5 vouchers reviewed, Internal Audit was unable to determine whether alcoholic beverages were reimbursed to the traveler because the detailed receipt was not provided as required by University Travel Guidelines. The unallowable expenditure amount of $54.66 for alcoholic beverages and $10.00 out of $271.25 for tips were recorded in the University General Ledger. The tips were incorrectly accounted under the meal expenditure.	High	Recommendations for the Senior Academic and Business Director, TCOM: 1.1.b. Develop a follow-up process with all departments involved (TCOM, UNT System Controller, Office of Research Compliance and Sponsored Programs, Office of Finance) to ensure all expenses are being charged correctly, submitted, approved, posted timely to the General Ledger and Uniform Statewide Accounting System (USAS) with appropriate support documentation, and reconciled on a monthly basis. Additionally, provide the monthly reconciliation to the Chief Financial Officer. Furthermore, the AFR should be complete no later than October 1st of every year.	1b. The Sr. Academic and Business Director began holding monthly reconciliation meetings in October 2017. Stakeholders from the Office of Grant and Contract Management, the UNT System Controller's Office, and the TCOM Office of Educational Programs meet monthly to review all FDC expenditures to ensure expenditures are reconciled with the University's General Ledger. UNT System Controller's staff are present to ensure expenses recorded on the General Ledger are reconciled monthly with the Texas Uniform Statewide Accounting System (USAS). A complete reconciliation will be provided to the Chief Financial Officer on a monthly basis.	A.J. Randolph, Senior Academic and Business Director, TCOM	10/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-007 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Audit	UNTHSC	1. Unallowable Cost with THECB Funds Unallowable cost for alcohol, tips, and gratuities in accordance with State and University Guidelines were reported as expenditures paid with the Texas Higher Education Coordinating Board (THECB) funds on the Annual Financial Report (AFR). Specifically, Internal Audit determined that unallowable expenditures for the amount of $54.66 for alcoholic beverages and $271.25 for tips and gratuities were reported on the AFR under the category "C.1c. Staff Conference Travel & Lodging." Furthermore, for 1 out of 5 vouchers reviewed, Internal Audit was unable to determine whether alcoholic beverages were reimbursed to the traveler because the detailed receipt was not provided as required by University Travel Guidelines. The unallowable expenditure amount of $54.66 for alcoholic beverages and $10.00 out of $271.25 for tips were recorded in the University General Ledger. The tips were incorrectly accounted under the meal expenditure.	High	Recommendations for the Associate Vice President of Research Administration: 1.2.a. Review and remove all unallowable expenditures paid with THECB funds and provide approval to the UNT System Controller's office to post the transfer to the General Ledger and USAS.	2a. The Office of Sponsored Programs will remove the unallowable expenditures and provide approval to the UNT System Controller's office to post the transfer to the General Ledger and USAS.	jh	12/22/2017	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2018	18-007 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Audit	UNTHSC	1. Unallowable Cost with THECB Funds Unallowable cost for alcohol, tips, and gratuities in accordance with State and University Guidelines were reported as expenditures paid with the Texas Higher Education Coordinating Board (THECB) funds on the Annual Financial Report (AFR). Specifically, Internal Audit determined that unallowable expenditures for the amount of $54.66 for alcoholic beverages and $271.25 for tips and gratuities were reported on the AFR under the category "C.1c. Staff Conference Travel & Lodging." Furthermore, for 1 out of 5 vouchers reviewed, Internal Audit was unable to determine whether alcoholic beverages were reimbursed to the traveler because the detailed receipt was not provided as required by University Travel Guidelines. The unallowable expenditure amount of $54.66 for alcoholic beverages and $10.00 out of $271.25 for tips were recorded in the University General Ledger. The tips were incorrectly accounted under the meal expenditure.	High	Recommendations for the Associate Vice President of Research Administration: 1.2.b. Update the AFR to appropriately reflect expenses charged to the grant and submit the AFR to the THECB.	2b. The Office of Sponsored Programs will update the AFR and submit to THECB.	Brian Gladue, Associate Vice President of Research Administration	12/22/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-007 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Audit	UNTHSC	2. Personnel Compensation Expenditures Amounts reported for personnel compensation (salaries and benefits) on the AFR are not in accordance with the University's General Ledger. Specifically, the following were noted: • Benefits are not charged proportionally to salaries on the FDC grant (Sponsored Project Id- RA00004) in the University's General Ledger. As a result, the total benefits amount of $5,998. 32 reported on the AFR was not proportionate to the effort that was certified by the staff. • $132 in longevity pay that should have been charged to the FDC grant for May and June 2017, were incorrectly paid with Non-THECB funds in the University's General Ledger. As a result, salary amounts reported on the AFR as paid with the THECB funds are understated by a total of $132.00 in longevity pay. • Salary and benefit amounts reported on the AFR as paid with the Non-THECB funds for all four employees are understated by a total amount of $12,077.84 and do not reconcile to the amount recorded on the University's General Ledger.	High	Recommendations for the Associate Vice President of Research Administration: 2.1.a. Correctly set up the FDC grant in upcoming appropriation years to ensure that longevity pay and fringe benefits are configured as expenses to be included in the grant total from the correct funding source (i.e. chart field string) and coordinate with appropriate management from the Office of Finance & Planning as well as the UNT System Controller's office to confirm that the accurate funding source is being utilized.	1a. The Office of Sponsored Programs (OSP) will maintain open communication and work closely with the Office of Finance & Planning and the UNT System Controller's office to ensure that accurate funding source is utilized for all payroll expenditures on the grant.	Brian Gladue, Associate Vice President of Research Administration	8/31/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2018	18-007 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Audit	UNTHSC	2. Personnel Compensation Expenditures Amounts reported for personnel compensation (salaries and benefits) on the AFR are not in accordance with the University's General Ledger. Specifically, the following were noted: • Benefits are not charged proportionally to salaries on the FDC grant (Sponsored Project Id- RA00004) in the University's General Ledger. As a result, the total benefits amount of $5,998. 32 reported on the AFR was not proportionate to the effort that was certified by the staff. • $132 in longevity pay that should have been charged to the FDC grant for May and June 2017, were incorrectly paid with Non-THECB funds in the University's General Ledger. As a result, salary amounts reported on the AFR as paid with the THECB funds are understated by a total of $132.00 in longevity pay. • Salary and benefit amounts reported on the AFR as paid with the Non-THECB funds for all four employees are understated by a total amount of $12,077.84 and do not reconcile to the amount recorded on the University's General Ledger.	High	Recommendations for the Associate Vice President of Research Administration: 2.1.b. Update the AFR to appropriately reflect expenses charged to the grant and submit the AFR to the THECB.	1b. Due to timing, we are unable to initiate a cost transfer form to reallocate the longevity pay to the THECB FDC grant. The AFR cannot be updated as the UNT System Controller's Office is unable to reallocate payroll expenses that occurred in the previous fiscal year. Going forward, OSP will develop a query to monitor the fund code to ensure longevity pay and fringe benefits are configured to the correct funding source.	Brian Gladue, Associate Vice President of Research Administration	8/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-007 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Audit	UNTHSC	2. Personnel Compensation Expenditures Amounts reported for personnel compensation (salaries and benefits) on the AFR are not in accordance with the University's General Ledger. Specifically, the following were noted: • Benefits are not charged proportionally to salaries on the FDC grant (Sponsored Project Id- RA00004) in the University's General Ledger. As a result, the total benefits amount of $5,998. 32 reported on the AFR was not proportionate to the effort that was certified by the staff. • $132 in longevity pay that should have been charged to the FDC grant for May and June 2017, were incorrectly paid with Non-THECB funds in the University's General Ledger. As a result, salary amounts reported on the AFR as paid with the THECB funds are understated by a total of $132.00 in longevity pay. • Salary and benefit amounts reported on the AFR as paid with the Non-THECB funds for all four employees are understated by a total amount of $12,077.84 and do not reconcile to the amount recorded on the University's General Ledger.	High	Recommendations for the Senior Academic and Business Director, TCOM: 2.2.a. Initiate a cost transfer form for $132 longevity pay expenses that did not charged to the THECB FDC grant and submit the form to the Office of Research Compliance and Sponsored Programs for review.	2a. Due to timing, we are unable to initiate a cost transfer form to reallocate the longevity pay to the THECB FDC grant. The AFR cannot be updated as the UNT System Controller's Office is unable to reallocate payroll expenses that occurred in the previous fiscal year.	A.J. Randolph, Senior Academic and Business Director, TCOM	12/22/2017	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2018	18-007 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Audit	UNTHSC	2. Personnel Compensation Expenditures Amounts reported for personnel compensation (salaries and benefits) on the AFR are not in accordance with the University's General Ledger. Specifically, the following were noted: • Benefits are not charged proportionally to salaries on the FDC grant (Sponsored Project Id- RA00004) in the University's General Ledger. As a result, the total benefits amount of $5,998. 32 reported on the AFR was not proportionate to the effort that was certified by the staff. • $132 in longevity pay that should have been charged to the FDC grant for May and June 2017, were incorrectly paid with Non-THECB funds in the University's General Ledger. As a result, salary amounts reported on the AFR as paid with the THECB funds are understated by a total of $132.00 in longevity pay. • Salary and benefit amounts reported on the AFR as paid with the Non-THECB funds for all four employees are understated by a total amount of $12,077.84 and do not reconcile to the amount recorded on the University's General Ledger.	High	Recommendations for the Senior Academic and Business Director, TCOM: 2.2.c. Determine the correct percentage for salaries and benefits paid with non-THECB.	2c. The Sr. Academic and Business Director will verify each month with the Principle Investigator that the percentage of each FDC staff members' salary and benefit expenses paid with non-THECB funded is correctly reported in monthly reconciliation reports.	A.J. Randolph, Senior Academic and Business Director, TCOM	10/1/2018	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-007 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Audit	UNTHSC	3. Other General Expenditures Office Supplies was reported twice on the AFR for the amount of $1,099.89 and did not reconcile to the University's General Ledger or USAS. Specifically, $1,099.89 out of a total invoice of $1,595.00 for Office Supplies was reported as paid with Texas Higher Education Coordinating Board (THECB) funds in category "C.2a. Office Supplies and Promotional Items" and also reported as paid with Non-THECB funds in category "B.2e Participants Materials." Furthermore, this amount did not reconcile to the University's General Ledger or USAS which is recorded as $1,361.14. There was a cost transfer request of $1,099.85 initiated by the Texas College of Osteopathic Medicine (TCOM) department and approved by the Office of Research Compliance and Sponsored Programs. This amount was recorded as $1,099.89 on the AFR. However, the Office of Research Compliance and Sponsored Programs provided a higher transfer amount of $1,361.14 to UNT System Controller's Office to cover the unallowable tips expenditure of $261.25 which was not transferred to the FDC grant.	High	Recommendations for the Associate Vice President of Research Administration: 3.1.a. Update the AFR to appropriately reflect expenses charged to the grant and submit the AFR to the THECB.	1a. The Office of Sponsored Programs will update the AFR and submit to the THECB.	Brian Gladue, Associate Vice President of Research Administration	12/22/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-007 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Audit	UNTHSC	3. Other General Expenditures Office Supplies was reported twice on the AFR for the amount of $1,099.89 and did not reconcile to the University's General Ledger or USAS. Specifically, $1,099.89 out of a total invoice of $1,595.00 for Office Supplies was reported as paid with Texas Higher Education Coordinating Board (THECB) funds in category "C.2a. Office Supplies and Promotional Items" and also reported as paid with Non-THECB funds in category "B.2e Participants Materials." Furthermore, this amount did not reconcile to the University's General Ledger or USAS which is recorded as $1,361.14. There was a cost transfer request of $1,099.85 initiated by the Texas College of Osteopathic Medicine (TCOM) department and approved by the Office of Research Compliance and Sponsored Programs. This amount was recorded as $1,099.89 on the AFR. However, the Office of Research Compliance and Sponsored Programs provided a higher transfer amount of $1,361.14 to UNT System Controller's Office to cover the unallowable tips expenditure of $261.25 which was not transferred to the FDC grant.	High	Recommendations for the Associate Vice President of Research Administration: 3.1.b. Communicate all changes and/or updates with cost transfers back to the department so they are aware of all changes made.	1b. The Office of Sponsored Programs will communicate the changes and/or updates back to the department.	Brian Gladue, Associate Vice President of Research Administration	12/22/2017	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-007 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Audit	UNTHSC	4. Inaccurate Recording of Expenditures A total of $811.88 in expenditures recorded on the AFR as paid with Non-THECB funds under categories "C. Maintenance & Operations" and "B. Training Activities & Programs" were not recorded in the University's General Ledger for FY2017. Specifically, the following were noted: • $739.33 out of $2,256.51 reported as "C.2a. Office Supplies and Promotional Items" in category "C. Maintenance & Operations" was processed and paid in FY2018. • $36.75 out of $12,649.25 reported as "B.1g. Meals, Breaks, Etc." " in category "B. Training Activities & Programs" was not processed or paid in the University's General Ledger. • $35.80 out of $2,567.33 reported as "B.2d. FDC Staff Travel & Lodging" in category "B. Training Activities & Programs" was not processed or paid in the University's General Ledger. The difference was due to an incorrect amount recorded in the departmental Excel spreadsheet for a travel reimbursement.	High	Recommendations for the Senior Academic and Business Director, TCOM: 4.1.a. Update the AFR to appropriately reflect expenses paid with the Non- THECB funds.	1a. FY17 Faculty Development Center Grant AFR has been updated to remove the expenditures not recorded on the University's General Ledger for FY 17.	A.J. Randolph, Senior Academic and Business Director, TCOM	12/22/2017	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-007 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Audit	UNTHSC	4. Inaccurate Recording of Expenditures A total of $811.88 in expenditures recorded on the AFR as paid with Non-THECB funds under categories "C. Maintenance & Operations" and "B. Training Activities & Programs" were not recorded in the University's General Ledger for FY2017. Specifically, the following were noted: • $739.33 out of $2,256.51 reported as "C.2a. Office Supplies and Promotional Items" in category "C. Maintenance & Operations" was processed and paid in FY2018. • $36.75 out of $12,649.25 reported as "B.1g. Meals, Breaks, Etc." " in category "B. Training Activities & Programs" was not processed or paid in the University's General Ledger. • $35.80 out of $2,567.33 reported as "B.2d. FDC Staff Travel & Lodging" in category "B. Training Activities & Programs" was not processed or paid in the University's General Ledger. The difference was due to an incorrect amount recorded in the departmental Excel spreadsheet for a travel reimbursement.	High	Recommendations for the Senior Academic and Business Director, TCOM: 4.1.b. Perform a monthly reconciliation of expenditures recorded on the Excel spreadsheet to the General Ledger.	1b. The Sr. Academic and Business Director began holding monthly reconciliation meetings in October 2017. Stakeholders from the Office of Grant and Contract Management, the UNT System Controller's Office, and the TCOM Office of Educational Programs meet monthly to review all FDC expenditures to ensure expenditures are reconciled with the University's General Ledger. UNT System Controller's staff are present to ensure expenses recorded on the General Ledger are reconciled monthly with the Texas Uniform Statewide Accounting System (USAS). A complete reconciliation will be provided to the Chief Financial Officer on a monthly basis.	A.J. Randolph, Senior Academic and Business Director, TCOM	10/1/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2018	18-007 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Audit	UNTHSC	4. Inaccurate Recording of Expenditures A total of $811.88 in expenditures recorded on the AFR as paid with Non-THECB funds under categories "C. Maintenance & Operations" and "B. Training Activities & Programs" were not recorded in the University's General Ledger for FY2017. Specifically, the following were noted: • $739.33 out of $2,256.51 reported as "C.2a. Office Supplies and Promotional Items" in category "C. Maintenance & Operations" was processed and paid in FY2018. • $36.75 out of $12,649.25 reported as "B.1g. Meals, Breaks, Etc." " in category "B. Training Activities & Programs" was not processed or paid in the University's General Ledger. • $35.80 out of $2,567.33 reported as "B.2d. FDC Staff Travel & Lodging" in category "B. Training Activities & Programs" was not processed or paid in the University's General Ledger. The difference was due to an incorrect amount recorded in the departmental Excel spreadsheet for a travel reimbursement.	High	Recommendations for the Senior Academic and Business Director, TCOM: 4.1.c. Ensure all expenditures recorded on the AFR is based on the date it was posted on the General Ledger, not the submission date.	1c. All reported expenditures on the FY18 FDC Annual Financial Report will be based on the date the expense posted on the University's General Ledger, not the date the expense was submitted. Expenses reported on the AFR will be based on a query from the General Ledger that has been reconciled with the department's internal tracking spreadsheet.	A.J. Randolph, Senior Academic and Business Director, TCOM	10/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-007 HSC	Governance and Regulatory Compliance	THECB Faculty Development Center Grant Audit	UNTHSC	5. Non-Compliance with Purchasing Card (P-Card) Guidelines During our review of FDC expenditures paid with Non-THECB funds, we noted that P-Card transactions reviewed included State of Texas sales tax for the total amount of $90.53.	Moderate	Recommendation for the Senior Academic and Business Director, TCOM: 5.1.a. Implement a process to internally monitor P-Card expenditures and require P-Card holder to immediately request a tax refund.	1a. An internal review process to monitor P-Card expenditures will be implemented to ensure P-Card expenses do not included State of Texas Sales Tax. In the event an expenditure includes state sales tax, the P-Card holder will be required to immediately request a refund of the state sales tax. Repeated offenses will result in the suspension of P-Card privileges.	A.J. Randolph, Senior Academic and Business Director, TCOM	3/1/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2018	17-308 DAL	Governance and Regulatory Compliance	Enrollment	UNT Dallas	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Internal (Co-Sourced)	PwC	Fiscal Year 2018	17-307 HSC	Governance and Regulatory Compliance	Enrollment	UNTHSC	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	PwC	Fiscal Year 2018	17-306 UNT	Governance and Regulatory Compliance	Enrollment	UNT	Comment #1: Monitoring evidence of audit roll completion not retained Evidence is not retained of monitoring to confirm timely audit roll completion. While the PeopleSoft system sends reminder notifications to lecturers who have not completed their assigned audit rolls, a report is also monitored to track for timely completion of outstanding audit rolls (audit rolls that were not marked as approved by the lecturer). This report is however not retained post audit roll completion to evidence the control was performed. Our testing did not identify any audit rolls not completed for the audit period; however, without evidence of the monitoring reports, we could not confirm that the secondary monitoring control was performed.	Low	1.1.a UNT Student Academic Records should retain the monitoring report used to confirm that class audit rolls were completed timely..	The Office of the Registrar will retain an audit roll monitoring report demonstrating that monitoring occurred and all professors have completed the audit roll process.	Bryan Heard, Director of Records, Registration and Reports	02/29/18	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-001 SYS	Governance and Regulatory Compliance	Chancellor's Expenditure Review	UNT System	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-002 UNT	Governance and Regulatory Compliance	President's Expenditure Review	UNT	1. International Travel Registration One international travel trip was not registered as required by UNT System Regulation 08.15000. UNT System Regulation 08.15000 – Travel Registration became effective on November 10, 2016. This Regulation requires that all individuals travelling internationally on University business register their travel plans prior to departure. The President completed four international trips after the effective date of UNT System Regulation 08.15000. Based on discussion with Risk Management Services, the first of the four international trips was not registered.	High	Recommendation for the Office of the President: 1.1.a. Develop a process and procedure to ensure that all your University-related international travel is registered prior to departure.	1a. Of the four international trips taken after the implementation of the System Regulation 08.15000 (Registration of International Travel), one was not registered. Our office has now implemented a process of registering international travel as soon as flights are secured. This process is then verified by another office member to ensure this important step is not missed. This process has been in place since May 2017, and has been successful in ensuring all international trips have been registered since that time.	Office of the President	1/9/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-002 UNT	Governance and Regulatory Compliance	President's Expenditure Review	UNT	2. Personally Identifiable Information Financial data was not redacted on support documents submitted for travel expense reimbursements. During our review of travel expenses, we noted Personally Identifiable Information (PII) was not redacted from support documentation prior to upload in Perceptive Content. Specifically, the bank account number on a check and credit card information, including card number, security code, and expiration date, on a payment form were not redacted.	High	Recommendations for the Office of the President: 2.1.a. Mask credit card and bank account information on support documentation for travel expense reimbursements prior to submission for upload into Perceptive Content.	1a. Financial data was not redacted on a travel expense reimbursement. Going forward, all travel reimbursements will be reviewed by a second staff member to ensure there is no remaining PII in supporting travel documentation prior to submitting to the BSC. As a last resort failsafe, in accordance with the information distributed in the November 2016 BSC Solution Source, we will rely on the BSC travel office to return to the submitter any travel documentation displaying PII for revision and resubmission to ensure there is no PII stored in the imaging system. This should not be necessary, as a secondary reviewer will resolve the issue.	Office of the President	1/9/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-002 UNT	Governance and Regulatory Compliance	President's Expenditure Review	UNT	2. Personally Identifiable Information Financial data was not redacted on support documents submitted for travel expense reimbursements. During our review of travel expenses, we noted Personally Identifiable Information (PII) was not redacted from support documentation prior to upload in Perceptive Content. Specifically, the bank account number on a check and credit card information, including card number, security code, and expiration date, on a payment form were not redacted.	High	Recommendations for the Office of the President: 2.1.b. Develop procedures to help ensure that all PII is appropriately protected.	1b. Financial data was not redacted on a travel expense reimbursement. Going forward, all travel reimbursements will be reviewed by a second staff member to ensure there is no remaining PII in supporting travel documentation prior to submitting to the BSC. As a last resort failsafe, in accordance with the information distributed in the November 2016 BSC Solution Source, we will rely on the BSC travel office to return to the submitter any travel documentation displaying PII for revision and resubmission to ensure there is no PII stored in the imaging system. This should not be necessary, as a secondary reviewer will resolve the issue.	Office of the President	1/9/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-002 UNT	Governance and Regulatory Compliance	President's Expenditure Review	UNT	2. Personally Identifiable Information Financial data was not redacted on support documents submitted for travel expense reimbursements. During our review of travel expenses, we noted Personally Identifiable Information (PII) was not redacted from support documentation prior to upload in Perceptive Content. Specifically, the bank account number on a check and credit card information, including card number, security code, and expiration date, on a payment form were not redacted.	High	Recommendations for the Office of the President: 2.1.c. Ensure employees in the Office of the President receive training related to the protection of PII.	1c. Financial data was not redacted on a travel expense reimbursement. Going forward, all travel reimbursements will be reviewed by a second staff member to ensure there is no remaining PII in supporting travel documentation prior to submitting to the BSC. As a last resort failsafe, in accordance with the information distributed in the November 2016 BSC Solution Source, we will rely on the BSC travel office to return to the submitter any travel documentation displaying PII for revision and resubmission to ensure there is no PII stored in the imaging system. This should not be necessary, as a secondary reviewer will resolve the issue.	Office of the President	1/9/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-002 UNT	Governance and Regulatory Compliance	President's Expenditure Review	UNT	3. Social Organization Membership Reimbursement UNT System Regulation for calculating social organization membership dues and annual charges were not followed, resulting in inaccurate reimbursements to the President. The President receives business expense reimbursements for social organization membership dues and annual charges in an effort to promote the advancement of education and research and to facilitate favorable community relations. The UNT System Controller Operations team is responsible for calculating the proper reimbursement based on information submitted by the Office of the President. During our review of FY17 vouchers, we noted for 3 of 11 (27.3%) months, business expense reimbursement calculations did not follow UNT System Regulation. Specifically, a total of $774.75 in social organization membership dues were over reimbursed to the President. The President repaid the overpayment amount as soon as this was discovered and Internal Audit confirmed this during this review.	Moderate	Recommendation for Bob Brown, Vice President of Finance and Administration and Interim Vice Chancellor of Finance: 3.1.a. In collaboration with the Office of General Counsel, review and determine the best process regarding Social Organization Memberships.	1a. The Chancellor's Council is actively considering the appropriate method for handling club membership payments. The University of North Texas will adopt the method approved by the Chancellor's Council. I anticipate this will be complete by March 30, 2018.	Bob Brown, Vice President for Finance and Administration	3/30/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-002 UNT	Governance and Regulatory Compliance	President's Expenditure Review	UNT System	3. Social Organization Membership Reimbursement UNT System Regulation for calculating social organization membership dues and annual charges were not followed, resulting in inaccurate reimbursements to the President. The President receives business expense reimbursements for social organization membership dues and annual charges in an effort to promote the advancement of education and research and to facilitate favorable community relations. The UNT System Controller Operations team is responsible for calculating the proper reimbursement based on information submitted by the Office of the President. During our review of FY17 vouchers, we noted for 3 of 11 (27.3%) months, business expense reimbursement calculations did not follow UNT System Regulation. Specifically, a total of $774.75 in social organization membership dues were over reimbursed to the President. The President repaid the overpayment amount as soon as this was discovered and Internal Audit confirmed this during this review.	Moderate	Recommendations for Abdul Mohammad, Senior Director of Controller Operations: 3.2.a. Determine if any adjustments should be reported to the IRS.	2a. Based on the Controller Operations preliminary assessment, the current Social Club dues reimbursement process satisfies IRS accountable plan conditions and does not require reimbursements to be reported to IRS as taxable income. Since overpayment amount is refunded by the President there may not be any further action needed and report any adjustments to the IRS. But we will make a final determination after further review.	Abdul Mohammad, Senior Director of Controller Operations	3/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-002 UNT	Governance and Regulatory Compliance	President's Expenditure Review	UNT System	3. Social Organization Membership Reimbursement UNT System Regulation for calculating social organization membership dues and annual charges were not followed, resulting in inaccurate reimbursements to the President. The President receives business expense reimbursements for social organization membership dues and annual charges in an effort to promote the advancement of education and research and to facilitate favorable community relations. The UNT System Controller Operations team is responsible for calculating the proper reimbursement based on information submitted by the Office of the President. During our review of FY17 vouchers, we noted for 3 of 11 (27.3%) months, business expense reimbursement calculations did not follow UNT System Regulation. Specifically, a total of $774.75 in social organization membership dues were over reimbursed to the President. The President repaid the overpayment amount as soon as this was discovered and Internal Audit confirmed this during this review.	Moderate	Recommendations for Abdul Mohammad, Senior Director of Controller Operations: 3.2.b. Implement a monitoring control to ensure that all social organization membership reimbursements are properly calculated.	2b. As part of the assessment and review Controller Operations have already identified controls which will further enhance the current Social Club dues reimbursement process.	Abdul Mohammad, Senior Director of Controller Operations	3/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-002 UNT	Governance and Regulatory Compliance	President's Expenditure Review	UNT System	3. Social Organization Membership Reimbursement UNT System Regulation for calculating social organization membership dues and annual charges were not followed, resulting in inaccurate reimbursements to the President. The President receives business expense reimbursements for social organization membership dues and annual charges in an effort to promote the advancement of education and research and to facilitate favorable community relations. The UNT System Controller Operations team is responsible for calculating the proper reimbursement based on information submitted by the Office of the President. During our review of FY17 vouchers, we noted for 3 of 11 (27.3%) months, business expense reimbursement calculations did not follow UNT System Regulation. Specifically, a total of $774.75 in social organization membership dues were over reimbursed to the President. The President repaid the overpayment amount as soon as this was discovered and Internal Audit confirmed this during this review.	Moderate	Recommendations for Abdul Mohammad, Senior Director of Controller Operations: 3.2.c. Educate personnel handling Social Organization Memberships on UNT System Regulation 08.3000.	2c. Controller Operations will ensure that personnel who handles Social Club dues reimbursements are educated and trained on the step 2c above and UNT System Regulation Section 08.3000.	Abdul Mohammad, Senior Director of Controller Operations	3/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-003 HSC	Governance and Regulatory Compliance	President's Expenditure Review	UNTHSC	1. Social Organization Membership Reimbursement UNT System Regulation for calculating social organization membership dues and annual charges were not followed, resulting in inaccurate reimbursements to the President. The President receives business expense reimbursements for social organization membership dues and annual charges in an effort to promote the advancement of education, research, and to facilitate favorable community relations. UNT System Controller Operations team is responsible for calculating the proper reimbursement based on information submitted by the Office of the President. During our review of FY 2017 vouchers, we noted for 7 out of 12 (58%) vouchers, business expense reimbursement calculations did not follow UNT System Regulation. Specifically, a total of $ 1,571.89 in social organization membership dues and annual charges were over reimbursed to the President. This amount included a total underpayment of $104 in allowable athletic club dues and an annual charge of employee holiday fund that were not reimbursed to the President. The President repaid the overpayment amount as soon as this was discovered and confirmed during this review.	Moderate	Recommendation for UNTHSC Chief Financial Officer: 1.1.a. In collaboration with the Office of General Counsel, review and determine the best process regarding Social Organization Memberships.	1a. CFO will work with OGC to determine and adopt better process for club memberships.	Gregory Anderson, UNTHSC Chief Financial Officer and Nancy Footer, Vice Chancellor of General Counsel	5/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-003 HSC	Governance and Regulatory Compliance	President's Expenditure Review	UNT System	1. Social Organization Membership Reimbursement UNT System Regulation for calculating social organization membership dues and annual charges were not followed, resulting in inaccurate reimbursements to the President. The President receives business expense reimbursements for social organization membership dues and annual charges in an effort to promote the advancement of education, research, and to facilitate favorable community relations. UNT System Controller Operations team is responsible for calculating the proper reimbursement based on information submitted by the Office of the President. During our review of FY 2017 vouchers, we noted for 7 out of 12 (58%) vouchers, business expense reimbursement calculations did not follow UNT System Regulation. Specifically, a total of $ 1,571.89 in social organization membership dues and annual charges were over reimbursed to the President. This amount included a total underpayment of $104 in allowable athletic club dues and an annual charge of employee holiday fund that were not reimbursed to the President. The President repaid the overpayment amount as soon as this was discovered and confirmed during this review.	Moderate	Recommendations for the Senior Director of Controller Operations: 1.2.a. Determine if any adjustments should be reported to the IRS.	2a. Based on the Controller Operations preliminary assessment, the current Social Club dues reimbursement process satisfies IRS accountable plan conditions and does not require reimbursements to be reported to IRS as taxable income. Since overpayment amount is refunded by the President there may not be any further action needed and report any adjustments to the IRS. But we will make a final determination after further review.	Abdul Mohammad, Senior Director of Controller Operations	3/31/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2018	18-003 HSC	Governance and Regulatory Compliance	President's Expenditure Review	UNT System	1. Social Organization Membership Reimbursement UNT System Regulation for calculating social organization membership dues and annual charges were not followed, resulting in inaccurate reimbursements to the President. The President receives business expense reimbursements for social organization membership dues and annual charges in an effort to promote the advancement of education, research, and to facilitate favorable community relations. UNT System Controller Operations team is responsible for calculating the proper reimbursement based on information submitted by the Office of the President. During our review of FY 2017 vouchers, we noted for 7 out of 12 (58%) vouchers, business expense reimbursement calculations did not follow UNT System Regulation. Specifically, a total of $ 1,571.89 in social organization membership dues and annual charges were over reimbursed to the President. This amount included a total underpayment of $104 in allowable athletic club dues and an annual charge of employee holiday fund that were not reimbursed to the President. The President repaid the overpayment amount as soon as this was discovered and confirmed during this review.	Moderate	Recommendations for the Senior Director of Controller Operations: 1.2.b. Work with the Office of General Counsel to determine if corrected W-2 statements should be issued and ensure internal payroll records are corrected.	2b. Based on the Controller Operations preliminary assessment, the current Social Club dues reimbursement process satisfies IRS accountable plan conditions and does not require reimbursements to be reported to IRS as taxable income. Since overpayment amount is refunded by the President there may not be any need to issue a corrected W2. But we will make a final determination after further review.	Abdul Mohammad, Senior Director of Controller Operations	3/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-003 HSC	Governance and Regulatory Compliance	President's Expenditure Review	UNT System	1. Social Organization Membership Reimbursement UNT System Regulation for calculating social organization membership dues and annual charges were not followed, resulting in inaccurate reimbursements to the President. The President receives business expense reimbursements for social organization membership dues and annual charges in an effort to promote the advancement of education, research, and to facilitate favorable community relations. UNT System Controller Operations team is responsible for calculating the proper reimbursement based on information submitted by the Office of the President. During our review of FY 2017 vouchers, we noted for 7 out of 12 (58%) vouchers, business expense reimbursement calculations did not follow UNT System Regulation. Specifically, a total of $ 1,571.89 in social organization membership dues and annual charges were over reimbursed to the President. This amount included a total underpayment of $104 in allowable athletic club dues and an annual charge of employee holiday fund that were not reimbursed to the President. The President repaid the overpayment amount as soon as this was discovered and confirmed during this review.	Moderate	Recommendations for the Senior Director of Controller Operations: 1.2.c. Implement a monitoring control to ensure that all Social Organization Membership reimbursements are properly calculated.	2c. As part of the assessment and review Controller Operations have already identified controls which will further enhance the current Social Club dues reimbursement process.	Abdul Mohammad, Senior Director of Controller Operations	3/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-003 HSC	Governance and Regulatory Compliance	President's Expenditure Review	UNT System	1. Social Organization Membership Reimbursement UNT System Regulation for calculating social organization membership dues and annual charges were not followed, resulting in inaccurate reimbursements to the President. The President receives business expense reimbursements for social organization membership dues and annual charges in an effort to promote the advancement of education, research, and to facilitate favorable community relations. UNT System Controller Operations team is responsible for calculating the proper reimbursement based on information submitted by the Office of the President. During our review of FY 2017 vouchers, we noted for 7 out of 12 (58%) vouchers, business expense reimbursement calculations did not follow UNT System Regulation. Specifically, a total of $ 1,571.89 in social organization membership dues and annual charges were over reimbursed to the President. This amount included a total underpayment of $104 in allowable athletic club dues and an annual charge of employee holiday fund that were not reimbursed to the President. The President repaid the overpayment amount as soon as this was discovered and confirmed during this review.	Moderate	Recommendations for the Senior Director of Controller Operations: 1.2.d. Educate personnel handling social organization membership on the UNT System Regulation Section 08.3000.	2d. Controller Operations will ensure that personnel who handles Social Club dues reimbursements are educated and trained on the step 2c above and UNT System Regulation Section 08.3000	Abdul Mohammad, Senior Director of Controller Operations	3/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-004 DAL	Governance and Regulatory Compliance	President's Expenditure Review	UNT Dallas	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-013 UNT	Governance and Regulatory Compliance	Provost Transition Audit	UNT	1. Charn Faculty Award Funds Charn Faculty Award Funds were deposited into the incorrect faculty project ID, deposited late, and unused Charn Faculty Award funds have not been returned to UNT Foundation since March 2016. Annually, Charn Faculty Award funds are administered to faculty based on proposals reviewed by the Provost and Vice President for Academic Affairs. These funds are obtained from UNT Foundation and deposited by the Provost's Office to the applicable faculty's project ID. Internal Audit noted one Charn Faculty Award check totaling $2,345 was deposited into the incorrect faculty project ID during October 2016; however, these funds were never used. At the end of the project period, unused Charn Faculty Award funds are to be returned to UNT Foundation in order to be administered again per internal procedures. Provost Office staff stated funds had not been returned since the implementation of the new chart of accounts system during March 2016. Four deposits were made within September 1, 2016 through November 30, 2017 totaling $54,952. One deposit totaling $23,352 made during October 2016 was deposited one business day late. The three deposits made afterwards were made within three business days.	High	Recommendations for Jennifer Cowley, Provost and Vice President for Academic Affairs: 1.1.a. Develop procedures to ensure deposits made for Charn Faculty Awards are reconciled and deposited into the correct faculty project IDs.	1a. I agree with the recommendation. Office of the Provost cash handling procedures will be updated to provide additional safeguards. All chart field strings, including project IDs, will require a secondary reviewer. Furthermore, the procedures will require reconciling against the chart field string to which the deposit was credited by SAUCS, as we have observed at least one case where a data entry error was made.	Robert Watling, Vice Provost for Academic Resources	2/28/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-013 UNT	Governance and Regulatory Compliance	Provost Transition Audit	UNT	1. Charn Faculty Award Funds Charn Faculty Award Funds were deposited into the incorrect faculty project ID, deposited late, and unused Charn Faculty Award funds have not been returned to UNT Foundation since March 2016. Annually, Charn Faculty Award funds are administered to faculty based on proposals reviewed by the Provost and Vice President for Academic Affairs. These funds are obtained from UNT Foundation and deposited by the Provost's Office to the applicable faculty's project ID. Internal Audit noted one Charn Faculty Award check totaling $2,345 was deposited into the incorrect faculty project ID during October 2016; however, these funds were never used. At the end of the project period, unused Charn Faculty Award funds are to be returned to UNT Foundation in order to be administered again per internal procedures. Provost Office staff stated funds had not been returned since the implementation of the new chart of accounts system during March 2016. Four deposits were made within September 1, 2016 through November 30, 2017 totaling $54,952. One deposit totaling $23,352 made during October 2016 was deposited one business day late. The three deposits made afterwards were made within three business days.	High	Recommendations for Jennifer Cowley, Provost and Vice President for Academic Affairs: 1.1.b. Develop procedures and coordinate with UNT Foundation to ensure all unused Charn Faculty Award funds are returned to UNT Foundation at the end of the project period.	1b. I agree with the recommendation. Internal business procedures will be updated to ensure unused Charn awards are returned to the UNT Foundation at the end of the project period.	Robert Watling, Vice Provost for Academic Resources	2/28/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-013 UNT	Governance and Regulatory Compliance	Provost Transition Audit	UNT	1. Charn Faculty Award Funds Charn Faculty Award Funds were deposited into the incorrect faculty project ID, deposited late, and unused Charn Faculty Award funds have not been returned to UNT Foundation since March 2016. Annually, Charn Faculty Award funds are administered to faculty based on proposals reviewed by the Provost and Vice President for Academic Affairs. These funds are obtained from UNT Foundation and deposited by the Provost's Office to the applicable faculty's project ID. Internal Audit noted one Charn Faculty Award check totaling $2,345 was deposited into the incorrect faculty project ID during October 2016; however, these funds were never used. At the end of the project period, unused Charn Faculty Award funds are to be returned to UNT Foundation in order to be administered again per internal procedures. Provost Office staff stated funds had not been returned since the implementation of the new chart of accounts system during March 2016. Four deposits were made within September 1, 2016 through November 30, 2017 totaling $54,952. One deposit totaling $23,352 made during October 2016 was deposited one business day late. The three deposits made afterwards were made within three business days.	High	Recommendations for Jennifer Cowley, Provost and Vice President for Academic Affairs: 1.1.c. Develop procedures to ensure cash is deposited in accordance with UNT Policy 10.006 Cash Handling Controls.	1c. I agree with the recommendation. Regular training on Office of the Provost cash handling procedures will be given no less frequently than once per long semester.	Dilana King, Senior Budget Officer	2/28/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-013 UNT	Governance and Regulatory Compliance	Provost Transition Audit	UNT	2. Personally Identifiable Information During the course of the audit, Internal Audit noted one instance of documentation containing personally identifiable information (PII), specifically routing and checking account numbers sent via email.	High	Recommendation for Jennifer Cowley, Provost and Vice President for Academic Affairs: 2.1.a. Develop procedures to ensure all personally identifiable information is redacted.	1a. I agree with the recommendation. Office of the Provost staff will be reminded about the importance of fully redacting personally identifiable information.	Dilana King, Senior Budget Officer	2/28/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018e UNT	Governance and Regulatory Compliance	IT Business Continuity Planning - College of Education	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. COE does not have a Business Continuity Plan (BCP) in place. Paul Hons is leading the effort to create a BCP and has started contacting the departments and areas in the College of Education to get their feedback on what apps/resources are important to them.	High	Recommendation for Dean of the College of Education: 1.1.a. COE should develop a BCP for critical IT services in the event of a disruption to IT services.	1a A first draft of a BCP has been developed, college will refine and test it.	Paul, Hons, Director, Office of Technology	5/15/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018e UNT	Governance and Regulatory Compliance	IT Business Continuity Planning - College of Education	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. COE does not have a Business Continuity Plan (BCP) in place. Paul Hons is leading the effort to create a BCP and has started contacting the departments and areas in the College of Education to get their feedback on what apps/resources are important to them.	High	Recommendation for Dean of the College of Education: 1.1.b. COE should test their BCP once it has been developed.	N/A	N/A	5/15/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018e UNT	Governance and Regulatory Compliance	IT Business Continuity Planning - College of Education	UNT	2. Inventory not performed An inventory of IT services has not been created. The College of Education (COE) had not created an inventory, identifying all IT services and applications used by their faculty, staff, and students. Paul Hons is leading the BCP effort, and has started contacting the departments and areas in the College of Education to get their feedback on what apps/resources are important to them.	High	Recommendation for Dean of the College of Education: 2.1.a. COE should develop an inventory of all IT applications and services used by faculty, staff and students for use in performing a BIA.	1a. An Inventory has been created, refinement will continue.	Paul, Hons, Director, Office of Technology	5/15/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018e UNT	Governance and Regulatory Compliance	IT Business Continuity Planning - College of Education	UNT	3. Business Impact Analysis not performed A Business Impact Analysis has not been performed. The College of Education (COE) had not evaluated their application/service inventory, identified their mission critical IT applications/services, and risk ranked them for priority. Paul Hons is leading the BCP effort, and has started work on a Business Impact Analysis (BIA), by contacting the departments and areas in the College of Education to get their feedback on what apps/resources are important to them.	High	Recommendation for Dean of the College of Education: 3.1.a. COE should perform a BIA to determine critical applications requiring a BCP.	1a. Preliminary BIA has been adopted. Testing will continue until final version.	Paul, Hons, Director, Office of Technology	5/15/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018e UNT	Governance and Regulatory Compliance	IT Business Continuity Planning - College of Education	UNT	4. Individual not assigned to lead Business Continuity Plan An individual has not been assigned to lead the Business Continuity Plan effort. As determined during the Entrance Conference, the College of Education (COE) had not assigned a person or persons the responsibility for developing, maintaining and testing a Business Continuity Plan (BCP) for the college.	Moderate	Recommendation for Dean of the College of Education: 4.1.a. COE should assign a person or persons to lead the development, maintenance, and testing of the college's BCP.	1a. Dean Bomer tasked Paul Hons, Director, College of Education Technologies (COETech), with leading the BCP effort.	Randy Bomer, Dean of the College of Education.	2/26/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018d UNT	Governance and Regulatory Compliance	IT Business Continuity Planning - College of Business	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. The College of Business (CoB) does not have a Business Continuity Plan (BCP) in place. Terry Pohlen and Daniel Duncan are leading the effort to create a BCP and have started contacting the departments and areas in the College of Business to get their feedback on what apps/resources are important to them.	High	Recommendation for Dean of the College of Business: 1.1.a. CoB should develop a BCP for critical IT services in the event of a disruption to IT services.	1a. and 1b. A final version of a BCP has been developed. College will obtain approvals and test it.	Terry Pohlen, Academic Associate Dean CoB	2/20/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018d UNT	Governance and Regulatory Compliance	IT Business Continuity Planning - College of Business	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. The College of Business (CoB) does not have a Business Continuity Plan (BCP) in place. Terry Pohlen and Daniel Duncan are leading the effort to create a BCP and have started contacting the departments and areas in the College of Business to get their feedback on what apps/resources are important to them.	High	Recommendation for Dean of the College of Business: 1.1.b. CoB should test their BCP once it has been developed.	1a. and 1b. A final version of a BCP has been developed. College will obtain approvals and test it.	Terry Pohlen, Academic Associate Dean CoB	2/20/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018d UNT	Governance and Regulatory Compliance	IT Business Continuity Planning - College of Business	UNT	2. Inventory not performed An inventory of IT services has not been created. The College of Business (CoB) had not created an inventory, identifying all IT services and applications used by their faculty, staff, and students. Daniel Duncan is leading the BCP effort, and has started contacting the departments and areas in the College of Business to get their feedback on what apps/resources are important to them.	High	Recommendation for Dean of the College of Business: 2.1.a. CoB should develop an inventory of all IT applications and services used by faculty, staff and students for use in performing a BIA.	1a. An inventory has been created, refinement will continue.	Terry Pohlen, Academic Associate Dean CoB	2/20/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018d UNT	Governance and Regulatory Compliance	IT Business Continuity Planning - College of Business	UNT	3. Business Impact Analysis not performed A Business Impact Analysis has not been performed. The College of Business (CoB) had not evaluated their application/service inventory, identified their mission critical IT applications/services, and risk ranked them for priority. Terry Pohlen and Daniel Duncan are leading the BCP effort, and have started work on a Business Impact Analysis (BIA), by contacting the departments and areas in the College of Business to get their feedback on what apps/resources are important to them.	High	Recommendation for Dean of the College of Business: 3.1.a. CoB should perform a BIA to determine critical applications requiring a BCP.	1a. Preliminary BIA has been adopted. College will review and obtain approvals.	Terry Pohlen, Academic Associate Dean CoB	2/20/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018d UNT	Governance and Regulatory Compliance	IT Business Continuity Planning - College of Business	UNT	4. Individual not assigned to lead Business Continuity Plan An individual has not been assigned to lead the Business Continuity Plan effort. As determined during the Entrance Conference, the College of Business (CoB) had not assigned a person or persons the responsibility for developing, maintaining and testing a Business Continuity Plan (BCP) for the college.	Moderate	Recommendation for Dean of the College of Business: 4.1.a. CoB should assign a person or persons to lead the development, maintenance, and testing of the college's BCP.	1a.Dean Wiley tasked Terry Pohlen, Academic Associate Dean, and Daniel Duncan, Senior IT Support Manager, with leading the BCP effort.	Marilyn Wiley, Dean of the College of Business.	2/25/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	17-418 HSC	Governance and Regulatory Compliance	Graduate Medical Education	UNTHSC	1. Billing for Services Provided During our review of accounts receivable related to TCOM and financial monitoring the following were identified: • Multiple individuals in the Office of Finance & Planning have security access rights to approve and post journal entries to the General Ledger (EIS). • Delays in recording and depositing of payments have resulted from checks being sent to other departments across UNTHSC. • There have been instances where checks received did not have sufficient information therefore requiring further research to determine whether funds were GME related. • There are no departmental accounts receivable policies and procedures to identify the roles and responsibilities. • Invoices prepared manually, are not sent in a timely manner to UNT System Controller's Office to be appropriately recorded in the General Ledger.	High	Recommendations for the UNTHSC Chief Financial Officer, Interim Dean of TCOM and Senior Academic and Business Director, TCOM: 1.1.a. Work with UNT System Controller at HSC to ensure the accounts receivable balances listed on the master billing spreadsheet have not been received and possibly posted to the incorrect General Ledger account.	1a. VP for Finance and Planning & Senior Academic & Business Director, VP, Finance & Administration UNT Health, will coordinate with UNT System Controller to see if any balances have been received and posted incorrectly.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC, Dr. Frank Filipetto, Interim Dean of TCOM and A.J. Randolph, Senior Academic and Business Director, TCOM	10/31/2018	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	17-418 HSC	Governance and Regulatory Compliance	Graduate Medical Education	UNTHSC	1. Billing for Services Provided During our review of accounts receivable related to TCOM and financial monitoring the following were identified: • Multiple individuals in the Office of Finance & Planning have security access rights to approve and post journal entries to the General Ledger (EIS). • Delays in recording and depositing of payments have resulted from checks being sent to other departments across UNTHSC. • There have been instances where checks received did not have sufficient information therefore requiring further research to determine whether funds were GME related. • There are no departmental accounts receivable policies and procedures to identify the roles and responsibilities. • Invoices prepared manually, are not sent in a timely manner to UNT System Controller's Office to be appropriately recorded in the General Ledger.	High	Recommendations for the UNTHSC Chief Financial Officer, Interim Dean of TCOM and Senior Academic and Business Director, TCOM: 1.1.b. Once validation has been performed either: ☐ Reclassify to the correct General Ledger accounts. ☐ Identify and record the total amount of accounts receivables in the General Ledger prior to the 2018 issuance of the Consolidated Annual Financial Report. ☐ Work with Associate Vice Chancellor & Controller to determine proper financial reporting to the Consolidated Annual Financial Report due to the material unrecorded account receivable amount. Determine if there is a potential reinstatement or footnote required to the Consolidated Annual Financial Report.	1b. All reclassifications will be made after verified and recorded to A/R in 2018 CAFR in coordination with UNT System Controller	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC, Dr. Frank Filipetto, Interim Dean of TCOM and A.J. Randolph, Senior Academic and Business Director, TCOM	10/31/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	17-418 HSC	Governance and Regulatory Compliance	Graduate Medical Education	UNTHSC	1. Billing for Services Provided During our review of accounts receivable related to TCOM and financial monitoring the following were identified: • Multiple individuals in the Office of Finance & Planning have security access rights to approve and post journal entries to the General Ledger (EIS). • Delays in recording and depositing of payments have resulted from checks being sent to other departments across UNTHSC. • There have been instances where checks received did not have sufficient information therefore requiring further research to determine whether funds were GME related. • There are no departmental accounts receivable policies and procedures to identify the roles and responsibilities. • Invoices prepared manually, are not sent in a timely manner to UNT System Controller's Office to be appropriately recorded in the General Ledger.	High	Recommendations for the UNTHSC Chief Financial Officer, Interim Dean of TCOM and Senior Academic and Business Director, TCOM: 1.1.c. Review and amend agreements with affiliated facilities to require electronic deposit of funds due to the Institution. If electronic depositing is not feasible, utilize the lockbox at UNTHSC.	1c. Any TCOM agreements will be reviewed by Interim Dean and Senior Academic & Business Director, VP, Finance & Administration UNT Health, and EFT will be set up.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC, Dr. Frank Filipetto, Interim Dean of TCOM and A.J. Randolph, Senior Academic and Business Director, TCOM	10/31/2018	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	17-418 HSC	Governance and Regulatory Compliance	Graduate Medical Education	UNTHSC	1. Billing for Services Provided During our review of accounts receivable related to TCOM and financial monitoring the following were identified: • Multiple individuals in the Office of Finance & Planning have security access rights to approve and post journal entries to the General Ledger (EIS). • Delays in recording and depositing of payments have resulted from checks being sent to other departments across UNTHSC. • There have been instances where checks received did not have sufficient information therefore requiring further research to determine whether funds were GME related. • There are no departmental accounts receivable policies and procedures to identify the roles and responsibilities. • Invoices prepared manually, are not sent in a timely manner to UNT System Controller's Office to be appropriately recorded in the General Ledger.	High	Recommendations for the UNTHSC Chief Financial Officer, Interim Dean of TCOM and Senior Academic and Business Director, TCOM: 1.1.d. Immediately, start recovery efforts for the uncollected account receivable funds, if needed or write-off uncollectible balances.	1d. For any verified receivables, recovery efforts will be employed and if write off needed, the VP for Finance and Planning & Senior Academic & Business Director, VP, Finance & Administration UNT Health will work with UNT System Controller to determine the amount of funds to write-off.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC, Dr. Frank Filipetto, Interim Dean of TCOM and A.J. Randolph, Senior Academic and Business Director, TCOM	10/31/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	17-418 HSC	Governance and Regulatory Compliance	Graduate Medical Education	UNTHSC	1. Billing for Services Provided During our review of accounts receivable related to TCOM and financial monitoring the following were identified: • Multiple individuals in the Office of Finance & Planning have security access rights to approve and post journal entries to the General Ledger (EIS). • Delays in recording and depositing of payments have resulted from checks being sent to other departments across UNTHSC. • There have been instances where checks received did not have sufficient information therefore requiring further research to determine whether funds were GME related. • There are no departmental accounts receivable policies and procedures to identify the roles and responsibilities. • Invoices prepared manually, are not sent in a timely manner to UNT System Controller's Office to be appropriately recorded in the General Ledger.	High	Recommendations for the UNTHSC Chief Financial Officer: 1.2.a. Work with the Associate Vice Chancellor & Controller to remove access rights from users which are not commensurate with their job function.	2a. As provided to Audit on Feb 26, 2018, all access was removed from users which were not commensurate with their job functions on December 12, 2017.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	10/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	17-418 HSC	Governance and Regulatory Compliance	Graduate Medical Education	UNTHSC	1. Billing for Services Provided During our review of accounts receivable related to TCOM and financial monitoring the following were identified: • Multiple individuals in the Office of Finance & Planning have security access rights to approve and post journal entries to the General Ledger (EIS). • Delays in recording and depositing of payments have resulted from checks being sent to other departments across UNTHSC. • There have been instances where checks received did not have sufficient information therefore requiring further research to determine whether funds were GME related. • There are no departmental accounts receivable policies and procedures to identify the roles and responsibilities. • Invoices prepared manually, are not sent in a timely manner to UNT System Controller's Office to be appropriately recorded in the General Ledger.	High	Recommendations for the UNTHSC Chief Financial Officer: 1.2.b. Work with schools/colleges to ensure they have established and implemented policies and procedures for billing, accounting, collection, and monitoring of all accounts receivables and provide a copy to the UNT System Controller's Office for recording and reconciliation purposes.	2b. The CFO will oversee work with the schools/colleges to ensure procedures are established for billing, recording, collection and monitor of all accounts receivable and provide a copy to the UNT System Controllers office.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	10/31/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	17-418 HSC	Governance and Regulatory Compliance	Graduate Medical Education	UNTHSC	1. Billing for Services Provided During our review of accounts receivable related to TCOM and financial monitoring the following were identified: • Multiple individuals in the Office of Finance & Planning have security access rights to approve and post journal entries to the General Ledger (EIS). • Delays in recording and depositing of payments have resulted from checks being sent to other departments across UNTHSC. • There have been instances where checks received did not have sufficient information therefore requiring further research to determine whether funds were GME related. • There are no departmental accounts receivable policies and procedures to identify the roles and responsibilities. • Invoices prepared manually, are not sent in a timely manner to UNT System Controller's Office to be appropriately recorded in the General Ledger.	High	Recommendations for the UNTHSC Chief Financial Officer: 1.2.c. Identify all departments that produce invoices for services. Work with UNT System Senior Associate Controller to train employees on account receivable procedures and monitor accounts receivable activity to ensure activity is recorded timely and accurately in the General Ledger	2c. The CFO will identify departments that invoice and will direct the departments on invoicing and will work with the UNT System Controller that all receivables are accurately reflected in the general ledger.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	10/31/2018	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	17-418 HSC	Governance and Regulatory Compliance	Graduate Medical Education	UNTHSC	1. Billing for Services Provided During our review of accounts receivable related to TCOM and financial monitoring the following were identified: • Multiple individuals in the Office of Finance & Planning have security access rights to approve and post journal entries to the General Ledger (EIS). • Delays in recording and depositing of payments have resulted from checks being sent to other departments across UNTHSC. • There have been instances where checks received did not have sufficient information therefore requiring further research to determine whether funds were GME related. • There are no departmental accounts receivable policies and procedures to identify the roles and responsibilities. • Invoices prepared manually, are not sent in a timely manner to UNT System Controller's Office to be appropriately recorded in the General Ledger.	High	Recommendations for the UNTHSC Chief Financial Officer: 1.2.d. Require all departments that generate invoices to maintain an aging schedule for all Accounts Receivable to help with all collection activity.	2d. The CFO will require that all invoices regardless of department be maintained on an aging schedule.	Gregory R. Anderson, Executive Vice President for Finance & Chief Financial Officer, UNTHSC	10/31/2018	Open

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	17-418 HSC	Governance and Regulatory Compliance	Graduate Medical Education	UNTHSC	2. Contract Oversight GME contract agreements were not in compliance with Institutional policies and procedures. Specifically, the following were identified: • Contract Number 2017-0388 between Weatherford Regional Medical Center and UNTHSC was not signed by either parties. However, 'Exhibit B' of the agreement which details the commencement was signed by the CEO of the contracting party prior to the effective but not by UNTHSC management. After request of the executed agreement, TCOM obtained signatures from both parties on September 27, 2017. • 27 out of 63 (43%) agreements were signed by both UNTHSC and the contracting party after the contract effective start date. • 8 out of 63 (13%) agreements were signed by UNTHSC after the effective start date. • 31 agreements did not have an audit clause allowing the Institution the right to inspect and audit records maintained by the affiliated hospitals. • Internal Audit was informed of existing verbal agreements between UNTHSC and contract parties.	High	Recommendations for the Executive Vice President of Clinical Affairs: 2.1.a. Collaborate with Interim Dean of TCOM to modify and document the current GME contract process to ensure the following: ⦿ All contracts are routed to the Office of General Counsel, Contract Administration, and any other pertinent parties prior to providing services. ⦿ All contracts are properly executed (i.e. signed and dated prior to commencement for any duties or actions). ⦿ Ensure all individuals are held accountable in accordance with UNTHSC policy.	1a. The Executive Vice President, Clinical Affairs will implement a rigorous management program with a standardized, logical and documented workflow for a contract management system for UNTHSC. Specific attention will be directed to Graduate Medical Education but if opportunities are discovered to improve the contract management process elsewhere are discovered efforts will be made to improve these processes as well. Success will be defined as successful implementation of a robust contract management system that is efficient, timely, compliant and responsive to both internal and external customers. The process will be achieved in a programmed fashion with intermediate milestones leading to full implementation. A campus-wide notification will be issued that all contracts concerning Graduate Medical Education or student clinical or administrative experiential learning activities be routed on receipt or upon origination internally to the Office of Contract Administration	Dr. Michael Hicks, Executive Vice President, Clinical Affairs	10/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	17-418 HSC	Governance and Regulatory Compliance	Graduate Medical Education	UNTHSC	2. Contract Oversight GME contract agreements were not in compliance with Institutional policies and procedures. Specifically, the following were identified: • Contract Number 2017-0388 between Weatherford Regional Medical Center and UNTHSC was not signed by either parties. However, 'Exhibit B' of the agreement which details the commencement was signed by the CEO of the contracting party prior to the effective but not by UNTHSC management. After request of the executed agreement, TCOM obtained signatures from both parties on September 27, 2017. • 27 out of 63 (43%) agreements were signed by both UNTHSC and the contracting party after the contract effective start date. • 8 out of 63 (13%) agreements were signed by UNTHSC after the effective start date. • 31 agreements did not have an audit clause allowing the Institution the right to inspect and audit records maintained by the affiliated hospitals. • Internal Audit was informed of existing verbal agreements between UNTHSC and contract parties.	High	Recommendations for the Executive Vice President of Clinical Affairs: 2.1.b. Evaluate the contracting process for other UNTHSC Institutional programs and determine if processes requires modification.	1b. The Executive Vice President, Clinical Affairs will convene a task force with broad representation from across the campus to identify existing contractual relationships pertaining to clinical training. The task force will • Identify, review and categorize existing contractual relationships • Complete a gap analysis of current and future needs compared to available opportunities • Standardize language as allowed by law, regulation and accreditation requirements • Obtain necessary authorizations to validate the contractual relationships with force of law	Dr. Michael Hicks, Executive Vice President, Clinical Affairs	10/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	17-418 HSC	Governance and Regulatory Compliance	Graduate Medical Education	UNTHSC	2. Contract Oversight GME contract agreements were not in compliance with Institutional policies and procedures. Specifically, the following were identified: • Contract Number 2017-0388 between Weatherford Regional Medical Center and UNTHSC was not signed by either parties. However, 'Exhibit B' of the agreement which details the commencement was signed by the CEO of the contracting party prior to the effective but not by UNTHSC management. After request of the executed agreement, TCOM obtained signatures from both parties on September 27, 2017. • 27 out of 63 (43%) agreements were signed by both UNTHSC and the contracting party after the contract effective start date. • 8 out of 63 (13%) agreements were signed by UNTHSC after the effective start date. • 31 agreements did not have an audit clause allowing the Institution the right to inspect and audit records maintained by the affiliated hospitals. • Internal Audit was informed of existing verbal agreements between UNTHSC and contract parties.	High	Recommendations for the Director of Contract Administration: 2.2.a. Review all contracts for sufficiency and completeness (e.g. signed and dated prior to commencement for any duties or actions).	2a. All contracts received by The Office of Contract Administration (OCA) showing a start date prior to full execution of the contract are not processed further. OCA will consult with the initiating department and/or the second contracting party to adjust the start date as appropriate before proceeding with execution of the contract. UNTHSC executive leadership shall ensure that established policies and procedures for processing business contracts are followed by their respective areas so that OCA can review and process for execution all UNTHSC business contracts. OCA will work with UNTHSC leadership in making sure all contracts go through OCA.	Carolyn Cross, Director of Contract Administration	8/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	17-418 HSC	Governance and Regulatory Compliance	Graduate Medical Education	UNTHSC	2. Contract Oversight GME contract agreements were not in compliance with Institutional policies and procedures. Specifically, the following were identified: • Contract Number 2017-0388 between Weatherford Regional Medical Center and UNTHSC was not signed by either parties. However, 'Exhibit B' of the agreement which details the commencement was signed by the CEO of the contracting party prior to the effective but not by UNTHSC management. After request of the executed agreement, TCOM obtained signatures from both parties on September 27, 2017. • 27 out of 63 (43%) agreements were signed by both UNTHSC and the contracting party after the contract effective start date. • 8 out of 63 (13%) agreements were signed by UNTHSC after the effective start date. • 31 agreements did not have an audit clause allowing the Institution the right to inspect and audit records maintained by the affiliated hospitals. • Internal Audit was informed of existing verbal agreements between UNTHSC and contract parties.	High	Recommendations for the Director of Contract Administration: 2.2.b. Once all contracts have been reviewed by all parties, retain executed contract in the contract repository database.	2b. The Office of Contract Administration will maintain electronic records of UNT Health Science Center business contracts in Total Contract Manager (TCM), an electronic contract lifecycle management and repository administered by OCA. UNTHSC executive leadership shall ensure that established policies and procedures for processing business contracts are followed by their respective areas so that OCA can maintain accurate records of all UNTHSC business contracts. OCA will work with UNTHSC leadership in making sure all contracts go through OCA	Carolyn Cross, Director of Contract Administration	8/31/2018	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	17-418 HSC	Governance and Regulatory Compliance	Graduate Medical Education	UNTHSC	3. Lack of Comprehensive Graduate Medical Education Policies and Procedures Although, there are Texas Osteopathic Postdoctoral Training Institutions (OPTI) policies and procedures written, which are the academic sponsor for Graduate Medical Education (GME), they were not comprehensive to support and govern the deployment of GME activities.	High	Recommendations for the Executive Vice President of Clinical Affairs: 3.1.a. Determine whether other Institutional programs in addition to GME within UNTHSC lack written/comprehensive policies and procedures to govern activities.	1a. The Executive Vice President, Clinical Affairs commits to performing a comprehensive internal review of UNTHSC policies relative to GME and other clinically oriented experiential learning and then evaluate their completeness and effectiveness compared to peer institutions	Dr. Michael Hicks, Executive Vice President, Clinical Affairs	10/31/2018	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	17-418 HSC	Governance and Regulatory Compliance	Graduate Medical Education	UNTHSC	3. Lack of Comprehensive Graduate Medical Education Policies and Procedures Although, there are Texas Osteopathic Postdoctoral Training Institutions (OPTI) policies and procedures written, which are the academic sponsor for Graduate Medical Education (GME), they were not comprehensive to support and govern the deployment of GME activities.	High	Recommendations for the Executive Vice President of Clinical Affairs: 3.1.b. Once identified, confer with peer Institutions and develop Institutional policies and procedures to assist in the deployment of all identified programs within UNTHSC.	1b. Develop Institutional policies and procedures to assist in the deployment of all identified programs within UNTHSC.	Dr. Michael Hicks, Executive Vice President, Clinical Affairs	10/31/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	17-418 HSC	Governance and Regulatory Compliance	Graduate Medical Education	UNTHSC	3. Lack of Comprehensive Graduate Medical Education Policies and Procedures Although, there are Texas Osteopathic Postdoctoral Training Institutions (OPTI) policies and procedures written, which are the academic sponsor for Graduate Medical Education (GME), they were not comprehensive to support and govern the deployment of GME activities.	High	Recommendations for the Executive Vice President of Clinical Affairs: 3.1.c. Follow the UNTHSC approval protocol for policy development.	1c. Follow the UNTHSC approval protocol for policy development.	Dr. Michael Hicks, Executive Vice President, Clinical Affairs	10/31/2018	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	17-418 HSC	Governance and Regulatory Compliance	Graduate Medical Education	UNTHSC	3. Lack of Comprehensive Graduate Medical Education Policies and Procedures Although, there are Texas Osteopathic Postdoctoral Training Institutions (OPTI) policies and procedures written, which are the academic sponsor for Graduate Medical Education (GME), they were not comprehensive to support and govern the deployment of GME activities.	High	Recommendations for the Executive Vice President of Clinical Affairs: 3.1.d. Communicate policies and procedures to all stakeholders.	1d. Communicate policies and procedures to all stakeholders.	Dr. Michael Hicks, Executive Vice President, Clinical Affairs	10/30/2018	Open

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-012a UNT	Governance and Regulatory Compliance	Counseling and Testing Services Audit	UNT	1. Protected Health Information Training UNT Counseling Center provided general information regarding Protected Health Information (PHI) during employee orientation, but the training was not robust and did not require an employee attestation. Based on Internal Audit's interviews and discussions, management believed their PHI training was sufficient for their operations. However, due to the sensitive nature of client information, a more comprehensive training program is required to comply with the Texas Medical Records Privacy Act (Texas House Bill 300/ Texas Health & Safety Code § 181) and UNT Policy 07.010 Protected Health Information Privacy.	Moderate	Recommendations for Dr. Tamara Knapp-Grosz, Senior Director of Counseling and Testing Services: 1.1.a. Coordinate with Institutional Compliance to develop guidance and implementation of a mandatory annual Protected Health Information state and federal law training to Counseling Center employees and students.	1a. UNT Counseling Center obtained the HIPAA training materials used by the UNT Department of Psychology, which covered PHI training and completed the training for all staff on 2/20/2018.	Tamara Knapp-Grosz, Senior Director of Counseling and Testing Services	2/20/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-012a UNT	Governance and Regulatory Compliance	Counseling and Testing Services Audit	UNT	1. Protected Health Information Training UNT Counseling Center provided general information regarding Protected Health Information (PHI) during employee orientation, but the training was not robust and did not require an employee attestation. Based on Internal Audit's interviews and discussions, management believed their PHI training was sufficient for their operations. However, due to the sensitive nature of client information, a more comprehensive training program is required to comply with the Texas Medical Records Privacy Act (Texas House Bill 300/ Texas Health & Safety Code § 181) and UNT Policy 07.010 Protected Health Information Privacy.	Moderate	Recommendations for Dr. Tamara Knapp-Grosz, Senior Director of Counseling and Testing Services: 1.1.b. Require all Counseling Center employees and students to sign a written or electronic statement attesting to the completion of the training and retain documentation in accordance with the Texas Medical Records Privacy Act, and UNT Policy 07.010 Protected Health Information Privacy.	1b. Completed 2/20/18. Annual renewal in 2019 is already scheduled. Also, New Employee Orientation and Trainee Orientation checklists have added this as a requirement.	Tamara Knapp-Grosz, Senior Director of Counseling and Testing Services	2/20/2018	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-012a UNT	Governance and Regulatory Compliance	Counseling and Testing Services Audit	UNT	2. Purchasing Card Expenditures UNT Counseling and Testing Services did not follow UNT System Purchasing Guide requirements regarding approver, reconciler, and cardholder signatures, and vendor status documentation verification for purchases $500 and over. Internal Audit reviewed all pcard statements for the scope of September 1, 2016 through December 31, 2017 and tested 226 pcard transactions totaling $29,363.43 for Counseling and Testing Services. The following issues were noted: • 30 of 30 (100%) pcard statements did not have an approver's signature; • 6 of 30 (20%) pcard statements did not have a reconciler's signature; • 2 of 30 (6.67%) pcard statements did not have a cardholder's signature; and • 13 of 13 (100%) pcard purchases $500 or greater did not have vendor status check verification.	Moderate	Recommendations for Dr. Tamara Knapp-Grosz, Senior Director of Counseling and Testing Services: 2.1.a. Develop procedures to ensure all pcard statements are reviewed and signed by cardholder, reconciler, and approver in accordance with UNT System Purchasing Card Guide, 2.1.8 Reporting.	1a. A hyperlink was added to the Counseling and Testing Services Office Manager Manual directing to the UNT System Purchasing Card Guide with all procedures, including the process that all pcard statements are reviewed and signed by cardholder, reconciler, and approver. Also, a hyperlink for vendor status had been updated to direct user to print vendor status and attach to all purchases over $500.00.	Tamara Knapp-Grosz, Senior Director of Counseling and Testing Services	5/22/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-012a UNT	Governance and Regulatory Compliance	Counseling and Testing Services Audit	UNT	2. Purchasing Card Expenditures UNT Counseling and Testing Services did not follow UNT System Purchasing Guide requirements regarding approver, reconciler, and cardholder signatures, and vendor status documentation verification for purchases $500 and over. Internal Audit reviewed all pcard statements for the scope of September 1, 2016 through December 31, 2017 and tested 226 pcard transactions totaling $29,363.43 for Counseling and Testing Services. The following issues were noted: • 30 of 30 (100%) pcard statements did not have an approver's signature; • 6 of 30 (20%) pcard statements did not have a reconciler's signature; • 2 of 30 (6.67%) pcard statements did not have a cardholder's signature; and • 13 of 13 (100%) pcard purchases $500 or greater did not have vendor status check verification.	Moderate	Recommendations for Dr. Tamara Knapp-Grosz, Senior Director of Counseling and Testing Services: 2.1.b. Ensure all pcard holders, reconcilers, and approvers receive pcard refresher training annually in accordance with UNT System Purchasing Card Guide, 1.4 Training.	1b. Per the Pcard Manager, new annual training is currently being developed so the annual refresher training is not active, however, pcard holders and reconcilers completed training on 3/21/18 and approvers completed pcard training on 4/16/18. Refresher training will be scheduled every spring.	Tamara Knapp-Grosz, Senior Director of Counseling and Testing Services	4/16/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2018	18-012a UNT	Governance and Regulatory Compliance	Counseling and Testing Services Audit	UNT	2. Purchasing Card Expenditures UNT Counseling and Testing Services did not follow UNT System Purchasing Guide requirements regarding approver, reconciler, and cardholder signatures, and vendor status documentation verification for purchases $500 and over. Internal Audit reviewed all pcard statements for the scope of September 1, 2016 through December 31, 2017 and tested 226 pcard transactions totaling $29,363.43 for Counseling and Testing Services. The following issues were noted: • 30 of 30 (100%) pcard statements did not have an approver's signature; • 6 of 30 (20%) pcard statements did not have a reconciler's signature; • 2 of 30 (6.67%) pcard statements did not have a cardholder's signature; and • 13 of 13 (100%) pcard purchases $500 or greater did not have vendor status check verification.	Moderate	Recommendations for Dr. Tamara Knapp-Grosz, Senior Director of Counseling and Testing Services: 2.1.c. Ensure all pcard holders, reconcilers, and approvers review the UNT System Purchasing Card Guide annually.	1c. As part of pcard training, pcard holders and reconcilers reviewed guide on 3/21/18 and approvers reviewed guide on 4/16/18. Guide will be reviewed on an ongoing basis as needed but at a minimum annually.	Tamara Knapp-Grosz, Senior Director of Counseling and Testing Services	4/15/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-014 HSC	Governance and Regulatory Compliance	School of Health Professions	UNTHSC	1. Inaccurate Recording of Leave of Absences in EIS Inaccurate recording of leave of absences from the HRM-64 Leave Request form were identified resulting in incorrect leave accrual balances for 11 active employees and an overpayment to one terminated employee. Additionally, we noted two departments within SHP did not consistently utilize Leave Request and Time Card (UPO-23) forms from November 2016 to May 2017 as required by University Policies. As a result, Internal Audit was unable to validate whether all leave taken and hours worked were accurately recorded in EIS. Internal Audit tested a sample of 30 employees out of a population of 54 (56%) that consisted of SHP faculty and staff during the period starting September 1, 2016, to August 31, 2017. Specifically, the following were noted: • For 11 active employees and 1 terminated employee, vacation and sick leave taken on HRM-64 forms were either not recorded in EIS or recorded incorrectly by the timekeeper. • For 15 employees, HRM-64 and UPO-23 forms were not available for review for certain months from November 2016 through May 2017. Employees entered their leave directly in EIS and communicated leave either verbally or by e-mail to their supervisor. As result, Internal Audit was unable to validate whether leave taken and hours worked was accurately recorded in EIS. Internal Audit did not identify any exceptions for leave processed after the eLeave implementation on June 1, 2017..	High	Recommendations for the Interim Dean of School of Health Professions and the Interim Human Resource Director at UNTHSC : 1.1.a. Review all current and terminated employees within SHP from September 1, 2015 – May 31, 2017 to ensure the HRM-64 Leave forms are accurately entered into EIS.	1a. We will establish a three-person task force to review all current and terminated employees within the School of Health Profession (SHP) for the period of September 1, 2015- May 31, 2017 to ensure HRM-64 Leave Forms are accurately entered in EIS.	Dr. Nicoleta Bugnariu, SHP Interim Dean and Jane Gray, Interim Human Resource Director –HSC	1/31/2019	Open

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-014 HSC	Governance and Regulatory Compliance	School of Health Professions	UNTHSC	1. Inaccurate Recording of Leave of Absences in EIS Inaccurate recording of leave of absences from the HRM-64 Leave Request form were identified resulting in incorrect leave accrual balances for 11 active employees and an overpayment to one terminated employee. Additionally, we noted two departments within SHP did not consistently utilize Leave Request and Time Card (UPO-23) forms from November 2016 to May 2017 as required by University Policies. As a result, Internal Audit was unable to validate whether all leave taken and hours worked were accurately recorded in EIS. Internal Audit tested a sample of 30 employees out of a population of 54 (56%) that consisted of SHP faculty and staff during the period starting September 1, 2016, to August 31, 2017. Specifically, the following were noted: • For 11 active employees and 1 terminated employee, vacation and sick leave taken on HRM-64 forms were either not recorded in EIS or recorded incorrectly by the timekeeper. • For 15 employees, HRM-64 and UPO-23 forms were not available for review for certain months from November 2016 through May 2017. Employees entered their leave directly in EIS and communicated leave either verbally or by e-mail to their supervisor. As result, Internal Audit was unable to validate whether leave taken and hours worked was accurately recorded in EIS. Internal Audit did not identify any exceptions for leave processed after the eLeave implementation on June 1, 2017..	High	Recommendations for the Interim Dean of School of Health Professions and the Interim Human Resource Director at UNTHSC : 1.1.b. Collaborate with the Interim Human Resource Director UNTHSC to update employee's leave of absences in EIS to reflect the correct leave balances.	1b. SHP will collaborate with the Interim Human Resource Director UNTHSC to update employee's leave of absences in EIS to reflect the correct leave balances.	Dr. Nicoleta Bugnariu, SHP Interim Dean and Jane Gray, Interim Human Resource Director –HSC	1/31/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	18-014 HSC	Governance and Regulatory Compliance	School of Health Professions	UNTHSC	1. Inaccurate Recording of Leave of Absences in EIS Inaccurate recording of leave of absences from the HRM-64 Leave Request form were identified resulting in incorrect leave accrual balances for 11 active employees and an overpayment to one terminated employee. Additionally, we noted two departments within SHP did not consistently utilize Leave Request and Time Card (UPO-23) forms from November 2016 to May 2017 as required by University Policies. As a result, Internal Audit was unable to validate whether all leave taken and hours worked were accurately recorded in EIS. Internal Audit tested a sample of 30 employees out of a population of 54 (56%) that consisted of SHP faculty and staff during the period starting September 1, 2016, to August 31, 2017. Specifically, the following were noted: • For 11 active employees and 1 terminated employee, vacation and sick leave taken on HRM-64 forms were either not recorded in EIS or recorded incorrectly by the timekeeper. • For 15 employees, HRM-64 and UPO-23 forms were not available for review for certain months from November 2016 through May 2017. Employees entered their leave directly in EIS and communicated leave either verbally or by e-mail to their supervisor. As result, Internal Audit was unable to validate whether leave taken and hours worked was accurately recorded in EIS. Internal Audit did not identify any exceptions for leave processed after the eLeave implementation on June 1, 2017..	High	Recommendations for the Interim Dean of School of Health Professions and the Interim Human Resource Director at UNTHSC : 1.1.c. For those employees identified with overpayments, collaborate with UNT System Controller Operations department to recover funds.	1c. SHP will collaborate with UNTHSC budget office and UNT System Controller Operations department to address overpayments and determine best course of action for employees identified with overpayments due to inaccurate leave balances information.	Dr. Nicoleta Bugnariu, SHP Interim Dean and Jane Gray, Interim Human Resource Director –HSC	1/31/2019	Open

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Internal	UNT System Internal Audit	Fiscal Year 2018	18-014 HSC	Governance and Regulatory Compliance	School of Health Professions	UNTHSC	1. Inaccurate Recording of Leave of Absences in EIS Inaccurate recording of leave of absences from the HRM-64 Leave Request form were identified resulting in incorrect leave accrual balances for 11 active employees and an overpayment to one terminated employee. Additionally, we noted two departments within SHP did not consistently utilize Leave Request and Time Card (UPO-23) forms from November 2016 to May 2017 as required by University Policies. As a result, Internal Audit was unable to validate whether all leave taken and hours worked were accurately recorded in EIS. Internal Audit tested a sample of 30 employees out of a population of 54 (56%) that consisted of SHP faculty and staff during the period starting September 1, 2016, to August 31, 2017. Specifically, the following were noted: • For 11 active employees and 1 terminated employee, vacation and sick leave taken on HRM-64 forms were either not recorded in EIS or recorded incorrectly by the timekeeper. • For 15 employees, HRM-64 and UPO-23 forms were not available for review for certain months from November 2016 through May 2017. Employees entered their leave directly in EIS and communicated leave either verbally or by e-mail to their supervisor. As result, Internal Audit was unable to validate whether leave taken and hours worked was accurately recorded in EIS. Internal Audit did not identify any exceptions for leave processed after the eLeave implementation on June 1, 2017..	High	Recommendations for the Interim Dean of School of Health Professions and the Interim Human Resource Director at UNTHSC : 1.1.d. Ensure internal payroll records are corrected.	1d. SHP will collaborate with Human Resource office to ensure internal payroll records are corrected.	Dr. Nicoleta Bugnariu, SHP Interim Dean and Jane Gray, Interim Human Resource Director –HSC	1/31/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	18-014 HSC	Governance and Regulatory Compliance	School of Health Professions	UNT System	2. Research Participant Inadequate controls were identified surrounding the Research Participant payment process. School of Health Professions (SHP) utilizes research participants who receive cash payments for participating in research studies. University and non-University employees are recruited as research participants via flyers, word of mouth and through the UNTHSC Daily News. For FY2017, SHP requested a total of $20,425 in cash and gift cards for research participants. During our review of cash controls and disbursement logs the following were noted: • Employees who received cash payments were not processed through the Payroll office and subjected to IRS tax regulations. The University does not have specific instructions for Principal Investigators (PIs) on how employees should be paid for a research study through the payroll process during a calendar year. • For non-University employees, there is not a process in place on how to monitor participants that receive an accumulative payment amount over $600 in research studies.	High	Recommendation for the UNT System Senior Director of Controller Operations: 2.1.a. Collaborate with Institutional Chief Financial Officers to modify research participant payment instructions to include specific guidelines for payments to University and Non-University employee participants, to help ensure compliance with IRS requirements. Once the instructions are developed provide to the UNT System Senior Director of Procurement Services for the Procurement Guide to be updated.	1a. The current research participant payments instructions listed in the procurement guide will be reviewed and will provide specific IRS compliance guidelines for University and Non-University employee participants. The guidelines once updated will be provided to the UNT System Sr. Director of Procurement.	Abdul Mohammad, UNT System Senior Director of Controller Operations	6/29/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2018	18-014 HSC	Governance and Regulatory Compliance	School of Health Professions	UNT System	2. Research Participant Inadequate controls were identified surrounding the Research Participant payment process. School of Health Professions (SHP) utilizes research participants who receive cash payments for participating in research studies. University and non-University employees are recruited as research participants via flyers, word of mouth and through the UNTHSC Daily News. For FY2017, SHP requested a total of $20,425 in cash and gift cards for research participants. During our review of cash controls and disbursement logs the following were noted: • Employees who received cash payments were not processed through the Payroll office and subjected to IRS tax regulations. The University does not have specific instructions for Principal Investigators (PIs) on how employees should be paid for a research study through the payroll process during a calendar year. • For non-University employees, there is not a process in place on how to monitor participants that receive an accumulative payment amount over $600 in research studies.	High	Recommendation for the UNT System Senior Director of Procurement Services: 2.2.a. Update the Research Participants' section in the UNT System Procurement Guide based on procedures developed in recommendation a, and send to all Institutional Provosts.	2a. The Senior Director of Procurement Services will update the UNT System Procurement Guide based upon procedures developed in accordance with Recommendation 1a by the Senior Director of Controller Operations and will communicate new procedures to all Institutional Provosts.	Michael Abernethy, UNT System Senior Director for Procurement Services	9/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-014 HSC	Governance and Regulatory Compliance	School of Health Professions	UNTHSC	2. Research Participant Inadequate controls were identified surrounding the Research Participant payment process. School of Health Professions (SHP) utilizes research participants who receive cash payments for participating in research studies. University and non-University employees are recruited as research participants via flyers, word of mouth and through the UNTHSC Daily News. For FY2017, SHP requested a total of $20,425 in cash and gift cards for research participants. During our review of cash controls and disbursement logs the following were noted: • Employees who received cash payments were not processed through the Payroll office and subjected to IRS tax regulations. The University does not have specific instructions for Principal Investigators (PIs) on how employees should be paid for a research study through the payroll process during a calendar year. • For non-University employees, there is not a process in place on how to monitor participants that receive an accumulative payment amount over $600 in research studies.	High	Recommendation for the UNTHSC Interim Provost: 2.3.a. Communicate the updated instructions to Principal Investigators.	3a. The research participant payment instructions for both University and Non-University employee participants will be distributed to the UNTHSC Deans who will communicate the updated instructions to principal investigators.	Dr. Charles Taylor, Provost and Executive Vice President for Academic Affairs	12/1/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-014 HSC	Governance and Regulatory Compliance	School of Health Professions	UNTHSC	3. Course Fees Course fee revenue were not always spent in accordance with applicable laws. Six of 38 (16%) expenditures tested were paid with designated funds for items such as faculty travel, membership fees and awards not directly related to the fees collected. Specifically, Internal Audit identified a total of $ 9,445.38 in FY 2017 as unallowable expenditures for the following categories: Travel $5,208.45 Membership Fees $3,950.00 Awards $286.93 The Schools are currently utilizing outdated Fund Group Guidelines dated April 2011 which are not comprehensive and correct.	Moderate	Recommendations for the UNTHSC Vice President of Finance & Planning: 3.1.a. Utilize the University of North Texas Guidebook for Instruction Related Fees as a tool and develop comprehensive fee guidelines to provide to Colleges, Schools and departments. Collaborate with University of North Texas Vice Provost for Academic Resources to ensure UNTHSC guidelines are accurate and complete. Once developed, provide guidelines to the Provost for review and feedback.	1a. The Budget Office of UNHSC will develop guidelines related to instructional fees, utilizing all available resources, as necessary, including the Vice Provost for Academic Resources at UNT as well as resources located within UNTHSC. Additionally, the Budget Office will distribute the guidelines to the affected parties for their review to ensure the guidelines meet the needs of UNTHSC.	Jeff Scarpelli, UNTHSC Vice President Finance & Planning	11/30/2018	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	18-014 HSC	Governance and Regulatory Compliance	School of Health Professions	UNTHSC	3. Course Fees Course fee revenue were not always spent in accordance with applicable laws. Six of 38 (16%) expenditures tested were paid with designated funds for items such as faculty travel, membership fees and awards not directly related to the fees collected. Specifically, Internal Audit identified a total of $ 9,445.38 in FY 2017 as unallowable expenditures for the following categories: Travel $5,208.45 Membership Fees $3,950.00 Awards $286.93 The Schools are currently utilizing outdated Fund Group Guidelines dated April 2011 which are not comprehensive and correct.	Moderate	Recommendations for the UNTHSC Vice President of Finance & Planning: 3.1.b. Communicate new guidelines to all Colleges, Schools, and departments.	1b. Once developed, the guidelines will be distributed to all relevant parties including all Colleges, Schools and departments and posted on the UNTHSC website.	Jeff Scarpelli, UNTHSC Vice President Finance & Planning	11/29/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-017 DAL	Governance and Regulatory Compliance	IT Inventory Controls and Data Protection Audit	UNT Dallas	1. Central Receiving The University of North Texas at Dallas lacks a Central Receiving function to count and examine received merchandise to match to the approved purchase order. Goods are received at the UNT Dallas loading bay, referred to as the mailroom. A Facilities Specialist signs for the goods if the number of boxes equals the delivery courier's receipt. The Facilities Specialist does not have access to the central ordering system in EIS to reconcile goods received to the purchase order. Boxes are not opened in the mailroom. If the box indicates it is from Apple or Dell, a call is placed for a resource from the Office of IT (OIT) to pick up the box. If the vendor is not Apple or Dell, the department indicated on the address label is contacted for pickup. When an invoice arrives to the Business Service Center, a Payment Analyst will inquire with the ordering department if the goods were received and with instruction on how to use Desktop Receiving to mark the goods as received in EIS.	High	1. Recommendation for Chief Financial Officer: 1.1.a. Create a dedicated, independent Central Receiving unit or a single Property Management resource to verify goods received match the purchase order at the time of receipt and immediately document receipt of goods in the central system.	1a. UNT Dallas will reorganize the current mailroom into a central receiving unit. One full-time position (Property Manager) will be dedicated to oversee the central receiving area and verify goods received match the purchase order at the time of receipt. This dedicated resource will report to the AVP Finance & Administration as to segregate the duties from Facilities.	Jim Main, Executive VP for Finance and Administration & CFO	9/1/2018	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	18-017 DAL	Governance and Regulatory Compliance	IT Inventory Controls and Data Protection Audit	UNT Dallas	2. Asset Management The record of assets in the centralized EIS Asset Management database was not reliable. As of December 1, 2017, there were 146 assets in EIS without a university-generated asset tag number or a vendor-provided service/serial ID. Without an identifying tag number of any kind in the system, locating the device would not be possible. Additionally, UNT Dallas has a five-year refresh cycle whereby all IT devices are scheduled to be replaced every five years. However, IA found 433 IT assets in the system older than five years, some dating back to a purchase date of 2004. This indicates that many items may no longer be with the institution, but the database has not been updated. Also to note, the custodian listed in EIS was an active employee on only 42 of the 1,134 devices or 4%.	High	Recommendations for Chief Financial Officer: 2.1.a. Create a process to require that assets are entered with detail into the centralized system and updated as the device relocates.	1a. UNT Dallas will create a process that requires assets are entered with detail into the centralized system and updated as the device relocates.	Jim Main, Executive VP for Finance and Administration & CFO	11/1/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-017 DAL	Governance and Regulatory Compliance	IT Inventory Controls and Data Protection Audit	UNT Dallas	2. Asset Management The record of assets in the centralized EIS Asset Management database was not reliable. As of December 1, 2017, there were 146 assets in EIS without a university-generated asset tag number or a vendor-provided service/serial ID. Without an identifying tag number of any kind in the system, locating the device would not be possible. Additionally, UNT Dallas has a five-year refresh cycle whereby all IT devices are scheduled to be replaced every five years. However, IA found 433 IT assets in the system older than five years, some dating back to a purchase date of 2004. This indicates that many items may no longer be with the institution, but the database has not been updated. Also to note, the custodian listed in EIS was an active employee on only 42 of the 1,134 devices or 4%.	High	Recommendations for Chief Financial Officer: 2.1.b. Establish controls and check points to verify the accuracy of the assets in the EIS database.	1b. UNT Dallas will establish controls and check points to verify the accuracy of the assets in the EIS database.	Jim Main, Executive VP for Finance and Administration & CFO	11/1/2018	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	18-017 DAL	Governance and Regulatory Compliance	IT Inventory Controls and Data Protection Audit	UNT Dallas	2. Asset Management The record of assets in the centralized EIS Asset Management database was not reliable. As of December 1, 2017, there were 146 assets in EIS without a university-generated asset tag number or a vendor-provided service/serial ID. Without an identifying tag number of any kind in the system, locating the device would not be possible. Additionally, UNT Dallas has a five-year refresh cycle whereby all IT devices are scheduled to be replaced every five years. However, IA found 433 IT assets in the system older than five years, some dating back to a purchase date of 2004. This indicates that many items may no longer be with the institution, but the database has not been updated. Also to note, the custodian listed in EIS was an active employee on only 42 of the 1,134 devices or 4%.	High	Recommendations for Chief Financial Officer: 2.1.c. Assign a resource the responsibility of validating all data in the EIS IT Asset Management Center for UNT Dallas assets.	1c. UNT Dallas will dedicate 1 FTE (Property Manager) to validate all data in the EIS IT Asset Management Center for UNT Dallas assets.	Jim Main, Executive VP for Finance and Administration & CFO	12/31/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-017 DAL	Governance and Regulatory Compliance	IT Inventory Controls and Data Protection Audit	UNT Dallas	3. Data Destruction UNT Dallas was not destroying data on their devices before the chain of custody exchange to the UNT Property Management Surplus Warehouse in Denton due to a historical arrangement between the parties. UNT Dallas employs a five-year life cycle on IT devices. When a device becomes of age, it is ready for replacement and preparation for the device to be disposed, sold, donated, or reused. UNT Dallas has a relationship with UNT Property Management whereby a Request for Surplus Pickup Form is completed and the UNT Property Management department collects the devices in a university owned vehicle. The pickup form indicates that the devices should be wiped before the transfer, however it was the verbally agreed upon procedure to relinquish the device under the understanding that UNT Property Management department will take care of the data destruction process. According to UNT Property Management, all UNT Dallas device hard drives have been successfully destroyed at the surplus warehouse in Denton.	Moderate	Recommendations for the Office of IT Director: 3.1.a. Adhere to the certification statement on the Request Surplus Pickup chain of custody form to erase hard drives, passwords, and reset security features to factory defaults.	1a. UNT Dallas will create a policy and submit it for approval addressing all of the aforementioned concerns. Once policy is approved, UNT Dallas will conduct training for UNT Dallas IT staff to ensure compliance with policy. While policy is being crafted and implemented, UNT Dallas will create a document articulating and certifying necessary steps have been taken to ensure devices are wiped before transfer to UNT Property Management for destruction.	Kevin Rocha, Director of Office of Information Technology	12/1/2018	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	18-017 DAL	Governance and Regulatory Compliance	IT Inventory Controls and Data Protection Audit	UNT Dallas	3. Data Destruction UNT Dallas was not destroying data on their devices before the chain of custody exchange to the UNT Property Management Surplus Warehouse in Denton due to a historical arrangement between the parties. UNT Dallas employs a five-year life cycle on IT devices. When a device becomes of age, it is ready for replacement and preparation for the device to be disposed, sold, donated, or reused. UNT Dallas has a relationship with UNT Property Management whereby a Request for Surplus Pickup Form is completed and the UNT Property Management department collects the devices in a university owned vehicle. The pickup form indicates that the devices should be wiped before the transfer, however it was the verbally agreed upon procedure to relinquish the device under the understanding that UNT Property Management department will take care of the data destruction process. According to UNT Property Management, all UNT Dallas device hard drives have been successfully destroyed at the surplus warehouse in Denton.	Moderate	Recommendations for the Office of IT Director: 3.1.b. In accordance with the UNT System Information Security Handbook, create a UNT Dallas policy specifically addressing: • the secure destruction of any data commensurate with the value and sensitivity of the information; • all Handbook requirements in section 10.7 Media Handling; 11 of 13 • that the UNT Dallas Office of IT will be responsible for the destruction of data prior to the surplus or disposal of an IT asset; and • the required forms and expected coordination between the Office of IT and the UNT Dallas Property Manager to keep central asset records accurate.	1b. UNT Dallas will create a policy and submit it for approval addressing all of the aforementioned concerns. Once policy is approved, UNT Dallas will conduct training for UNT Dallas IT staff to ensure compliance with policy. While policy is being crafted and implemented, UNT Dallas will create a document articulating and certifying necessary steps have been taken to ensure devices are wiped before transfer to UNT Property Management for destruction.	Kevin Rocha, Director of Office of Information Technology	12/1/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-017 DAL	Governance and Regulatory Compliance	IT Inventory Controls and Data Protection Audit	UNT Dallas	4. Outdated Policy UNT Dallas Policy 11.005 Physical Asset Management has not been updated since it was written in 2010. IA found that the policy contained outdated information and was beyond the scope of what a policy should contain. For example, it stated that: "The Purchasing Director is the designated Property Manager for the University." "This inventory will be conducted by each department assigned personal property. The Property Manager shall provide the most recent listing and inventory instructions to each department." "The condition of the property and all discrepancies found in the listing while conducting this inventory will be reported in a fashion detailed in the inventory instructions." The detailed procedures and roles were not an accurate reflection of what was in place. Whether the annual physical inventory is conducted by the individual departments or by the Office of IT and/or property management should not be reflected in the policy. It would be more appropriate for the policy to state that an annual physical inventory will be conducted and what level of verification requirements are set by the State. Therefore a change in the procedure and roles in the process would not require a policy revision, rather they would be reflected in the documented procedures.	Moderate	Recommendation for the Chief Financial Officer: 4.1.a. UNT Dallas will update UNT Dallas Policy 11.005 Physical Asset Management to set the basic requirements needed for asset management to meet the state requirements.	1a. UNT Dallas will review UNT Dallas Policy 11.005, Physical Asset Management and make revisions as necessary to meet the basic state requirements around asset management.	Jim Main, Executive VP for Finance and Administration & CFO	11/1/2018	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	18-017 DAL	Governance and Regulatory Compliance	IT Inventory Controls and Data Protection Audit	UNT Dallas	4. Outdated Policy UNT Dallas Policy 11.005 Physical Asset Management has not been updated since it was written in 2010. IA found that the policy contained outdated information and was beyond the scope of what a policy should contain. For example, it stated that: "The Purchasing Director is the designated Property Manager for the University." "This inventory will be conducted by each department assigned personal property. The Property Manager shall provide the most recent listing and inventory instructions to each department." "The condition of the property and all discrepancies found in the listing while conducting this inventory will be reported in a fashion detailed in the inventory instructions." The detailed procedures and roles were not an accurate reflection of what was in place. Whether the annual physical inventory is conducted by the individual departments or by the Office of IT and/or property management should not be reflected in the policy. It would be more appropriate for the policy to state that an annual physical inventory will be conducted and what level of verification requirements are set by the State. Therefore a change in the procedure and roles in the process would not require a policy revision, rather they would be reflected in the documented procedures.	Moderate	Recommendation for the Chief Financial Officer: 4.1.b. To support the success of the new policy, develop written departmental procedures for the Property Manager to carry out asset management responsibilities.	1b. Departmental procedures will be developed for the Property Manager that align and support UNT Dallas Policy 11.005, Physical Asset Management.	Jim Main, Executive VP for Finance and Administration & CFO	12/1/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018a UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Science	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. The College of Science (CoS) does not have a BCP in place. Tim Christian is leading the effort to create a BCP and has started working with the Computing Committee, consisting of faculty and staff representatives from CLASS, CoS, and Mayborn.	High	Recommendation for Dean of the College of Science: 1.1.a. CoS should develop a BCP for critical IT services in the event of a disruption to IT services.	1a. Create a Business Continuity Plan by December 19th, 2018 (1/16/18 Audit Exit Conference decision). As of March 30th, 2018, 77% of plan items have been drafted, currently well ahead of schedule.	Tim Christian, CoS Senior Assistant Dean, Computing for Arts and Sciences IT	5/15/2019	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018a UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Science	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. The College of Science (CoS) does not have a BCP in place. Tim Christian is leading the effort to create a BCP and has started working with the Computing Committee, consisting of faculty and staff representatives from CLASS, CoS, and Mayborn.	High	Recommendation for Dean of the College of Science: 1.1.b. CoS should test their BCP once it has been developed.	1b. Test the Business Continuity Plan by May 15th, 2019 (1/16/18 Audit Exit Conference decision). Pending plan creation (see above).	Tim Christian, CoS Senior Assistant Dean, Computing for Arts and Sciences IT	5/15/2019	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018a UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Science	UNT	2. Business Impact Analysis not performed A Business Impact Analysis has not been performed. The College of Science (CoS) had not evaluated their application/service inventory, identified their mission critical IT applications/services, and risk ranked them for priority. Tim Christian is leading the Business Continuity Plan (BCP) effort, and has started work on a Business Impact Analysis (BIA), working with the Computing Committee, consisting of representatives from the College of Liberal Arts and Social Sciences (CLASS), CoS, and The Mayborn School of Journalism (Mayborn).	High	Recommendation for Dean of the College of Science: 2.1.a. CoS should perform a BIA to determine critical applications requiring a BCP.	1a. We agree with the finding and plan to create a Business Impact Analysis (BIA) by May 16th, 2018 (1/16/18 Audit Exit Conference decision). As of February 24th, 2018, the BIA has been drafted and approved—three times faster than the aforementioned official date. Expected Implementation Date: Complete	Tim Christian, CoS Senior Assistant Dean, Computing for Arts and Sciences IT	5/16/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018a UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Science	UNT	3. Individual not assigned to lead Business Continuity Plan An individual has not been assigned to lead the Business Continuity Plan effort. As determined during the Entrance Conference, the College of Science (CoS) had not assigned a person or persons the responsibility for developing, maintaining, and testing a Business Continuity Plan (BCP) for the college.	Moderate	Recommendation for Dean of the College of Science: 3.1.a. CoS should assign a person or persons to lead the development, maintenance, and testing of the college's BCP.	1a.Dr. Gao tasked Tim Christian, CoS Senior Assistant Dean for CAS IT, with leading the BCP effort.	Dr. Su Gao, Dean of the College of Science.	5/22/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018b UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College Liberal Arts and Social Sciences	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. CLASS does not have a BCP in place. Tim Christian is leading the effort to create a BCP and has started working with the Computing Committee, consisting of faculty and staff representatives from CLASS, CoS, and Mayborn.	High	Recommendation for Dean of the College of Liberal Arts and Social Sciences: 1.1.a. CLASS should develop a BCP for critical IT services in the event of a disruption to IT services.	1a. Create a Business Continuity Plan by December 19th, 2018 (1/16/18 Audit Exit Conference decision). As of March 30th, 2018, 77% of plan items have been drafted, currently well ahead of schedule.	Tim Christian, CoS Senior Assistant Dean, Computing for Arts and Sciences IT	5/15/2019	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018b UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College Liberal Arts and Social Sciences	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. CLASS does not have a BCP in place. Tim Christian is leading the effort to create a BCP and has started working with the Computing Committee, consisting of faculty and staff representatives from CLASS, CoS, and Mayborn.	High	Recommendation for Dean of the College of Liberal Arts and Social Sciences: 1.1.b. CLASS should test their BCP once it has been developed.	1b. Test the Business Continuity Plan by May 15th, 2019 (1/16/18 Audit Exit Conference decision). Pending plan creation (see above).	Tim Christian, CoS Senior Assistant Dean, Computing for Arts and Sciences IT	5/15/2019	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018b UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College Liberal Arts and Social Sciences	UNT	2. Business Impact Analysis not performed A Business Impact Analysis has not been performed. The College of Liberal Arts and Social Sciences (CLASS) had not evaluated their application/service inventory, identified their mission critical IT applications/services, and risk ranked them for priority. Tim Christian is leading the Business Continuity Plan (BCP) effort, and has started work on a Business Impact Analysis (BIA), working with the Computing Committee, consisting of representatives from CLASS, the College of Science (CoS), and The Mayborn School of Journalism (Mayborn).	High	Recommendation for Dean of the College of Liberal Arts and Social Sciences: 2.1.a. CLASS should perform a BIA to determine critical applications requiring a BCP.	1a. We agree with the finding and plan to create a Business Impact Analysis (BIA) by May 16th, 2018 (1/16/18 Audit Exit Conference decision). As of February 24th, 2018, the BIA has been drafted and approved—three times faster than the aforementioned official date.	Tim Christian, CoS Senior Assistant Dean, Computing for Arts and Sciences IT	5/22/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018b UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College Liberal Arts and Social Sciences	UNT	3. Individual not assigned to lead Business Continuity Plan An individual has not been assigned to lead the Business Continuity Plan effort. As determined during the Entrance Conference, the College of Liberal Arts and Social Sciences (CLASS) had not assigned a person or persons the responsibility for developing, maintaining, and testing a Business Continuity Plan (BCP) for the college.	Moderate	Recommendation for Dean of the College of Liberal Arts and Social Sciences: 3.1.a. CLASS should assign a person or persons to lead the development, maintenance, and testing of the college's BCP.	1a. Dean Holdeman tasked Tim Christian, CoS Senior Assistant Dean for CAS IT, with leading the BCP effort.	David Holdeman, Dean of the College of Liberal Arts and Social Sciences	5/22/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018c UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - Mayborn School of Journalism	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. Mayborn does not have a BCP in place. Tim Christian is leading the effort to create a BCP and has started working with the Computing Committee, consisting of faculty and staff representatives from CLASS, CoS, and Mayborn.	High	Recommendation for Dean of the Mayborn School of Journal: 1.1.a. Mayborn should develop a BCP for critical IT services in the event of a disruption to IT services.	1a. Create a Business Continuity Plan by December 19th, 2018 (1/16/18 Audit Exit Conference decision). As of March 30th, 2018, 77% of plan items have been drafted, currently well ahead of schedule.	Tim Christian, CoS Senior Assistant Dean, Computing for Arts and Sciences IT	5/15/2019	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018c UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - Mayborn School of Journalism	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. Mayborn does not have a BCP in place. Tim Christian is leading the effort to create a BCP and has started working with the Computing Committee, consisting of faculty and staff representatives from CLASS, CoS, and Mayborn.	High	Recommendation for Dean of the Mayborn School of Journal: 1.1.b. Mayborn should test their BCP once it has been developed.	1b. Test the Business Continuity Plan by May 15th, 2019 (1/16/18 Audit Exit Conference decision). Pending plan creation (see above).	Tim Christian, CoS Senior Assistant Dean, Computing for Arts and Sciences IT	5/15/2019	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018c UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - Mayborn School of Journalism	UNT	2. Business Impact Analysis not performed A Business Impact Analysis has not been performed. The Mayborn School of Journal (Mayborn) had not evaluated their application/service inventory, identified their mission critical IT applications/services, and risk ranked them for priority. Tim Christian is leading the Business Continuity Plan (BCP) effort, and has started work on a Business Impact Analysis (BIA), working with the Computing Committee, consisting of representatives from the College of Liberal Arts and Social Sciences (CLASS), the College of Science (CoS), and Mayborn.	High	Recommendation for Dean of the Mayborn School of Journal: 2.1.a. Mayborn should perform a BIA to determine critical applications requiring a BCP.	1a. We agree with the finding and plan to create a Business Impact Analysis (BIA) by May 16th, 2018 (1/16/18 Audit Exit Conference decision). As of February 24th, 2018, the BIA has been drafted and approved—three times faster than the aforementioned official date.	Tim Christian, CoS Senior Assistant Dean, Computing for Arts and Sciences IT	5/22/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018c UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - Mayborn School of Journalism	UNT	3. Individual not assigned to lead Business Continuity Plan An individual has not been assigned to lead the Business Continuity Plan effort. As determined during the Entrance Conference, the Mayborn School of Journalism (Mayborn) had not assigned a person or persons the responsibility for developing, maintaining, and testing a Business Continuity Plan (BCP) for the college.	Moderate	Recommendation for Dean of the Mayborn School of Journalism: 3.1.a. Mayborn should assign a person or persons to lead the development, maintenance, and testing of the college's BCP.	1a.Dorothy Bland tasked Tim Christian, CoS Senior Assistant Dean for CAS IT, and Douglas Lewis, Computer Lab Manager, Mayborn School of Journalism, with leading the BCP effort.	Dorothy Bland, Dean, Mayborn School of Journalism.	5/22/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018f UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - Toulouse Graduate School	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. The Toulouse Graduate School does not have a Business Continuity Plan (BCP) in place. Natalie Garcia-McIntire is leading the effort to create a BCP and has started contacting the departments and areas in Toulouse to get their feedback on what applications and resources are important to them.	High	Recommendation for Dean of the Toulouse Graduate School: 1.1.a. Toulouse should develop a BCP for critical IT services in the event of a disruption to IT services.	1a. The BCP for Toulouse Graduate School has been drafted and is currently under review.	Victor Prybutok, Dean, Toulouse Graduate School	7/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018f UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - Toulouse Graduate School	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. The Toulouse Graduate School does not have a Business Continuity Plan (BCP) in place. Natalie Garcia-McIntire is leading the effort to create a BCP and has started contacting the departments and areas in Toulouse to get their feedback on what applications and resources are important to them.	High	Recommendation for Dean of the Toulouse Graduate School: 1.1.b. Toulouse should test their BCP once it has been developed.	1b. The BCP will be tested once the review is complete (May 18 slated for testing).	Victor Prybutok, Dean, Toulouse Graduate School	7/1/2018	Closed

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018f UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - Toulouse Graduate School	UNT	2. Inventory not performed An inventory of IT services has not been created. The Toulouse Graduate School had not created an inventory, identifying all IT services and applications used by their faculty, staff, and students. Natalie Garcia-McIntire is leading the BCP effort, and has started evaluating software used by the Toulouse Graduate School to establish which are important to them.	High	Recommendation for Dean of the Toulouse Graduate School: 2.1.a. Toulouse should develop an inventory of all IT applications and services used by faculty, staff and students for use in performing a BIA.	1a. The inventory of all IT applications has been drafted and is currently under review	Victor Prybutok, Dean, Toulouse Graduate School	5/17/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018f UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - Toulouse Graduate School	UNT	3. Business Impact Analysis not performed. A Business Impact Analysis has not been performed. The Toulouse Graduate School had not evaluated their application/service inventory, identified all IT applications/services, and risk ranked them for priority. Natalie Garcia-McIntire is leading the Business Continuity Plan (BCP) effort, and has started work on a Business Impact Analysis (BIA).	High	Recommendation for Dean of the Toulouse Graduate School: 3.1.a. Toulouse should perform a BIA to determine critical applications requiring a BCP.	1a. The BIA for Toulouse Graduate School has been drafted and is currently under review.	Victor Prybutok, Dean, Toulouse Graduate School	5/17/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018f UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - Toulouse Graduate School	UNT	4. Individual not assigned to lead Business Continuity Plan An individual has not been assigned to lead the Business Continuity Plan effort. As determined during the Entrance Conference, the Toulouse Graduate School had not assigned a person or persons the responsibility for developing, maintaining, and testing a Business Continuity Plan (BCP) for the college.	Moderate	Recommendation for Dean of the Toulouse Graduate School: 4.1.a. Toulouse should assign a person or persons to lead the development, maintenance, and testing of the college's BCP.	1a. Dean Prybutok has assigned Marty Newman and Natalie Garcia-McIntire the task of leading the BCP effort for Toulouse.	Victor Prybutok, Dean, Toulouse Graduate School	5/22/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018g UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - TAMS and Honors	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. TAMS and Honors College do not have Business Continuity Plans (BCPs) in place. Roy Zumwalt is leading the BCP effort and has started work on developing a Business Impact Analysis (BIA), working with faculty and staff and other stakeholders within the colleges.	High	Recommendation for Dean of TAMS: 1.1.a. TAMS and Honors College should develop BCPs for critical IT services in the event of a disruption to IT services.	1a. The BCP has been created. It is currently under review of the Dean of TAMS/Honors. We will plan a meeting to review the document and devise a plan for testing. This will include a round table discussion of appropriate actions and an assessment of the appropriate roles for stakeholders in the department.	Roy Zumwalt, Senior IT Support Manager	5/22/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018g UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - TAMS and Honors	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. TAMS and Honors College do not have Business Continuity Plans (BCPs) in place. Roy Zumwalt is leading the BCP effort and has started work on developing a Business Impact Analysis (BIA), working with faculty and staff and other stakeholders within the colleges.	High	Recommendation for Dean of TAMS: 1.1.b. TAMS and Honors College should test their BCPs once they have been developed.	1a. The BCP has been created. It is currently under review of the Dean of TAMS/Honors. We will plan a meeting to review the document and devise a plan for testing. This will include a round table discussion of appropriate actions and an assessment of the appropriate roles for stakeholders in the department.	Roy Zumwalt, Senior IT Support Manager	5/22/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018g UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - TAMS and Honors	UNT	2. Inventory not performed An inventory of IT services has not been created. TAMS and Honors College had not evaluated their application/service inventory, identified their mission-critical IT applications/services, and risk ranked them for priority. Roy Zumwalt is leading the BCP effort and has started work creating a complete list of applications/services used within TAMS and Honors College.	High	Recommendation for Dean of TAMS: 2.1.a. TAMS and Honors College should develop an inventory of all IT applications and services used by faculty, staff and students for use in performing a BIA.	1a. The application/service inventory has been completed. While additions/changes may occur over time, the current inventory incorporates critical and tangential services for TAMS/Honors. The inventory includes services housed in TAMS, Honors College, Office for Nationally Competitive Scholarships, Terry Foundation, McNair Scholars Program.	Roy Zumwalt, Senior IT Support Manager	5/22/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018g UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - TAMS and Honors	UNT	3. Business Impact Analysis not performed A Business Impact Analysis has not been performed. The TAMS and Honors College had not evaluated their application/service inventory, identified their mission-critical IT applications/services, and risk ranked them for priority. Roy Zumwalt is leading the BCP effort and has started work on a Business Impact Analysis (BIA), working with faculty and staff and other stakeholders within the colleges.	High	Recommendation for Dean of TAMS: 3.1.a. TAMS and Honors College should perform BIAs to determine critical applications requiring a BCP.	1a. The BIA has been performed for TAMS/Honors. The BIA has been incorporated into the BCP and includes the scope, prioritization, relevance and course of action for listed services and applications. Step by step guidance is provided for each application/service based on criticality in the event of an outage. Many systems hosted by UNT IT Shared Service are listed as well as they are crucial for continued success of the TAMS/Honors programs.	Roy Zumwalt, Senior IT Support Manager	5/22/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018g UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - TAMS and Honors	UNT	4. Individual not assigned to lead Business Continuity Plan An individual has not been assigned to lead the Business Continuity Plan effort. As determined during the Entrance Conference, TAMS and Honors College had not assigned a person or persons the responsibility for developing, maintaining, and testing BCPs for the colleges.	Moderate	Recommendation for Dean of TAMS: 4.1.a. TAMS and Honors College should assign a person or persons to lead the development, maintenance, and testing of the BCPs.	1a.Dr. Glenisson tasked Roy Zumwalt, Senior IT Support Manager, TAMS, with leading the BCP effort.	Dr. Glenisson de Oliveira, Dean of TAMS	5/22/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018h UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - Libraries	UNT	1. Business Continuity Plan not created

A Business Continuity Plan has not been created and tested. The UNT Libraries Business Continuity Plan (BCP) does not address a strategy for the continuation of business in the event of disruption of IT services. The Library does have a Disaster Recovery Plan, but not specific steps to continue business in the event of an IT outage. | High | Recommendation for Dean of the UNT Libraries:

1.1.a. UNT Libraries should develop a BCP for critical IT services in the event of a disruption to IT services. | 1a. We will provide a completed and tested BCP for the UNT Libraries to UNT System Internal Audit representatives, Sue Pagel and Mickie Tate, based on your comments to us at our meeting on February 13, 2018. | Scott Jackson, Assistant Dean for Facilities and Systems, UNT Libraries (also involved – Jeffrey Guintivano, Senior Systems Integration Manager, Cathy Hartman, Interim Dean of Libraries) | 5/22/2018 | Closed |
| Internal | UNT System Internal Audit | Fiscal Year 2018 | 18-018h UNT | Governance and Regulatory Compliance | IT Business Continuity Plan - Libraries | UNT | 1. Business Continuity Plan not created

A Business Continuity Plan has not been created and tested. The UNT Libraries Business Continuity Plan (BCP) does not address a strategy for the continuation of business in the event of disruption of IT services. The Library does have a Disaster Recovery Plan, but not specific steps to continue business in the event of an IT outage. | High | Recommendation for Dean of the UNT Libraries:

1.1.b. UNT Libraries should test their BCP once it has been developed. | 1b. We will provide a completed and tested BCP for the UNT Libraries to UNT System Internal Audit representatives, Sue Pagel and Mickie Tate, based on your comments to us at our meeting on February 13, 2018. | Scott Jackson, Assistant Dean for Facilities and Systems, UNT Libraries (also involved – Jeffrey Guintivano, Senior Systems Integration Manager, Cathy Hartman, Interim Dean of Libraries) | 5/22/2018 | Closed |

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018h UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - Libraries	UNT	2. Business Impact Analysis not performed. The Business Impact Analysis performed does not address critical IT applications/software essential to the mission of UNT Libraries. The UNT Libraries Business Impact Analysis (BIA) does not include an assessment of critical IT applications essential to its mission in the event IT outage. The BIA analysis in place only addresses an assessment of business units.	High	Recommendation for Dean of the UNT Libraries: 2.1.a. UNT Libraries should perform a BIA to determine critical IT applications requiring a BCP.	1a. We will complete a BIA for the UNT Libraries to the UNT System Internal Audit representatives, Sue Pagel and Mickie Tate, based on your comments to us at our meeting on February 13, 2018.	Scott Jackson, Assistant Dean for Facilities and Systems, UNT Libraries (also involved – Jeffrey Guintivano, Senior Systems Integration Manager, Cathy Hartman, Interim Dean of Libraries)	5/22/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018i UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Engineering	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. CENG does not have a Business Continuity Plan (BCP) in place. Jim Byford is leading the effort to create a BCP and has made a draft from which the College will work from to finalize a BCP.	High	Recommendation for Dean of the College of Engineering: 1.1.a. CENG should develop a BCP for critical IT services in the event of a disruption to IT services.	1a. CENG created a BCP. CENG created a list of critical applications used within the college. This includes applications provided and supported by IT Shared Services. IT Shared service applications are addressed in their own BCP. Only broad mention of impact and action is shown in the CENG BCP. The focus is on applications that are managed/hosted within the college of engineering. The BCP includes information for each application: affected customers, impact, severity, response time, target and responsibility. After creating a list of applications hosted within the college, informal discussions with various faculty/staff were conducted to assist with determining impact of software list included in BCP. This assisted in determining if initial assessment needed adjusting. In addition, questions were posed regarding alternative plans if application(s) were unavailable which also assisted with assessing criticality and response times for bringing systems back online.	Jim Byford, IT Support Manager	5/22/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018i UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Engineering	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. CENG does not have a Business Continuity Plan (BCP) in place. Jim Byford is leading the effort to create a BCP and has made a draft from which the College will work from to finalize a BCP.	High	Recommendation for Dean of the College of Engineering: 1.1.b. CENG should test their BCP once it has been developed.	1b. CENG created a BCP. CENG created a list of critical applications used within the college. This includes applications provided and supported by IT Shared Services. IT Shared service applications are addressed in their own BCP. Only broad mention of impact and action is shown in the CENG BCP. The focus is on applications that are managed/hosted within the college of engineering. The BCP includes information for each application: affected customers, impact, severity, response time, target and responsibility. After creating a list of applications hosted within the college, informal discussions with various faculty/staff were conducted to assist with determining impact of software list included in BCP. This assisted in determining if initial assessment needed adjusting. In addition, questions were posed regarding alternative plans if application(s) were unavailable which also assisted with assessing criticality and response times for bringing systems back online.	Jim Byford, IT Support Manager	5/22/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018i UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Engineering	UNT	2. Inventory not performed An inventory of IT services has not been created. The College of Engineering (CENG) had not created an inventory, identifying all IT services and applications used by their faculty, staff, and students. Jim Byford is leading the BCP effort, and has started evaluating software used by College of Engineering to establish which are important to them.	High	Recommendation for Dean of the College of Engineering: 2.1.a. CENG should develop an inventory of all IT applications and services used by faculty, staff and students for use in performing a BIA.	1a. Thorough review of priority was conducted to assess and prioritize impact on the college in different levels (i.e. college-wide, departmental, research and impact in research, etc.). Applications used by the entire college have more impact. Other applications at the departmental level are categorized based on volume of use. Research based applications are assessed on computational use. A summary is provided to explain tables and application class levels.	Jim Byford, IT Support Manager	5/22/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018i UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Engineering	UNT	3. Business Impact Analysis not performed A Business Impact Analysis has not been performed. The College of Engineering (CENG) had not evaluated their application/service inventory, identified their mission critical IT applications/services, and risk ranked them for priority. Jim Byford is leading the BCP effort, and has started work on a Business Impact Analysis (BIA).	High	Recommendation for Dean of the College of Engineering: 3.1.a. CENG should perform a BIA to determine critical applications requiring a BCP.	1a. A BIA was conducted to determine a list of applications that should be included in the BCP. The initial list was generated by Jim Byford (IT Manager) with additional feedback from Costas Tsatsoulis (Dean of the College of Engineering).	Costas Tsatsoulis (Dean) and Jim Byford (IT Manager)	5/22/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018i UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Engineering	UNT	4. Individual not assigned to lead Business Continuity Plan An individual has not been assigned to lead the Business Continuity Plan effort. As determined during the Entrance Conference, the College of Engineering (CENG) had not assigned a person or persons the responsibility for developing, maintaining, and testing a Business Continuity Plan (BCP) for the college.	Moderate	Recommendation for Dean of the College of Engineering: 4.1.a. CENG should assign a person or persons to lead the development, maintenance, and testing of the college's BCP.	1a.Dean Tsatsoulis tasked Jim Byford, Senior IT Support Director, College of Engineering, with leading the BCP effort.	Costas Tsatsoulis, Dean of the College of Engineering	5/22/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018j UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Health and Public Service	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. HPS does not have a Business Continuity Plan (BCP) in place. Jackie Thames is leading the effort to create a BCP and has started contacting the departments and areas in the College of Health and Public Service (HPS) to get their feedback on what applications and resources are important to them.	High	Recommendation for Dean of the College of Health and Public Service: 1.1.a. HPS should develop a BCP for critical IT services in the event of a disruption to IT services.	1a. Draft of the HPS BCP is complete. Review by department representatives and tabletop exercise testing are planned for April 2018, with final BCP completed May 2018.	Linda Holloway, Dean, College of Health and Public Service	5/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018j UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Health and Public Service	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. HPS does not have a Business Continuity Plan (BCP) in place. Jackie Thames is leading the effort to create a BCP and has started contacting the departments and areas in the College of Health and Public Service (HPS) to get their feedback on what applications and resources are important to them.	High	Recommendation for Dean of the College of Health and Public Service: 1.1.b. HPS should test their BCP once it has been developed.	1b. Draft of the HPS BCP is complete. Review by department representatives and tabletop exercise testing are planned for April 2018, with final BCP completed May 2018.	Linda Holloway, Dean, College of Health and Public Service	5/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018j UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Health and Public Service	UNT	2. Business Impact Analysis not performed. A Business Impact Analysis has not been performed. The College of Health and Public Service (HPS) had not evaluated their application/service inventory, identified all IT applications/services, and risk ranked them for priority. Jackie Thames, Senior IT Support Manager is leading the Business Continuity Plan (BCP) effort, and has started work on a Business Impact Analysis (BIA), by creating a committee made up of staff from all the departments and areas in the College of Health and Public Service to get their feedback on what apps/resources are important to them.	High	Recommendation for Dean of the College of Health and Public Service: 2.1.a. HPS should perform a BIA to determine critical applications requiring a BCP.	1a. Draft of the HPS BIA is complete. Review by department representatives and tabletop exercise testing are planned for April 2018, with final BIA completed with the BCP in May 2018.	Linda Holloway, Dean, College of Health and Public Service	5/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018j UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Health and Public Service	UNT	3. Individual not assigned to lead Business Continuity Plan An individual has not been assigned to lead the Business Continuity Plan effort. As determined during the Entrance Conference, the College of Health and Public Service (HPS) had not assigned a person or persons the responsibility for developing, maintaining, and testing a Business Continuity Plan (BCP) for the college.	Moderate	Recommendation for Dean of the College of Health and Public Service: 3.1.a. HPS should assign a person or persons to lead the development, maintenance, and testing of the college's BCP.	1a.Dean Holloway tasked Jackie Thames, Senior IT support Manager with leading the BCP effort.	Linda Holloway, Dean, College of Health and Public Service	5/22/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018k UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Merchandising Hospitality & Tourism	UNT	1. Business Continuity Plan not created\n\nA Business Continuity Plan has not been created and tested. The College of Merchandising, Hospitality & Tourism (CMHT) does not have a BCP in place. Sampath Pamidimukkala is leading the effort to create a BCP and has started working on a team consisting of representatives from faculty and administration.	High	Recommendation for Dean of College of Merchandising, Hospitality & Tourism:\n\n1.1.a. CMHT should develop a BCP for critical IT services in the event of a disruption to IT services.	1a. BCP created on March 19th and revised on March 29th. Tested BCP by working with faculty and staff to make sure the process set in place will work.	Sampath Pamidimukkala, Senior IT Support Manager	5/22/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018k UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Merchandising Hospitality & Tourism	UNT	1. Business Continuity Plan not created\n\nA Business Continuity Plan has not been created and tested. The College of Merchandising, Hospitality & Tourism (CMHT) does not have a BCP in place. Sampath Pamidimukkala is leading the effort to create a BCP and has started working on a team consisting of representatives from faculty and administration.	High	Recommendation for Dean of College of Merchandising, Hospitality & Tourism:\n\n1.1.b. CMHT should test its BCP once it has been developed.	1b. BCP created on March 19th and revised on March 29th. Tested BCP by working with faculty and staff to make sure the process set in place will work.	Sampath Pamidimukkala, Senior IT Support Manager	5/22/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018k UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Merchandising Hospitality & Tourism	UNT	2. Inventory not performed An inventory of IT services has not been created. The College of Merchandising, Hospitality & Tourism (CMHT) had not created an inventory, identifying all IT applications and services used by their faculty, staff, and students. Sampath Pamidimukkala is leading the BCP effort and has started work creating a complete list of applications/services used within CHMT.	High	Recommendation for Dean of College of Merchandising, Hospitality & Tourism: 2.1.a. CMHT should develop an inventory of all IT applications and services used by faculty, staff and students for use in performing a BIA.	1a. Inventory of IT services has been conducted starting in February 2018 and completed it on March 19, 2018	Sampath Pamidimukkala, Senior IT Support Manager	5/22/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018k UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Merchandising Hospitality & Tourism	UNT	3. Business Impact Analysis not performed A Business Impact Analysis has not been performed. The College of Merchandising, Hospitality & Tourism (CMHT) had not evaluated their application/service inventory, identified their mission-critical IT applications/services, and risk ranked them for priority. Sampath Pamidimukkala is leading the Business Continuity Plan (BCP) effort. He has started work on a Business Impact Analysis (BIA), with a team consisting of representatives from faculty and administration, and other stakeholders within the University.	High	Recommendation for Dean of College of Merchandising, Hospitality & Tourism: 3.1.a. CMHT should perform a BIA to determine critical applications requiring a BCP.	1a. Business Impact Analysis is complete. Created BIA during February and March of 2018, by working with the faculty and staff of CMHT.	Sampath Pamidimukkala, Senior IT Support Manager	5/22/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018k UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Merchandising Hospitality & Tourism	UNT	4. Individual not assigned to lead Business Continuity Plan An individual has not been assigned to lead the Business Continuity Plan effort. As determined during the Entrance Conference, the College of Merchandising, Hospitality & Tourism (CMHT) had not assigned a person or persons the responsibility for developing, maintaining, and testing a Business Continuity Plan (BCP) for the college.	Moderate	Recommendation for Dean of College of Merchandising, Hospitality & Tourism: 4.1.a. CMHT should assign a person or persons to lead the development, maintenance, and testing of the college's BCP.	1a.Dr. Forney tasked Sampath Pamidimukkala, CMHT Senior IT Support manager, with leading the BCP effort.	Dr. Judith Forney, Dean of College of Merchandising, Hospitality & Tourism.	5/22/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018l UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Information	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. The College of Information (COI) does not have a Business Continuity Plan (BCP) in place. Gary Mathews is creating a BCP and has started contacting the departments and areas within the College of Information to get their feedback on what applications and resources are important to them.	High	Recommendation for Dean of the College of Information: 1.1.a. COI will create and test a new BCP.	1a. COI will create and test a new BCP.	Kinshuk, Dean, College of Information	Exp. Impl. Date: 6/30/2018 Rev. Impl. Date: 10/20/18	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018l UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Information	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. The College of Information (COI) does not have a Business Continuity Plan (BCP) in place. Gary Mathews is creating a BCP and has started contacting the departments and areas within the College of Information to get their feedback on what applications and resources are important to them.	High	Recommendation for Dean of the College of Information: 1.1.b. COI should test their BCP once it has been developed.	1b. COI will create and test a new BCP.	Kinshuk, Dean, College of Information	Exp. Impl. Date: 6/30/2018 Rev. Impl. Date: 10/20/18	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018l UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Information	UNT	2. Inventory not performed An inventory of IT services has not been created. The College of Information (COI) had not created an inventory, identifying all IT services and applications used by their faculty, staff, and students. Gary Mathews is managing the BCP effort, and has started evaluating software used by the College of Information to establish which are important to them.	High	Recommendation for Dean of the College of Information: 2.1.a. COI should develop an inventory of all IT applications and services used by faculty, staff and students for use in performing a BIA.	1a. COI will complete an updated inventory of all IT assets, applications and services.	Kinshuk, Dean, College of Information	4/30/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018l UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Information	UNT	3. Business Impact Analysis not performed. A Business Impact Analysis has not been performed. The College of Information (COI) had not evaluated their application/service inventory, identified all IT applications/services, and risk ranked them for priority. Gary Matthews is managing the Business Continuity Plan (BCP) effort, and has started work on a Business Impact Analysis (BIA).	High	y	1a. COI will complete a BIA to identify critical IT assets, applications and services to include in the BCP.	Kinshuk, Dean, College of Information	Exp. Impl. Date: 5/30/2018 Rev. Impl. Date: 09/25/18	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018l UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Information	UNT	4. Individual not assigned to lead Business Continuity Plan An individual has not been assigned to lead the Business Continuity Plan effort. As determined during the Entrance Conference, the College Information (COI) had not assigned a person or persons the responsibility for developing, maintaining, and testing a Business Continuity Plan (BCP) for the college.	Moderate	Recommendation for Dean of the College of Information: 4.1.a. COI should assign a person or persons to lead the development, maintenance, and testing of the college's BCP.	1a. Dean Kinshuk took on the task of leading the BCP effort, tasking Gary Mathews with creating the plan.	Kinshuk, Dean, College of Information	5/22/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018m UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - CVAD	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. The College of Visual Arts and Design (CVAD) does not have a Business Continuity Plan (BCP) in place. Eric Ligon and Michael Baggett are leading the effort to create a BCP and have started contacting the departments and areas in the College of Visual Arts and Design to get their feedback on what applications and resources are important to them.	High	Recommendation for Dean of the College of Visual Arts and Design: 1.1.a. CVAD should develop a BCP for critical IT services in the event of a disruption to IT services.	1a. The College of Visual Arts and Design does not have a formal Business Continuity Plan in place. However, we do have continuity plans regarding IT, our academic mission and our business practice. As the college is currently undergoing a major renovation/construction project and will be undergoing two major moves (the first over the summer, and the second over winter 2018 break), it will be difficult for us to create a final, formal business continuity plan until we are fully at home in our new facilities. Therefore, it is our intention to work on our plan in three phases. 1. Short-term: at the beginning of summer 2018, we will have plans in place to accommodate our business enterprise and classes as we vacate the current Art Building and move into temporary spaces. 2. Mid-term: Fall 2018, we will revise our plans to accommodate the business and educational enterprises of the college while the majority of the staff in the college will be housed in temporary offices, faculty will be without offices on campus, and many programs and classrooms will be in temporary locations. 3. Long-term: In January 2019, we will all move into our final locations and offices. We believe that there will need to be adjustments to our Business Continuity Plan at each stage to accommodate the foreseen and unforeseen complications as part of this move.	Greg Watts, Dean, College of Visual Arts and Design	3/22/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018m UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - CVAD	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. The College of Visual Arts and Design (CVAD) does not have a Business Continuity Plan (BCP) in place. Eric Ligon and Michael Baggett are leading the effort to create a BCP and have started contacting the departments and areas in the College of Visual Arts and Design to get their feedback on what applications and resources are important to them.	High	Recommendation for Dean of the College of Visual Arts and Design: 1.1.b. CVAD should test their BCP once it has been developed.	1a. The College of Visual Arts and Design does not have a formal Business Continuity Plan in place. However, we do have continuity plans regarding IT, our academic mission and our business practice. As the college is currently undergoing a major renovation/construction project and will be undergoing two major moves (the first over the summer, and the second over winter 2018 break), it will be difficult for us to create a final, formal business continuity plan until we are fully at home in our new facilities. Therefore, it is our intention to work on our plan in three phases. 1. Short-term: at the beginning of summer 2018, we will have plans in place to accommodate our business enterprise and classes as we vacate the current Art Building and move into temporary spaces. 2. Mid-term: Fall 2018, we will revise our plans to accommodate the business and educational enterprises of the college while the majority of the staff in the college will be housed in temporary offices, faculty will be without offices on campus, and many programs and classrooms will be in temporary locations. 3. Long-term: In January 2019, we will all move into our final locations and offices. We believe that there will need to be adjustments to our Business Continuity Plan at each stage to accommodate the foreseen and unforeseen complications as part of this move.	Greg Watts, Dean, College of Visual Arts and Design	3/22/2019	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018m UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - CVAD	UNT	2. Business Impact Analysis not performed. A Business Impact Analysis has not been performed. The College of Visual Arts and Design (CVAD) had not evaluated their application/service inventory, identified all IT applications/services, and risk ranked them for priority. Eric Ligon and Michael Baggett are leading the Business Continuity Plan (BCP) effort, and have started work on a Business Impact Analysis (BIA).	High	Recommendation for Dean of the College of Visual Arts and Design: 2.1.a. CVAD should perform a BIA to determine critical applications requiring a BCP.	1a. As stated above, the Business Impact Analysis will be a moving target for the college as we proceed through each phase of our upcoming moves until we are in our final locations in January 2019. It is our plan to develop a BIA to determine critical applications within the college as accurately as possible within 4-6 weeks of each of the respective moves. Expected Implementation Date: Short-term: 4th week in July, 2018; Mid-term: early October, 2018; Long-term: early February, 2019.	Greg Watts, Dean, College of Visual Arts and Design	2/1/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018m UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - CVAD	UNT	3. Individual not assigned to lead Business Continuity Plan An individual has not been assigned to lead the Business Continuity Plan effort. As determined during the Entrance Conference, the College of Visual Arts and Design (CVAD) had not assigned a person or persons the responsibility for developing, maintaining, and testing a Business Continuity Plan (BCP) for the college.	Moderate	Recommendation for Dean of the College of Visual Arts and Design: 3.1.a. CVAD should assign a person or persons to lead the development, maintenance, and testing of the college's BCP.	1a. Management has taken appropriate action, assigning Eric Ligon and Michael Baggett to lead the BCP effort for the college.	Greg Watts, Dean, College of Visual Arts and Design	5/22/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018n UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Music	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. The College of Music (COM) does not have a Business Continuity Plan (BCP) in place. Jon Nelson is leading the effort to create a BCP and has made a draft from which the College will work from to finalize a BCP.	High	Recommendation for Dean of the College of Music: 1.1.a. COM should develop a BCP for critical IT services in the event of a disruption to IT services.	1a. The draft of the College of Music Business Continuity Plan (BCP) was completed on March 28, 2018. BCP review will be completed by May 1, 2018 and BCP testing will commence. Testing will be completed by August 31, 2018.	Jon Nelson, Associate Dean for Operations	8/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018n UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Music	UNT	1. Business Continuity Plan not created A Business Continuity Plan has not been created and tested. The College of Music (COM) does not have a Business Continuity Plan (BCP) in place. Jon Nelson is leading the effort to create a BCP and has made a draft from which the College will work from to finalize a BCP.	High	Recommendation for Dean of the College of Music: 1.1.b. COM should test their BCP once it has been developed.	1b. The draft of the College of Music Business Continuity Plan (BCP) was completed on March 28, 2018. BCP review will be completed by May 1, 2018 and BCP testing will commence. Testing will be completed by August 31, 2018.	Jon Nelson, Associate Dean for Operations	8/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018n UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Music	UNT	2. Inventory not performed An inventory of IT services has not been created. COM had not created an inventory, identifying all IT services and applications used by their faculty, staff, and students. Jon Nelson is leading the BCP effort, and has started evaluating software used by the College of Music to establish which are important to them.	High	Recommendation for Dean of the College of Music: 2.1.a. COM should develop an inventory of all IT applications and services used by faculty, staff and students for use in performing a BIA.	1a. The inventory of College of Music IT services and applications was completed on March 28, 2018.	Jon Nelson, Associate Dean for Operations	5/22/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018n UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Music	UNT	3. Business Impact Analysis not performed A Business Impact Analysis has not been performed. The College of Music (COM) had not evaluated their application/service inventory, identified their mission critical IT applications/services, and risk ranked them for priority. Jon Nelson is leading the BCP effort, and has started work on a Business Impact Analysis (BIA).	High	Recommendation for Dean of the College of Music: 3.1.a. COM should perform a BIA to determine critical applications requiring a BCP.	1a. The College of Music Business Impact Analysis (BIA) was completed on March 28, 2018.	Jon Nelson, Associate Dean for Operations	5/22/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-018n UNT	Governance and Regulatory Compliance	IT Business Continuity Plan - College of Music	UNT	4. Individual not assigned to lead Business Continuity Plan An individual has not been assigned to lead the Business Continuity Plan effort. As determined during the Entrance Conference, the College of Music (COM) had not assigned a person or persons the responsibility for developing, maintaining, and testing a Business Continuity Plan (BCP) for the college.	Moderate	Recommendation for Dean of the College of Music: 4.1.a. COM should assign a person or persons to lead the development, maintenance, and testing of the college's BCP.	1a.Associate Dean Nelson accepted task to lead the BCP effort.	Jon Nelson, Associate Dean of the College of Music.	5/22/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-406 HSC	Governance and Regulatory Compliance	Provost Transition Audit	UNTHSC	1. Cash Handling Cash handling procedures in the Faculty Affairs Department are not adequate during the billing, collection, receipting, depositing, and reconciliation of room rental fees. Faculty Affairs is responsible for the scheduling of facility room reservations throughout campus utilizing the Event Management System. Rental fees are billed and collected for private events according to established guidelines. Specifically, the following were noted: • There is limited segregation of duties for the collecting, recording, and depositing of cash collections. Specifically, the Room Scheduling Coordinator records all transactions and charges to the Event Management System, performs all collection activities, physically handles and independently safeguards all funds collected, and prepares all deposits. • A Cash Receipt Log is not maintained. All collections are recorded to the Event Management System as received, and the updated Confirmation Summary serves as the receipt for the payer for specific room reservations. However, a summary of all payments posted is not generated from the system. • There is not a reconciliation of system events and payments recorded to the system to actual total deposits (i.e. no confirmation that the deposit is complete). • The billing statement sent to external parties does not instruct the payer to make check payments to UNTHSC. • Checks are not restrictively endorsed immediately upon receipt. • One check observed by Internal Audit was deposited one week after	High	Recommendation for the Interim Provost and Faculty Affairs Manager: 1.1.a. Work with the UNTHSC Vice President for Finance & Planning and the UNTS Associate Controller UNTHSC to assist you in establishing departmental cash controls procedures to include but not limited to: • Ensure that employees handling cash receive adequate cash handling training. • Update the billing statement language to clearly instruct check payments to be made to UNTHSC. • Establish a Cash Receipt Log for all funds coming into Faculty Affairs, and assign the duty of maintaining the log to someone other than the Room Scheduling Coordinator. • Establish a method to independently reconcile all payments recorded to the Event Management System to actual deposits. • Obtain a restrictive endorsement stamp for use on check payments received by the department. • Require timely deposit of funds on hand in accordance with UNTHSC cash handling procedures.	1a. The Faculty Affairs Manager will work with the UNTHSC Vice President for Finance & Planning and the UNTS Associate Controller UNTHSC to establish departmental cash controls procedures that comply with the official UNTHSC Cash Handling Controls Policy that is currently in development. • The billing statement has been updated and instructs check payments to be made to UNTHSC. • A restrictive endorsement stamp will be used on check payments received. • Cash (Check) Receipt Logs will be maintained for funds coming into the department and will be maintained by someone other than the Room Scheduling Coordinator. • Timely deposits of funds on hand will be made in accordance with UNTHSC cash handling procedures. • Queries will be made in the Event Management System to allow for reconciliation of invoiced payments received to actual cashier deposits. • Faculty Affairs employees will be required to annually receive future cash handling training once implemented.	Dr. Charles Taylor, Provost and Executive Vice President for Academic Affairs and Jackie Williams, Faculty Affairs Manager	12/31/2018	Open

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Internal	UNT System Internal Audit	Fiscal Year 2018	18-406 HSC	Governance and Regulatory Compliance	Provost Transition Audit	UNTHSC	1. Cash Handling Cash handling procedures in the Faculty Affairs Department are not adequate during the billing, collection, receipting, depositing, and reconciliation of room rental fees. Faculty Affairs is responsible for the scheduling of facility room reservations throughout campus utilizing the Event Management System. Rental fees are billed and collected for private events according to established guidelines. Specifically, the following were noted: • There is limited segregation of duties for the collecting, recording, and depositing of cash collections. Specifically, the Room Scheduling Coordinator records all transactions and charges to the Event Management System, performs all collection activities, physically handles and independently safeguards all funds collected, and prepares all deposits. • A Cash Receipt Log is not maintained. All collections are recorded to the Event Management System as received, and the updated Confirmation Summary serves as the receipt for the payer for specific room reservations. However, a summary of all payments posted is not generated from the system. • There is not a reconciliation of system events and payments recorded to the system to actual total deposits (i.e. no confirmation that the deposit is complete). • The billing statement sent to external parties does not instruct the payer to make check payments to UNTHSC. • Checks are not restrictively endorsed immediately upon receipt.	High	Recommendations for the UNTHSC Vice President for Finance & Planning and the UNTS Associate Controller at UNTHSC: 1.2.a. Utilize the UNT System 04.302 Cash Handling Controls as a guide to develop Cash Handling Control policies and procedures for UNTHSC.	2a. Cash Handling Control policies and procedures will be developed using the UNT System 04.302 Cash Handling Controls policy as a guide.	Geoffrey Scarpelli, Vice President Finance & Planning and Paula Welch, UNT System Associate Controller at UNTHSC	12/31/2018	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	18-406 HSC	Governance and Regulatory Compliance	Provost Transition Audit	UNTHSC	1. Cash Handling Cash handling procedures in the Faculty Affairs Department are not adequate during the billing, collection, receipting, depositing, and reconciliation of room rental fees. Faculty Affairs is responsible for the scheduling of facility room reservations throughout campus utilizing the Event Management System. Rental fees are billed and collected for private events according to established guidelines. Specifically, the following were noted: • There is limited segregation of duties for the collecting, recording, and depositing of cash collections. Specifically, the Room Scheduling Coordinator records all transactions and charges to the Event Management System, performs all collection activities, physically handles and independently safeguards all funds collected, and prepares all deposits. • A Cash Receipt Log is not maintained. All collections are recorded to the Event Management System as received, and the updated Confirmation Summary serves as the receipt for the payer for specific room reservations. However, a summary of all payments posted is not generated from the system. • There is not a reconciliation of system events and payments recorded to the system to actual total deposits (i.e. no confirmation that the deposit is complete). • The billing statement sent to external parties does not instruct the payer to make check payments to UNTHSC. • Checks are not restrictively endorsed immediately upon receipt.	High	Recommendations for the UNTHSC Vice President for Finance & Planning and the UNTS Associate Controller at UNTHSC: 1.2.b. Communicate to all employees handling cash at UNTHSC the updated policies and procedures to assist them in fulfilling their cash handling responsibilities.	2b. The final Cash Handling Control policies and procedures will be provided to all employees handling cash in order to assist them with their cash handling responsibilities.	Geoffrey Scarpelli, Vice President Finance & Planning and Paula Welch, UNT System Associate Controller at UNTHSC	12/31/2018	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-406 HSC	Governance and Regulatory Compliance	Provost Transition Audit	UNTHSC	1. Cash Handling Cash handling procedures in the Faculty Affairs Department are not adequate during the billing, collection, receipting, depositing, and reconciliation of room rental fees. Faculty Affairs is responsible for the scheduling of facility room reservations throughout campus utilizing the Event Management System. Rental fees are billed and collected for private events according to established guidelines. Specifically, the following were noted: • There is limited segregation of duties for the collecting, recording, and depositing of cash collections. Specifically, the Room Scheduling Coordinator records all transactions and charges to the Event Management System, performs all collection activities, physically handles and independently safeguards all funds collected, and prepares all deposits. • A Cash Receipt Log is not maintained. All collections are recorded to the Event Management System as received, and the updated Confirmation Summary serves as the receipt for the payer for specific room reservations. However, a summary of all payments posted is not generated from the system. • There is not a reconciliation of system events and payments recorded to the system to actual total deposits (i.e. no confirmation that the deposit is complete). • The billing statement sent to external parties does not instruct the payer to make check payments to UNTHSC. • Checks are not restrictively endorsed immediately upon receipt.	High	Recommendations for the UNTHSC Vice President for Finance & Planning and the UNTS Associate Controller at UNTHSC: 1.2.c. Develop an annual mandatory cash handling training for all employees handling cash.	2c. Training will be developed based on the final Cash Handling Control policies and procedures and mandatory training will be required, at least annually, for all employees handling cash.	Geoffrey Scarpelli, Vice President Finance & Planning and Paula Welch, UNT System Associate Controller at UNTHSC	12/31/2018	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	18-404 DAL	Governance and Regulatory Compliance	Data Security for Network Multifunction Printers (MAS)	UNT Dallas	No observations. This was a management advisory service (MAS).	NA	NA	NA	NA	NA	N/A

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	N/A	Governance and Regulatory Compliance	UNT Dallas Monitoring Printer Usage	UNT Dallas	No observations. This was a management advisory service (MAS).	NA	NA	NA	NA	NA	N/A
Internal	UNT System Internal Audit	Fiscal Year 2018	N/A	Governance and Regulatory Compliance	University - Owned Cell Phone Billing Process (MAS)	UNT Dallas	No observations. This was a management advisory service (MAS).	NA	NA	NA	NA	NA	N/A

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Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 UNT	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT	1. Life Safety There are no fire sprinkler and full-coverage fire detection systems in Oak Street Hall and Oak Street Annex. On August 9, 2017, the UNT System Fire Marshal performed a high-level life-safety inspection walkthrough of Oak Street Hall and Oak Street Annex. The project is titled UNT Oak Street Hall and Oak Street Annex – Review for Major Life Safety Issues. The purpose of the inspection was to address critical life-safety deficiencies in the buildings. The inspection identified critical life-safety deficiencies, including, but not limited to the following: ⬛ Lack of automatic fire sprinkler system; ⬛ Lack of full-coverage fire detection system (currently, there is partial detection system coverage); ⬛ Improper ventilation (pertaining to a life-safety fire risk); ⬛ Natural gas-like smell detected in the outdoor kiln area; ⬛ Gas pipes positioned over outdoor kilns; and ⬛ Inadequate barriers/protection and warning signs for outdoor kilns. According to the Associate Dean of Administrative Affairs of the College of Visual Arts and Design, some of the items identified in the report were corrected and some remain unaddressed.	High	Recommendation for Jennifer Cowley, Provost and Vice President for Academic Affairs: 1.1.a. Collaborate with the UNT Vice President for Finance and Administration, and the Dean of the College of Visual Arts and Design to develop a plan to correct the life-safety deficiencies as related to fire sprinkler and detection systems.	1.a. Actions have been taken to address as many of the life and safety issues as possible, including for example, moving a gas line. The College of Visual Arts and Design, in partnership with UNT Facilities and Academic Affairs is evaluating alternatives for a new facility to allow for the vacating of the existing facility.	Jennifer Cowley, Provost and Vice President for Academic Affairs	8/31/2018 Rev. 12/31/2018	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 UNT	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT	2. Chemical Inventory A consolidated chemical inventory for all University labs is not maintained. Currently, RMS uses a spreadsheet program to track the chemical inventory. Based on Internal Audit's conversation with the Director of Environmental Risk, academic departments have historically had issues maintaining a chemical inventory and submitting the inventory results to Risk Management Services (RMS). While Chemistry and Physics have addressed their chemical inventory issues, other academic departments are in the process of developing inventory processes and procedures to achieve compliance. Internal Audit noted that RMS does not currently have a standard operating procedure that specifically addresses chemical inventories in labs. According to the Director of Environmental Risk, tracking of chemical inventory is in the infancy stage. Additionally, the current process for tracking chemical inventory is manual.	High	Recommendations for Scott Dunkle, Director of Environmental Risk: 2.1.a. Require that all academic departments submit a chemical inventory to RMS.	1a. As of October 2017, RMS has been working with academic departments to obtain complete chemical inventories with an expectation that these remain current moving forward. Inventories have been completed in Chemistry, Physics, and portions of the Biological Sciences, with efforts at Discovery Park now beginning. Previous inventories had been maintained through purchase requests.	Scott Dunkle, Director, Environmental Risk; Shih-Huang Huang, Chemical Hygiene Officer	Exp. Imp. Date: 10/1/2018 Rev. Imp. Date: 12/31/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 UNT	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT	2. Chemical Inventory A consolidated chemical inventory for all University labs is not maintained. Currently, RMS uses a spreadsheet program to track the chemical inventory. Based on Internal Audit's conversation with the Director of Environmental Risk, academic departments have historically had issues maintaining a chemical inventory and submitting the inventory results to Risk Management Services (RMS). While Chemistry and Physics have addressed their chemical inventory issues, other academic departments are in the process of developing inventory processes and procedures to achieve compliance. Internal Audit noted that RMS does not currently have a standard operating procedure that specifically addresses chemical inventories in labs. According to the Director of Environmental Risk, tracking of chemical inventory is in the infancy stage. Additionally, the current process for tracking chemical inventory is manual.	High	Recommendations for Scott Dunkle, Director of Environmental Risk: 2.1.b. Develop a standard operating procedure that addresses chemical inventory in labs.	1b. A standard operating procedure will be drafted that addresses chemical inventories in labs.	Scott Dunkle, Director, Environmental Risk; Shih-Huang Huang, Chemical Hygiene Officer	10/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 UNT	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT	2. Chemical Inventory A consolidated chemical inventory for all University labs is not maintained. Currently, RMS uses a spreadsheet program to track the chemical inventory. Based on Internal Audit's conversation with the Director of Environmental Risk, academic departments have historically had issues maintaining a chemical inventory and submitting the inventory results to Risk Management Services (RMS). While Chemistry and Physics have addressed their chemical inventory issues, other academic departments are in the process of developing inventory processes and procedures to achieve compliance. Internal Audit noted that RMS does not currently have a standard operating procedure that specifically addresses chemical inventories in labs. According to the Director of Environmental Risk, tracking of chemical inventory is in the infancy stage. Additionally, the current process for tracking chemical inventory is manual.	High	Recommendations for Scott Dunkle, Director of Environmental Risk: 2.1.c. Acquire a software program to track chemical inventory University-wide.	1c. A software program has already been acquired within RMS that will be utilized to track chemical inventories.	Scott Dunkle, Director, Environmental Risk; Shih-Huang Huang, Chemical Hygiene Officer	10/1/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 UNT	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT	3. Emergency Contact Lists Emergency contact lists on lab doors were missing or contained outdated information. In addition, Risk Management Services does not have a comprehensive listing of lab managers. Emergency contact lists generally contain phone numbers for UNT Police Department, Denton Police Department, Denton Fire Department, Risk Management Services (RMS), and Poison Control among others. During walkthroughs of Chemistry, Engineering, and Studio Art labs, Internal Audit observed the following: ☐ Multiple labs did not have an emergency contact list posted either on the outside or inside lab entrance door or wall. ☐ Emergency contact lists contained outdated names and contact information. For example, the RMS contact on several emergency contact lists was an individual who is no longer employed at UNT. Based on discussion with the Discovery Park RMS Lab Safety Officer, there is not a listing of lab managers for labs at Discovery Park. The Chemical Hygiene Officer for RMS stated that there is a listing of lab managers for Chemistry, Physics, and Studio Art labs.	High	Recommendations for Scott Dunkle, Director of Environmental Risk: 3.1.a. Ensure that accurate and up-to-date emergency contact lists are posted on outside lab doors.	1a. As of January 2018, RMS initiated a project to develop consistent laboratory door signage that includes the name of the principal investigator (PI) or lab manager, emergency contact information, as well as the potential hazards that lie within the given lab. The majority of these new door signs have been installed and RMS is currently working with Facilities and the remaining departments/PIs/lab managers to complete the project. PIs and lab managers are expected to update the signage when personnel change at least annually. RMS will inspect signage during regular laboratory audits.	Scott Dunkle, Director, Environmental Risk; Fatima Adeyemo, Radiation Safety Officer	Exp. Imp. Date: 8/1/2018 Rev. Imp. Date: 12/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 UNT	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT	3. Emergency Contact Lists Emergency contact lists on lab doors were missing or contained outdated information. In addition, Risk Management Services does not have a comprehensive listing of lab managers. Emergency contact lists generally contain phone numbers for UNT Police Department, Denton Police Department, Denton Fire Department, Risk Management Services (RMS), and Poison Control among others. During walkthroughs of Chemistry, Engineering, and Studio Art labs, Internal Audit observed the following: ☐ Multiple labs did not have an emergency contact list posted either on the outside or inside lab entrance door or wall. ☐ Emergency contact lists contained outdated names and contact information. For example, the RMS contact on several emergency contact lists was an individual who is no longer employed at UNT. Based on discussion with the Discovery Park RMS Lab Safety Officer, there is not a listing of lab managers for labs at Discovery Park. The Chemical Hygiene Officer for RMS stated that there is a listing of lab managers for Chemistry, Physics, and Studio Art labs.	High	Recommendations for Scott Dunkle, Director of Environmental Risk: 3.1.b. Develop and maintain a comprehensive listing of current lab managers for science and art labs.	1b. RMS has historically maintained a listing of current lab managers, updated annually, and will update for 2018 and continue to maintain this list moving forward.	Scott Dunkle, Director, Environmental Risk; Fatima Adeyemo, Radiation Safety Officer	Exp. Imp. Date: 8/1/2018 Rev. Imp. Date: 12/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 UNT	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT	4. Obstructed Access in Labs Access was obstructed to fire alarms, a fire extinguisher, shutoff switches, a breaker box, and an eyewash fountain. During walkthroughs of Engineering on November 27, 2017, and Chemistry, and Studio Art labs on November 29, 2017, Internal Audit observed that access to the following was obstructed: ▫ Two fire alarms; ▫ A fire extinguisher; ▫ A gas shutoff switch; ▫ A hazmat shutoff switch; ▫ A breaker box; and ▫ An eyewash fountain. Risk Management Services lab inspectors utilize their specific inspection checklist. Per lab inspectors interviewed, they indicated that issues noted are communicated to lab technicians (managers) and/or the Principal Investigator (PI) for that specific lab.	High	Recommendation for Scott Dunkle, Director of Environmental Risk: 4.1.a. Educate lab management on the importance of keeping access to fire alarms, fire extinguishers, gas and hazmat shutoff switches, breaker boxes, and eyewash fountains free of obstruction.	1a. RMS will educate lab management with greater emphasis on the importance of maintaining access to safety equipment such as eyewash stations, fire extinguishers, fire alarms, shutoff switches and breaker boxes. During regular lab inspections, obstruction of safety equipment will be assessed and any deficiencies will be communicated to PIs and lab managers.	Scott Dunkle, Director, Environmental Risk; Shih-Huang Huang, Chemical Hygiene Officer; Anthony Roman, Lab Safety Officer	9/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 UNT	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT	5. Blanket Purchase Orders for Chemicals Risk Management Services (RMS) does not review chemical purchases logged on a blanket purchase order. The UNT System Procurement Guide defines a blanket purchase order (PO) as "a repetitive order for a fixed quantity on a specified delivery schedule over a specified period of time." Furthermore, a blanket PO is for a certain category of supplies from a specific vendor. A blanket PO may be general or specific. For example, a blanket PO may list a specific chemical or simply state 'chemicals.' For a standard PO, the Chemical Hygiene Officer (reporting to RMS) reviews and approves chemical purchases. However, the Chemical Hygiene Officer reviews and approves the blanket PO when it is initially established. The Chemical Hygiene Officer does not review and approve chemical purchases logged on the blanket PO. Internal Audit reviewed a blanket PO for chemicals in PeopleSoft. It was noted that there was no approval from the Chemical Hygiene Officer for chemical purchases on the blanket PO. When hazardous chemicals are purchased using a blanket PO, RMS is not aware that these chemicals will be brought into the University.	High	Recommendation for Scott Dunkle, Director of Environmental Risk, and Michael Abernethy, Senior Director of Procurement Services: 5.1.a. Develop a process where the Chemical Hygiene Officer reviews all chemical purchases logged on a blanket purchase order.	1a. Scott Dunkle, Michael Abernethy, and any associated team members will coordinate to determine possible improvements and the feasibility of implementing a process where Risk Management Services reviews all chemicals purchased through a blanket purchase order.	Scott Dunkle, Director, Environmental Risk; Michael Abernethy, Senior Director, Procurement Services	8/1/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 UNT	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT System	6. IT Review of Third Party Cloud Service from Administrative Information Technology Services (AITS). Risk Management Services (RMS) purchased a subscription service called MSDS online. This online service provides material safety data sheets (MSDS) for chemicals. Previously, the University used paper copies of MSDS. Once fully implemented, will be relied on to provide continuous MSDS information to the University. The Occupational Safety and Health Administration (OSHA) Hazard Communication standard 29 CFR 1910.1200 requires that MSDS for chemicals be readily available to those individuals who may be exposed to hazardous chemicals. The Contracts Group in Business Support Services determined that review or approval from IT Compliance was not necessary based on information provided by RMS. RMS identified the cloud service as a subscription. Additionally, there appears to be a gap in the current process that does not require local IT (campus level) to review all software purchases. Based on discussion, the Senior Director of AITS was not aware that the service had been purchased. Therefore, AITS was not able to perform a review of prior to purchase.	High	Recommendation for Michael Abernethy, Senior Director of Procurement Services: 6.1.a. Coordinate with the Associate Vice President of University Information Services to establish a control to ensure that an IT review takes place prior to purchase for all requests for software services.	1a. Ashley Olsberg, Michael Abernethy, and any associated team members will coordinate to determine the appropriate adjustments to the procurement and contracting processes to ensure that an IT review takes place prior to purchase for all requests for software services.	Michael Abernethy, Senior Director for Procurement services; Ashley Olsberg, Director, UNT Systems Integration, Classroom Support	8/1/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 UNT	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT	7. Eyewash Fountain Inspections There was no documentation of weekly eyewash fountain inspections. During walkthroughs of Chemistry, Engineering, and Studio Art labs, Internal Audit observed that required weekly inspections of eyewash fountains were not documented. There were sign off sheets located next to each eyewash fountain. However, the sign off sheets were either not being updated or were sporadically prepared. Several sign off sheets observed the last entry date noted was in 2014.	Moderate	Recommendations for Scott Dunkle, Director of Environmental Risk: 7.1.a. Ensure that lab inspectors report non-compliance of eyewash fountains not being inspected and documented on a weekly basis.	1a. A check for eyewash inspections is included in the RMS lab inspection criteria and inspection personnel will document non-compliance with eyewash standards.	Scott Dunkle, Director, Environmental Risk; Shih-Huang Huang, Chemical Hygiene Officer; Anthony Roman, Lab Safety Officer	Exp. Imp. Date: 8/1/2018 Rev. Imp. Date: 12/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 UNT	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT	7. Eyewash Fountain Inspections There was no documentation of weekly eyewash fountain inspections. During walkthroughs of Chemistry, Engineering, and Studio Art labs, Internal Audit observed that required weekly inspections of eyewash fountains were not documented. There were sign off sheets located next to each eyewash fountain. However, the sign off sheets were either not being updated or were sporadically prepared. Several sign off sheets observed the last entry date noted was in 2014.	Moderate	Recommendations for Scott Dunkle, Director of Environmental Risk: 7.1.b. Either instruct or provide training to those who are required to conduct and document weekly eyewash fountain inspections.	1b. As of February 2018, RMS hired a student worker to assist with weekly eyewash activations and inspections. Laboratories found out of compliance with weekly activation criteria will be instructed regarding their activation obligations.	Scott Dunkle, Director, Environmental Risk; Shih-Huang Huang, Chemical Hygiene Officer; Anthony Roman, Lab Safety Officer	Exp. Imp. Date: 8/1/2018 Rev. Imp. Date: 12/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 UNT	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT	8. Training Verification & Lab Access Verification of completed training is not submitted when lab access for a student is requested. Per Risk Management Services (RMS) personnel, students participating in labs are required to complete online training through RMS. RMS documents and tracks the completion of online training. In addition, students may also receive in-person training from a Principal Investigator (PI), teaching faculty, lab manager, or designated individual. Based on discussions with RMS personnel, completion of in-person training is not consistently documented, by Lab PI's and submitted to RMS. A PI or faculty member may request lab access for a student. Internal Audit discussed this process with UNT Access Control and the College of Engineering IT. UNT Access Control provides swipe card and key access to labs on the main UNT campus and key access to labs at Discovery Park. The College of Engineering IT provides swipe card access to labs at Discovery Park. Internal Audit noted that support documentation confirming completion of training is not submitted to either UNT Access Control or the College of Engineering IT when lab access is requested.	Moderate	Recommendation for Scott Dunkle, Director of Environmental Risk: 8.1.a. Develop a process and procedure to require lab training verification be submitted to UNT Access Control or the College of Engineering IT where applicable when lab access is requested.	1a. RMS, in conjunction with UNT Access Control and College of Engineering IT, will evaluate options for supplying training verification and develop a procedure to improve upon current lab access protocols.	Scott Dunkle, Director, Environmental Risk; Jonathan Dowd, Application Support Analyst; Fatima Adeyemo, Radiation Safety Officer	12/31/2018	Open

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Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 UNT	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT	9. New Lab Identification Lab inspectors are not utilizing the most current listing of science and art labs to complete their lab inspections. The Office of Space Management and Planning (OSMP) administers an annual survey to update its database and maintain an accurate record of space and the utilization of the space. Examples, include: classrooms, teaching labs, research labs, and storage space. The OSMP database, includes: science and art labs. Based on discussion with the Director of OSMP, the database is reviewed and updated throughout the academic year. Risk Management Services (RMS) maintains its own lab listing for inspection purposes. Based on discussion with RMS personnel, this lab listing is updated via download from the OSMP database and in-person verification. In retrospect, if RMS had used an updated lab listing from OSMP, they would have been aware of those new labs. However, lab inspectors identify inconsistencies in the field from time to time. Because of the above processes, the lab listings between OSMP and RMS do not always correspond. RMS personnel perform lab inspections twice a year.	Moderate	Recommendation for Scott Dunkle, Director of Environmental Risk: 9.1.a. Download lab information from OSMP database before each semi-annual lab inspection.	1a. The new Risk Management Information System, contains an inspection portal which is being utilized for lab inspections moving forward. This system is directly tied to the OSMP database so that the information RMS uses will mirror that of the OSMP.	Scott Dunkle, Director, Environmental Risk; Shih-Huang Huang, Chemical Hygiene Officer; Anthony Roman, Lab Safety Officer	4/10/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 UNT	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT	9. New Lab Identification Lab inspectors are not utilizing the most current listing of science and art labs to complete their lab inspections. The Office of Space Management and Planning (OSMP) administers an annual survey to update its database and maintain an accurate record of space and the utilization of the space. Examples, include: classrooms, teaching labs, research labs, and storage space. The OSMP database, includes: science and art labs. Based on discussion with the Director of OSMP, the database is reviewed and updated throughout the academic year. Risk Management Services (RMS) maintains its own lab listing for inspection purposes. Based on discussion with RMS personnel, this lab listing is updated via download from the OSMP database and in-person verification. In retrospect, if RMS had used an updated lab listing from OSMP, they would have been aware of those new labs. However, lab inspectors identify inconsistencies in the field from time to time. Because of the above processes, the lab listings between OSMP and RMS do not always correspond. RMS personnel perform lab inspections twice a year.	Moderate	Recommendation for Scott Dunkle, Director of Environmental Risk: 9.1.b. Update the RMS lab information with the new OSMP lab information.	1b. While RMS will be linked and continually updated through the OSMP database as mentioned above, it is important to realize that OSMP data cannot be used as a sole source to identify laboratories that require inspection. For instance, rooms that have a space type code of 210, referring to a class laboratory, can be found in departments campus-wide that would not require inspection such as Music, Geography, Education, and English. This is even true for some labs in the sciences. A similar argument can be made for rooms with space type code 250 corresponding to Research/Non-Class Laboratories. To compound the issue, there are many different types of laboratory classifications within the OSMP system, such as Class Laboratory, Class Laboratory Service, Special Class Laboratory, Special Class Laboratory Service, Individual Study Laboratory, Individual Study Laboratory Service, Research/Non-class Laboratory, and Research/Non-class Laboratory Service. That being said, periodic consultation of the OSMP database is a useful endeavor and will continue to be utilized, but it does not provide an accurate description of which laboratories require regular inspection. RMS will also explore the possibility of lab verification within regular Environmental Oversight and Risk Review Committee (EORRC) meetings.	Scott Dunkle, Director, Environmental Risk; Shih-Huang Huang, Chemical Hygiene Officer; Anthony Roman, Lab Safety Officer	4/10/2018	Closed

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Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 UNT	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT	10. Liability Release Form The College of Visual Arts and Design uses a Liability Release form that contains significant legal deficiencies. Internal Audit obtained a copy of a Liability Release form that students sign prior to participating in the Art 112 Shop. The Office of General Counsel (OGC) reviewed the Liability Release form and concluded the Liability Release form as written is significantly deficient. Additionally, the Liability Release form was not vetted, reviewed, or prepared by OGC.	Moderate	Recommendation for Jennifer Cowley, Provost and Vice President for Academic Affairs: 10.1.a. Discontinue the use of liability releases for students participating in science and art labs.	1a. CVAD has discontinued the use of the liability release form in science and art labs	Gregory Watts, Dean of CVAD	4/5/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-006 UNT	Academic and Students	Student-Managed Investment Fund Audit	UNT	No observations were noted.	N/A	N/A	N/A	N/A	N/A	N/A

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal (Co-Sourced)	BKD LLP	Fiscal Year 2018	18-009 HSC	Financial	Cancer Prevention and Research Institute of Texas Program (CPRIT)	UNTHSC	No observations were noted.	N/A	N/A	N/A	N/A	N/A	N/A
Internal	UNT System Internal Audit	Fiscal Year 2018	18-010 SYS	Financial	SB 20 Implementation Status	UNT System	No observations were noted.	N/A	N/A	N/A	N/A	N/A	N/A

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-202 SYS	Governance and Regulatory Compliance	UNT System Office Building Investigation	UNT System	No observations were noted.	N/A	N/A	N/A	N/A	N/A	N/A
Internal	UNT System Internal Audit	Fiscal Year 2018	18-405 UNT	Financial	Out-of-State Teaching Fee Research Project	UNT	No observations were noted.	N/A	N/A	N/A	N/A	N/A	N/A

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Internal	UNT System Internal Audit	Fiscal Year 2018	18-015 HSC	Financial	UNT System College of Pharmacy Financial Review	UNTHSC	1 .Controlled Substance Disposal Process- We noted instances in our testing, where controlled substances were not promptly returned for disposal, as required under the U.S. Drug Enforcement Administration requirements. Specifically, Internal Audit identified expired controlled substances dated April 2017 in one of the two SCP laboratory locations. Currently, UNTHSC does not have a formally defined window for when Principal Investigators (PIs) should return expired controlled substances to help ensure compliance with federal regulations. Internal Audit inquired a clarification regarding the definition of 'Promptly disposal for controlled substances' in the regulation with the DEA Diversion Inspector for UNTHSC. Although the DEA does not formally define a timeframe in the regulation of when controlled substances must be disposed, DEA licensed holders should dispose of expired controlled substances at regular intervals to avoid orphaned controlled substances found years later by the Institution. Furthermore, Internal Audit reviewed peer institutions' controlled substance policies/procedures. For the University of Houston and University of Texas at Austin, a specific window of 30 and 90 days, respectively, is provided to employees handling controlled substances.	High	1. Recommendations for the Associate Director, Biosafety, Environmental Health & Safety: a. Confer with peer institutions, UNT Health, and the City of Fort Worth and UNTHSC Police Departments regarding controlled substances disposal options. Present results to the Vice President (VP) of Research, the Associate VP of Research Compliance and the Safety Director.	1a. Associate Director, Environmental Health and Safety department UNTHSC will confer with peer institutions, UNT Health, and the City of Fort Worth and UNTHSC Police Departments regarding controlled substances disposal options. Present results to the Vice President (VP) of Research, the Associate VP of Research Compliance and the Safety Director.	Maya Nair, Associate Director, Biosafety, Environmental Health & Safety	1/31/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	18-015 HSC	Financial	UNT System College of Pharmacy Financial Review	UNTHSC	1 .Controlled Substance Disposal Process- We noted instances in our testing, where controlled substances were not promptly returned for disposal, as required under the U.S. Drug Enforcement Administration requirements. Specifically, Internal Audit identified expired controlled substances dated April 2017 in one of the two SCP laboratory locations. Currently, UNTHSC does not have a formally defined window for when Principal Investigators (PIs) should return expired controlled substances to help ensure compliance with federal regulations. Internal Audit inquired a clarification regarding the definition of 'Promptly disposal for controlled substances' in the regulation with the DEA Diversion Inspector for UNTHSC. Although the DEA does not formally define a timeframe in the regulation of when controlled substances must be disposed, DEA licensed holders should dispose of expired controlled substances at regular intervals to avoid orphaned controlled substances found years later by the Institution. Furthermore, Internal Audit reviewed peer institutions' controlled substance policies/procedures. For the University of Houston and University of Texas at Austin, a specific window of 30 and 90 days, respectively, is provided to employees handling controlled substances.	High	1. Recommendations for the Associate Director, Biosafety, Environmental Health & Safety: b. Work with the VP of Research, the Associate VP of Research Compliance and the Safety Director to determine the most effective and efficient process. This process should ensure compliance with DEA regulations, ensuring expired controlled substances are disposed of following regular intervals but no later than every six months. Furthermore, the process should take into consideration the administrative burden for the PIs.	1b. Associate Director, Environmental Health and Safety department UNTHSC will work with the VP of Research, the Associate VP of Research Compliance and the Safety Director to determine the most effective and efficient process. This process should ensure compliance with DEA regulations, ensuring expired controlled substances are disposed of following regular intervals but no later than every six months. Furthermore, the process should take into consideration the administrative burden for the PIs.	Maya Nair, Associate Director, Biosafety, Environmental Health & Safety	1/31/2019	Open

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-015 HSC	Financial	UNT System College of Pharmacy Financial Review	UNTHSC	1 .Controlled Substance Disposal Process- We noted instances in our testing, where controlled substances were not promptly returned for disposal, as required under the U.S. Drug Enforcement Administration requirements. Specifically, Internal Audit identified expired controlled substances dated April 2017 in one of the two SCP laboratory locations. Currently, UNTHSC does not have a formally defined window for when Principal Investigators (PIs) should return expired controlled substances to help ensure compliance with federal regulations. Internal Audit inquired a clarification regarding the definition of 'Promptly disposal for controlled substances' in the regulation with the DEA Diversion Inspector for UNTHSC. Although the DEA does not formally define a timeframe in the regulation of when controlled substances must be disposed, DEA licensed holders should dispose of expired controlled substances at regular intervals to avoid orphaned controlled substances found years later by the Institution. Furthermore, Internal Audit reviewed peer institutions' controlled substance policies/procedures. For the University of Houston and University of Texas at Austin, a specific window of 30 and 90 days, respectively, is provided to employees handling controlled substances.	High	1. Recommendations for the Associate Director, Biosafety, Environmental Health & Safety: c. Once the process is finalized, update the "Manage Controlled Substances in Research" manual and communicate the changes to the Principal Investigators.	1c. Once the process is finalized, Associate Director, Environmental Health and Safety department UNTHSC will update the "Manage Controlled Substances in Research" manual and communicate the changes to the Principal Investigators.	Maya Nair, Associate Director, Biosafety, Environmental Health & Safety	1/31/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	18-015 HSC	Financial	UNT System College of Pharmacy Financial Review	UNTHSC	1 .Controlled Substance Disposal Process- We noted instances in our testing, where controlled substances were not promptly returned for disposal, as required under the U.S. Drug Enforcement Administration requirements. Specifically, Internal Audit identified expired controlled substances dated April 2017 in one of the two SCP laboratory locations. Currently, UNTHSC does not have a formally defined window for when Principal Investigators (PIs) should return expired controlled substances to help ensure compliance with federal regulations. Internal Audit inquired a clarification regarding the definition of 'Promptly disposal for controlled substances' in the regulation with the DEA Diversion Inspector for UNTHSC. Although the DEA does not formally define a timeframe in the regulation of when controlled substances must be disposed, DEA licensed holders should dispose of expired controlled substances at regular intervals to avoid orphaned controlled substances found years later by the Institution. Furthermore, Internal Audit reviewed peer institutions' controlled substance policies/procedures. For the University of Houston and University of Texas at Austin, a specific window of 30 and 90 days, respectively, is provided to employees handling controlled substances.	High	1. Recommendations for the Associate Director, Biosafety, Environmental Health & Safety: d. Work with the Principal Investigators to dispose of all expired controlled substances based on the new process immediately.	1d. Associate Director, Environmental Health and Safety department UNTHSC will Work with the Principal Investigators to dispose of all expired controlled substances based on the new process immediately.	Maya Nair, Associate Director, Biosafety, Environmental Health & Safety	1/31/2019	Open

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Internal	UNT System Internal Audit	Fiscal Year 2018	18-015 HSC	Financial	UNT System College of Pharmacy Financial Review	UNTHSC	2. Inaccurate Recording of Leave - Instances of inaccurate, incomplete, or unsupported leave of absence reporting were identified in the test sample of 25 employees drawn from a population of 86 active employees and 6 employees drawn from a sample of 30 terminated employees. Specifically, the following were noted: • One part-time faculty employee did not have leave recorded in EIS from his hire date in 2012 through late 2017. • Four current employees and one terminated employee within the Pharmaceutical Sciences department did not have leave reported in EIS from late 2013 through early 2016. • For two active employees, vacation leave reported on the HRM-64 form was either not recorded to EIS or recorded incorrectly by the timekeeper. • Four employees had missing attestations of "No Leave Taken" subsequent to the implementation of eLeave. The eLeave implementation effective June 1, 2017 eliminated all manual processes, therefore the issues identified above (first three bullets) will no longer be a concern.	High	1. Recommendations for the Senior Academic and Business Director of System College of Pharmacy and the Interim Human Resources Director UNTHSC: a. Determine whether the five employees identified within Pharmaceutical Sciences had unreported leave (i.e. sick and vacation) taken from fiscal years 2013 to 2016. In order to identify unreported leave, obtain the HRM-64 forms and review if any submitted forms were not accurately entered in EIS.	1a, 1b, 1c. The SCP requested and reviewed the HRM-64 forms as recommended for all referenced employees during the 2013-2016 time period. The additional review performed by the SCP did not identify any evidence of unreported leave for the employees. SCP recognizes that in the absence of corroborating evidence it is difficult to confirm with certainty the presence of unrecorded leave. SCP recommends that no change be made to the employees' leave balances. SCP understands the serious nature of this finding and has designed a plan of action (see 1d)	Margaret Demers, Senior Academic and Business Director of System College of Pharmacy and Jane Gray, Interim Human Resources Director UNTHSC	1/15/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	18-015 HSC	Financial	UNT System College of Pharmacy Financial Review	UNTHSC	2. Inaccurate Recording of Leave - Instances of inaccurate, incomplete, or unsupported leave of absence reporting were identified in the test sample of 25 employees drawn from a population of 86 active employees and 6 employees drawn from a sample of 30 terminated employees. Specifically, the following were noted: • One part-time faculty employee did not have leave recorded in EIS from his hire date in 2012 through late 2017. • Four current employees and one terminated employee within the Pharmaceutical Sciences department did not have leave reported in EIS from late 2013 through early 2016. • For two active employees, vacation leave reported on the HRM-64 form was either not recorded to EIS or recorded incorrectly by the timekeeper. • Four employees had missing attestations of "No Leave Taken" subsequent to the implementation of eLeave. The eLeave implementation effective June 1, 2017 eliminated all manual processes, therefore the issues identified above (first three bullets) will no longer be a concern.	High	1. Recommendations for the Senior Academic and Business Director of System College of Pharmacy and the Interim Human Resources Director UNTHSC: b. If inaccuracies were identified, collaborate with the Interim Human Resource Director UNTHSC to update the employee's leave of absences in EIS..	1a, 1b, 1c. The SCP requested and reviewed the HRM-64 forms as recommended for all referenced employees during the 2013-2016 time period. The additional review performed by the SCP did not identify any evidence of unreported leave for the employees. SCP recognizes that in the absence of corroborating evidence it is difficult to confirm with certainty the presence of unrecorded leave. SCP recommends that no change be made to the employees' leave balances. SCP understands the serious nature of this finding and has designed a plan of action (see 1d)	Margaret Demers, Senior Academic and Business Director of System College of Pharmacy and Jane Gray, Interim Human Resources Director UNTHSC	1/15/2019	Open

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Internal	UNT System Internal Audit	Fiscal Year 2018	18-015 HSC	Financial	UNT System College of Pharmacy Financial Review	UNTHSC	2. Inaccurate Recording of Leave - Instances of inaccurate, incomplete, or unsupported leave of absence reporting were identified in the test sample of 25 employees drawn from a population of 86 active employees and 6 employees drawn from a sample of 30 terminated employees. Specifically, the following were noted: • One part-time faculty employee did not have leave recorded in EIS from his hire date in 2012 through late 2017. • Four current employees and one terminated employee within the Pharmaceutical Sciences department did not have leave reported in EIS from late 2013 through early 2016. • For two active employees, vacation leave reported on the HRM-64 form was either not recorded to EIS or recorded incorrectly by the timekeeper. • Four employees had missing attestations of "No Leave Taken" subsequent to the implementation of eLeave. The eLeave implementation effective June 1, 2017 eliminated all manual processes, therefore the issues identified above (first three bullets) will no longer be a concern.	High	1. Recommendations for the Senior Academic and Business Director of System College of Pharmacy and the Interim Human Resources Director UNTHSC: c. Ensure internal payroll records are corrected. .	1a, 1b, 1c. The SCP requested and reviewed the HRM-64 forms as recommended for all referenced employees during the 2013-2016 time period. The additional review performed by the SCP did not identify any evidence of unreported leave for the employees. SCP recognizes that in the absence of corroborating evidence it is difficult to confirm with certainty the presence of unrecorded leave. SCP recommends that no change be made to the employees' leave balances. SCP understands the serious nature of this finding and has designed a plan of action (see 1d)	Margaret Demers, Senior Academic and Business Director of System College of Pharmacy and Jane Gray, Interim Human Resources Director UNTHSC	1/15/2019	Open
Internal	UNT System Internal Audit	Fiscal Year 2018	18-015 HSC	Financial	UNT System College of Pharmacy Financial Review	UNTHSC	2. Inaccurate Recording of Leave - Instances of inaccurate, incomplete, or unsupported leave of absence reporting were identified in the test sample of 25 employees drawn from a population of 86 active employees and 6 employees drawn from a sample of 30 terminated employees. Specifically, the following were noted: • One part-time faculty employee did not have leave recorded in EIS from his hire date in 2012 through late 2017. • Four current employees and one terminated employee within the Pharmaceutical Sciences department did not have leave reported in EIS from late 2013 through early 2016. • For two active employees, vacation leave reported on the HRM-64 form was either not recorded to EIS or recorded incorrectly by the timekeeper. • Four employees had missing attestations of "No Leave Taken" subsequent to the implementation of eLeave. The eLeave implementation effective June 1, 2017 eliminated all manual processes, therefore the issues identified above (first three bullets) will no longer be a concern.	High	1. Recommendations for the Senior Academic and Business Director of System College of Pharmacy and the Interim Human Resources Director UNTHSC: d. Implement monitoring procedures to ensure monthly time reporting is completed, including any required attestation of no leave taken within eLeave.	1d. As suggested in the recommendations noted above, the SCP will take the following steps to ensure there are proper controls in place to monitor timekeeping including attestation of leave taken. • Thorough review of the timekeeping reporting structure to ensure all SCP employees are mapped to the appropriate supervisor. • The SCP will require all faculty and staff, including supervisors, within the college to complete online eLeave training at the following link: https://upk.untsystem.edu/kcenter/https://upk.untsystem.edu/kcenter/ Content/72/data/toc.html?launchFromKpath=1 no later than January 15, 2019 to ensure all employees, including those new HSC, understand the expectations regarding time reporting and how to use the eLeave system. • Employees that have a timekeeper role and access will be required to attend, the next available in-person Timekeeper training session facilitated by the BSC. The training schedule can be located at: https://www.untsystem.edu/hr-it-business-services/business-support-services/business-process-training no later than January 15, 2019. • To ensure compliance with UNTHSC policies and procedures for the accurate recording of leave going forward, a Standard Operation Procedure (SOP) will be developed and will be distributed to Department Heads and Timekeepers. Implementation of the SOP will be effective January 15, 2019. o Example SOP components: 1. On the first business day of each month time keepers will run EIS queries to determine which employees in their department have not entered time taken (VAC, SCK, etc.) or a time attestation for the previous month. (GBPY_LVE_NO_LVE_ATTES)	Margaret Demers, Senior Academic and Business Director of System College of Pharmacy and Jane Gray, Interim Human Resources Director UNTHSC	1/15/2019	Open

Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 DAL	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT Dallas	1. Ventilation in Laboratories - The ventilation system in the four laboratories is inadequate to control lab emissions. UNT Dallas retrofitted four classrooms into laboratories. Laboratory ventilation systems should be adequate to control lab emissions and provide a source of air for breathing. The four laboratories had a total of nine ventilator fume hoods of which only one reached the minimum velocity of 100 fpm's (feet per minute) to ventilate the area in the room. Benchtop ventilation hoods purchased did increase the velocity to 100 fpm in one laboratory; however, this is a temporary solution and they take lab bench workspace. This reduces the workspace for students and experiments. The four laboratories did not have a ventilation system that provided continued air replacement and an exhaust removal system to move the air to the exterior of the building. There is a risk that toxic substances linger in the air of the laboratories.	High	1. Recommendations for Dr. Betty Stewart, Provost, Executive Vice President of Academic Affairs: a. Evaluate the purchase of additional Benchtop ventilation hoods to increase the minimum velocity of 100 fpm's,	1a. Six tabletop ventilation hoods will be installed by August 31, 2018. This will address the airflow in the laboratories.	Dr. Betty Stewart, Provost and Executive Vice President for Academic Affairs.	8/31/2018	Closed
Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 DAL	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT Dallas	1. Ventilation in Laboratories - The ventilation system in the four laboratories is inadequate to control lab emissions. UNT Dallas retrofitted four classrooms into laboratories. Laboratory ventilation systems should be adequate to control lab emissions and provide a source of air for breathing. The four laboratories had a total of nine ventilator fume hoods of which only one reached the minimum velocity of 100 fpm's (feet per minute) to ventilate the area in the room. Benchtop ventilation hoods purchased did increase the velocity to 100 fpm in one laboratory; however, this is a temporary solution and they take lab bench workspace. This reduces the workspace for students and experiments. The four laboratories did not have a ventilation system that provided continued air replacement and an exhaust removal system to move the air to the exterior of the building. There is a risk that toxic substances linger in the air of the laboratories.	High	1. Recommendations for Dr. Betty Stewart, Provost, Executive Vice President of Academic Affairs: b. Search for an alternative laboratory site that meets the OSHA, Laboratories § 1910.1450, C. The Laboratory Facility criteria for ventilation and exhaust systems.	1b. UNT Dallas Management are engaging with Cedar Valley college to explore use of laboratory space as needed.	Dr. Betty Stewart, Provost and Executive Vice President for Academic Affairs.	8/31/2018	Closed

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Internal / External	Reporting Agency	Fiscal Year Report was Issued	Audit Number	Audit Category	Report Name	Component Institution	Key Observations	Risk Level	Recommendation Details	Management Response	Individual Responsible for Implementation	Expected Implementation Date	Recommendation Status
Internal	UNT System Internal Audit	Fiscal Year 2018	18-020 DAL	Governance and Regulatory Compliance	Student Awareness and Training - Lab Safety Audit	UNT Dallas	2. Chemical Hygiene Officer - There is no Chemical Hygiene Officer at UNT Dallas. The Lab Manager and Instructor of Biology orders and stores the chemicals; however, she has not been trained as a Chemical Hygiene Officer. The Chemical Hygiene Officer is responsible for knowing and ensuring compliance with corresponding regulations, procedures and develop protocols to train employees that use the laboratories. Additionally, at a minimum attained a bachelor's degree in chemistry.	High	1. Recommendation for Dr. Betty Stewart, Provost, Executive Vice President of Academic Affairs: a. Either identify an existing employee at UNT Dallas that meets the requirements for a Chemical Hygiene Officer, contract with a vendor that meets the requirements to perform the duties of the Chemical Hygiene Officer, or consider funding a new position of Chemical Hygiene Officer.	1a.Dr. Irene Rodriguez, Lab Manager and Instructor of Biology at UNT Dallas, has agreed to become the UNT Dallas Chemical Hygiene Officer. She will attend training sponsored by the American Chemical Society, November 7 and 8, 2018 in San Francisco, Ca.	Dr. Irene Rodriguez, Lab Manager and Instructor of biology	11/30/2018	Open
Internal (Co-Sourced)	PwC	Fiscal Year 2018	18-301 SYS	Financial	Benefits Proportionality	UNT System	Comment #1: Reconciliation of APS 011 Actual Benefits paid amounts to PeopleSoft subledger (AP & Payroll) source data prior to APS 011 submission. Noted that Actual Benefits Paid (Column 2) amounts within the submitted APS 011 forms are not reconciled back to actual payment data from PeopleSoft subledgers (AP & Payroll) as part of the APS 011 reporting process. Risk/Impact: Within USAS & PeopleSoft subledgers, there is the potential for entries to be made to inappropriately draw from the General Revenue fund. Currently, APS 011 amounts are reconciled to USAS source and then to PeopleSoft Financials general ledger data. An additional reconciliation from PeopleSoft Financials general ledger amounts to actual payment data from PeopleSoft subledgers (AP & Payroll) could identify any inappropriate adjustments made in USAS and/or PeopleSoft subledgers prior to APS 011 submission to help management gain comfort that no excess General Revenue funds are received or utilized by UNT.	Low	As part of the APS 011 reporting process, an additional procedure should be added to reconcile APS 011 amounts per PeopleSoft Financials general ledger data to PeopleSoft AP & Payroll subledger actual payment data. Any differences over $500,000 should be identified and resolved prior to APS 011 submission	Management agrees with the recommendation. UNTS member institutions will develop formal reconciliation procedures to identify variance balances between USAS, the PeopleSoft Financial general ledger and PeopleSoft AP & Payroll subledger systems. Any variances over $500,000 will be resolved prior to APS 011 submission.	C. Aaron LeMay, AVC Finance & System Controller	10/31/2018	Closed

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Background Report

Committee: Audit

Date Filed: October 5, 2018

Title: UNT System Consolidated Annual Compliance Report, September 2017 through August 2018

Background:

This report represents the compliance actions for the University of North Texas System Administration, University of North Texas, University of North Texas Health Science Center and the University of North Texas at Dallas from September 1, 2017 through August 31, 2018. Regular reporting of compliance actions to the UNT System Board of Regents is required by the United States Sentencing Commission's Federal Guidelines §8B2.1(b)(2)(A).

This annual report has been consolidated to reflect the compliance actions for all UNT System institutions. This report reflects the actions that management and each compliance function has taken to manage their highest risks.

Financial Analysis/History:

This is a report item only.

Gary Rahlfs
Digitally signed by Gary Rahlfs
DN: cn=Gary Rahlfs, o=UNT System, ou=Vice Chancellor for Finance, email=gary.rahlfs@untsystem.edu, c=US
Date: 2018.10.30 21:07:19 -05'00'

_____
Vice Chancellor for Finance

Legal Review:

This item has been reviewed by General Counsel.

Nancy S. Footer
Digitally signed by Nancy S. Footer
DN: cn=Nancy S. Footer, o=University of North Texas System, ou=Office of General Counsel, email=nancy.footer@untsystem.edu, c=US
Date: 2018.11.01 12:45:36 -05'00'

_____
Vice Chancellor/General Counsel

Schedule: N/A

No action required. Information only.

Submitted by:

Steven A. Hill I
_____
UNT System Compliance Officer

Tracy C. Grunig
Digitally signed by Tracy C. Grunig
DN: cn=Tracy C. Grunig, o=University of North Texas System, ou=Internal Audit, email=tracy.grunig@untsystem.edu, c=US
Date: 2018.10.30 15:58:28 -05'00'

_____
Chief Audit Executive

Lesa B. Roe
Digitally signed by Lesa B. Roe
DN: cn=Lesa B. Roe, o=UNT System, ou=Office of the Chancellor, email=chancellor@untsystem.edu, c=US
Date: 2018.11.01 17:06:05 -05'00'

_____
Chancellor

Attachments Filed Electronically:

- **UNT System Consolidated Annual Compliance Report**

    September 2017 through August 2018

UNT|SYSTEM™

Section I. Organizational Actions

On August 1, 2018, Clay Simmons became the Chief Compliance Officer for the University of North Texas (the flagship campus), relieving Steve Hill of his compliance duties as they pertain to the flagship campus. Steve Hill is still performing the duties of Compliance Officer for System Administration and UNT Dallas.

System and UNT Dallas Compliance collaborated with its UNT compliance partners to implement the new hotline (referred to as the "Trust Line") which will become effective on September 1, 2018. System and UNT Dallas Compliance is also collaborating with its UNT compliance partners to develop "Trust Line" advertising as soon as possible.

Section II. Compliance Risks

The following information represents the status of the University of North Texas System's fiscal year 2018 Compliance Risks and management's efforts to implement adequate controls for the risks indicated, each risk's impact (severity) and probability (frequency) valuation, and the on-going risk mitigation strategy for each risk. The following information is provided to enhance the UNT System Board of Regent's ability to meet its compliance oversight responsibilities.

Chart #1: Reflects UNT System's "Compliance" (Statutory) Risks. This chart reflects the impact and probability of each risk and the on-going risk reduction effort that has been adopted to manage each risk.

UNT System Annual Compliance Report
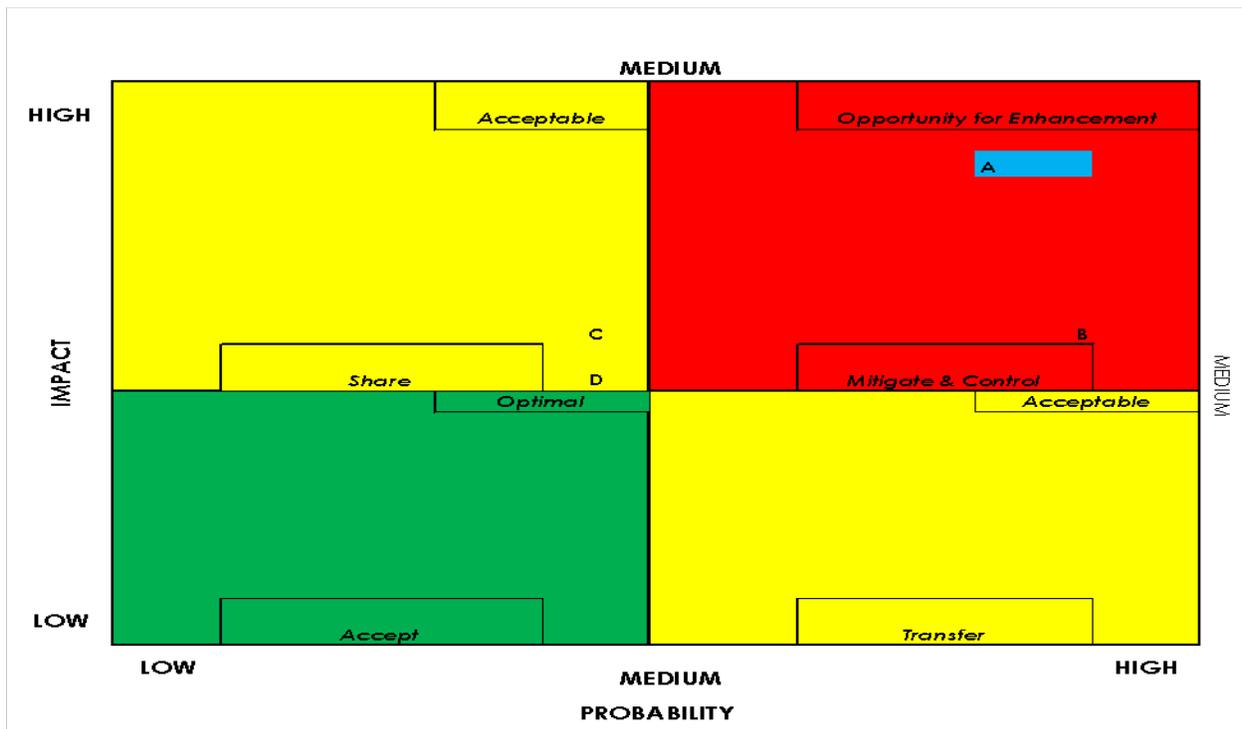
Reference	Reference	Impact	Probability	Impact	Probability
A	Electronic Information Mis-Handling	H	H	H	H
B	Required Compliance Related Training	M	H	M	H
C	Records Management and Retention	M	M	M	M
D	I-9 Compliance	M	M	M	M

Highest risks appear in the top right corner of the chart.

The Blue background indicates a risk that may be monitored permanently based on the nature of the risk, even with adequate controls in place.

Figure # 1.

Mitigate & Control (Lessens risk, sets standards, measures performance, and takes corrective action)	Requires quarterly compliance reviews by System and/or Institutional Compliance and reporting to the Board.
Share (Adequate controls in place, continued monitoring and reporting is required)	Requires quarterly monitoring and reporting.
Transfer (Adequate controls in place, but not a controlled risk)	Transfer of monitoring responsibility from System and/or Institutional Compliance to campus management.
Accept	It appears that all actions have been taken to resolve this risk, with monitoring and reporting reduced from quarterly to annually or every two years depending on the nature of the risk.

Chart #2: Reflects the same UNT System "Compliance" (Statutory) risks as the previous chart, but reflects the status of management's efforts to appropriately address each risk along with a summary of the specific on-going risk reduction effort still required.

The three categories reflected in the arrow chart below are defined as:

Opportunity for Enhancement indicates there are opportunities to enhance the controls in place for risks in this category, which will continue the quarterly compliance monitoring and reporting process.

Acceptable presents two options, both options indicate that adequate controls are in place, however, **Share** recommends that quarterly compliance monitoring and reporting continue and **Transfer** recommends that quarterly compliance monitoring could be transferred to management for completion.

UNT System Annual Compliance Report

Optimal indicates that this risk may now be considered a Controlled risk, which means that all controls appear to be in place for this risk and monitoring could be reduced from quarterly to annually or every two years, depending on the nature of the risk to ensure that adequate controls remain in place.

RISK	
STATUS OF MONITORING	D. I-9 Compliance · C. Records Mgmt & Ret · B. Required Compliance Related Training · A. Electronic Information Mis-Handling Optimal · Acceptable · Opportunity for Enhancement
RISK REDUCTION EFFORT	**A. Electronic Information Mis-Handling:** Texas Administrative Code 202.74(b)(2) requires institutions of higher education to introduce information security awareness and inform new employees of information security policies and procedures during the onboarding process. This material is presented to new employees as part of the onboarding process facilitated by Human Resources (HR). There were 22 new and current employees trained during the 4th Quarter. This risk rating remains unchanged as a result of unauthorized data disclosures that resulted from human error and successful phishing attempts, ITSS monitoring continues to identify, evaluate, monitor, and appropriately address any threats & vulnerabilities. **B. Required Compliance Related Training:** System Compliance continues to coordinate with HR to register UNT System Administration employees to access and complete Compliance Awareness Training (CAT) and then successfully access, complete, and print their completion certifications. The plan is for all System Administration employees to complete CAT no later than the end of the calendar year. **C. Records Management and Retention:** The Director of Institutional Records Management and the Chief Records Management Representative (RMR) continued to provide periodic in-person records management and retention training to records management personnel at UNT System Administration, UNT, and UNT Dallas. They also continue to develop online records management and retention training that should be available to records management personnel at these three institutions. They also continue to provide technical advice and guidance to management pertaining to complicated records management and retention questions and situations. **D. I-9 Compliance:** UNT System Talent Acquisition and campus Human Resources continue to review and monitor the efficiency and effectiveness of this process. System Compliance continues to partner with UNT System and UNT HR to enhance current I-9 processing so that both processes (I-9 and E-Verify) are completed within the required time-frame. There is a steering committee that is working on I-9 related issues which includes the accuracy of employee information both pre-PeopleSoft launch and current information. Institutional Records Management also met with HR to discuss I-9 related retention issues including I-9 information residing in nthe Image-Now system.

Monitoring and reporting to the Board continues for these risks .

Risk reduction effort appears immediately below the arrow directly under the risk.

Highest risks appear on the right side of the red arrow.

Blue lettering indicates a risk that may be monitored permanently based on the nature of the risk, even with adequate controls in place.

UNT System Annual Compliance Report

Section III. Compliance Training

System Compliance continues to coordinate with HR to register UNT System Administration employees to access and complete Compliance Awareness Training (CAT) and then successfully access, complete, and print their completion certifications. The plan is for all System Administration employees to complete CAT no later than the end of the calendar year.

Section IV. Confidential and Other Complaint/Concern Reporting for UNT System

UNT System maintains a web-based Compliance Hotline reporting system that allows anonymous and confidential reporting as required by the U.S. Sentencing Guidelines. System Compliance also receives complaints by telephone, email, appointment, and walk-ins.

- An analysis of the **three (3) reports (3 hotline)** received during the **fourth quarter** by UNT System revealed the following breakdown of complaints:

  ➢ There was **one (1) hotline report** received pertaining to a *UNT supervisor who allegedly had a drug and alcohol issue.* This issue is being addressed by executive management, the department, and HR.

  ➢ There was **one (1) hotline report** pertaining to an alleged *UNT inappropriate social media posting.* System Compliance addressed this issue with the department.

  ➢ There was **one (1) hotline report** received alleging that a *UNT academic building was in no condition to conduct classes for the new semester.* Facilities and Risk Management addressed this issue.

There were a total of **five (5) reports** received by UNT System during *fiscal year 2018* as compared to **fifteen (15) reports** received during *fiscal year 2017*, as compared to the **thirty-two (32)** *reports* received in *fiscal year 2016* and **twenty-five (25) reports** received in **fiscal year 2015**, with *fiscal year 2018* summarized below:
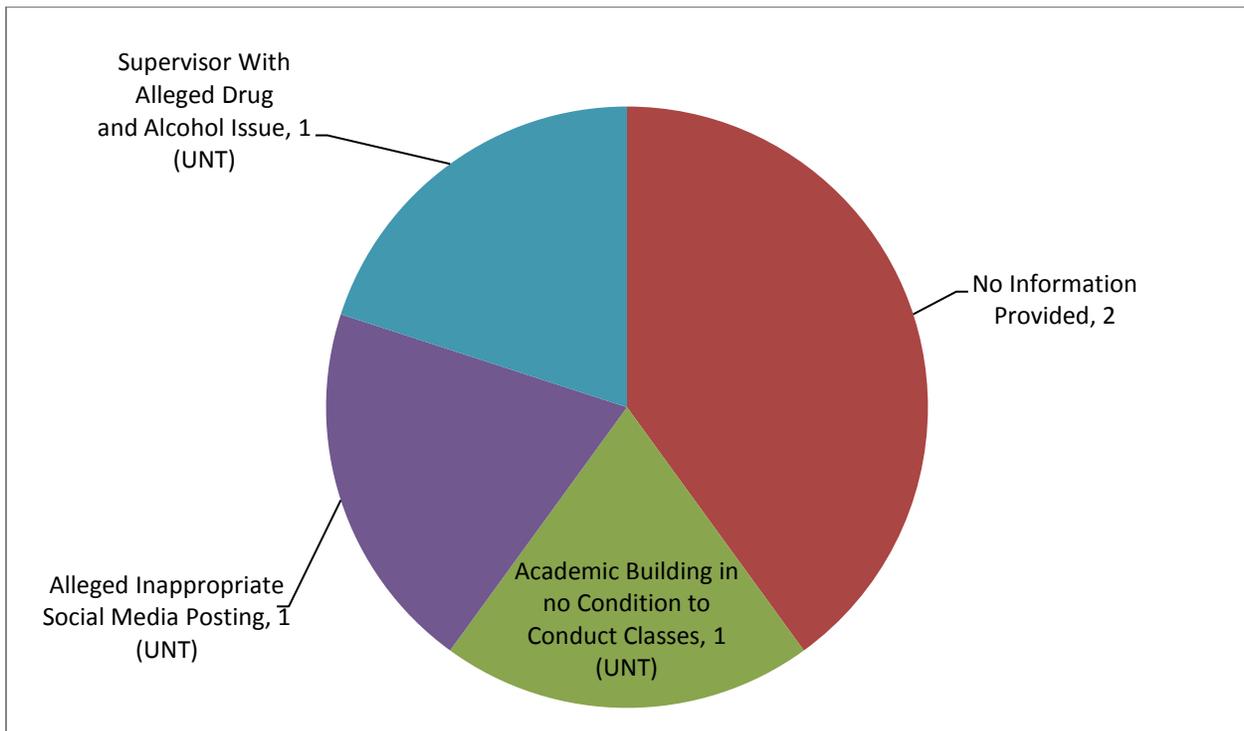
UNT System Annual Compliance Report

UNT

Section I. Organizational Actions

On August 1, 2018, Clay Simmons became the Chief Compliance Officer for the University of North Texas (the flagship campus), relieving Steve Hill of his compliance duties as they pertained to the flagship campus. Steve Hill is still performing the duties of Compliance Officer for System Administration and UNT Dallas. The UNT Institutional Compliance program has been renamed University Compliance and Ethics.

The University Compliance and Ethics team collaborated with System and UNT Dallas Compliance to implement the new hotline (referred to as the "Trust Line,") which became effective on September 1, 2018. University Compliance and Ethics is also collaborating with System and UNT Dallas Compliance to develop "Trust Line" advertising as soon as possible.

Section II. Compliance Risks

The following information represents the status of the University of North Texas' fiscal year 2018 Compliance Risks and management's efforts to implement adequate controls for the risks indicated, each risk's impact (severity) and probability (frequency) valuation, and the on-going risk mitigation strategy for each risk. The following information is provided to enhance the UNT System Board of Regent's ability to meet its compliance oversight responsibilities.

Chart #3: reflects UNT's "Compliance" (Statutory) Risks. This chart reflects the impact and probability of each risk and the on-going risk reduction effort that has been adopted to manage each risk.

UNT Annual Compliance Report
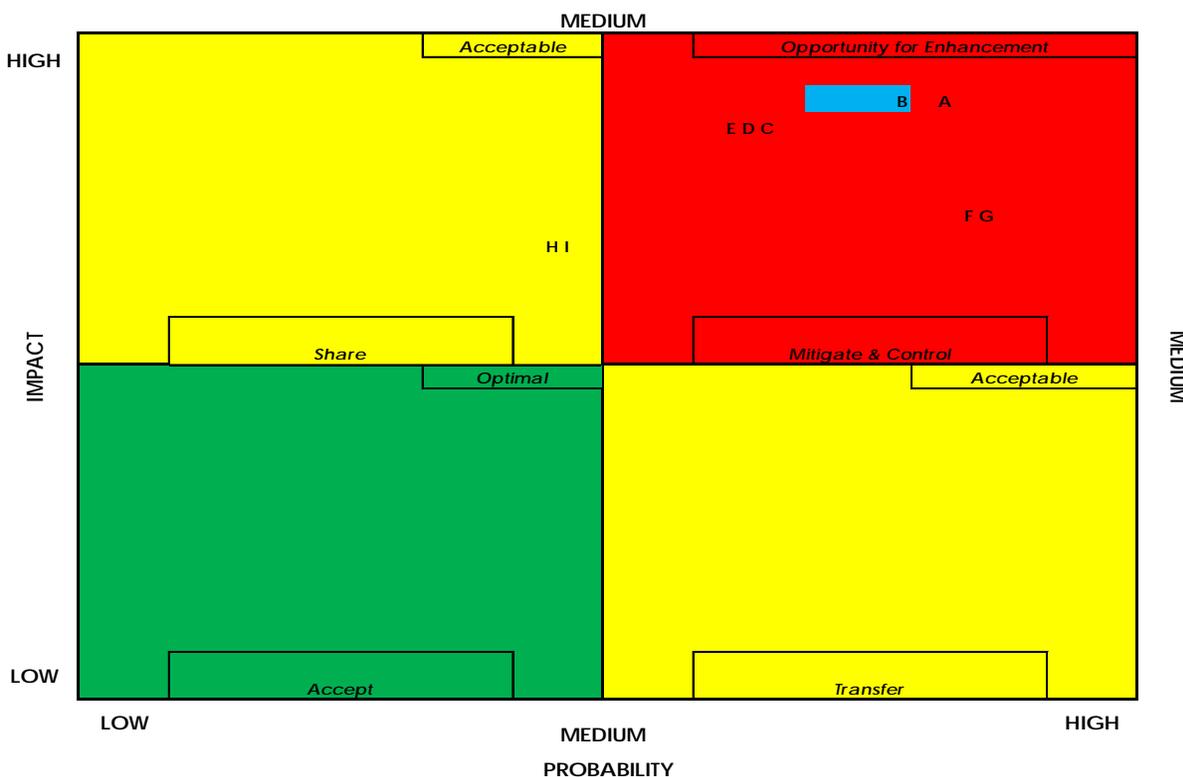
Reference	Risk	August 31, 2018		September 1, 2017	
		Impact	Probability	Impact	Probability
A	Protecting Minors Participating in UNT Related Activities	H	H	M	M
B	Electronic Information Mis-Handling	H	H	M	M
C	Time and Effort Reporting	H	M	H	M
D	Grants Management	H	M	H	M
E	Research Conflict of Interest	H	M	H	M
F	Hazardous Waste Management	M	H	M	H
G	Required Compliance Related Training	M	H	M	H
H	HIPAA Compliance	M	M	M	M
I	I-9 Compliance	M	M	M	M

Highest risks appear in the top right corner of the chart.

Blue background indicates a risk that may be monitored permanently based on the nature of the risk, even with adequate controls in place.

Figure #3.

Mitigate & Control (Lessens risk, sets standards, measures performance, and takes corrective action)	Requires quarterly compliance reviews by System and/or Institutional Compliance and reporting to the Board.
Share (Adequate controls in place, continued monitoring and reporting is required)	Requires quarterly monitoring and reporting.
Transfer (Adequate controls in place, but not a controlled risk)	Transfer of monitoring responsibility from System and/or Institutional Compliance to campus management.
Accept	It appears that all actions have been taken to resolve this risk, with monitoring and reporting reduced from quarterly to annually or every two years depending on the nature of the risk.

Chart #4: Reflects the same UNT "Compliance" (Statutory) risks as the previous chart, but reflects the status of management's efforts to appropriately address each risk along with a summary of the specific on-going risk reduction effort still required.

UNT Annual Compliance Report

The three categories reflected in the arrow chart below are defined as:

Opportunity for Enhancement indicates there are opportunities to enhance the controls in place for risks in this category, which will continue the quarterly compliance monitoring and reporting process.

Acceptable presents two options, both options indicate that adequate controls are in place, however, **Share** recommends that quarterly compliance monitoring and reporting continue and **Transfer** recommends that quarterly compliance monitoring could be transferred to management for completion.

Optimal indicates that this risk may now be considered a Controlled risk, which means that all controls appear to be in place for this risk and monitoring could be reduced from quarterly to annually or every two years, depending on the nature of the risk to ensure that adequate controls remain in place.

RISK

STATUS OF MONITORING

RISK REDUCTION EFFORT

Optimal   Acceptable   Opportunity for Enhancement

I. I-9 Compliance
H. HIPAA Compliance
G. Required Compliance Related
F. Hazardous Waste Mgmt
E. Research Conflict of Interest
D. Grants Management
C. Time & Effort Reporting
B. E-Information Mis-Handling
A. Protecting Minors in UNT Activities

E. Research Conflict of Interest:
The Office of Research Integrity & Compliance (ORI&C) continues to monitor and manage the Research Conflict of Interest Program. ORI&C continues to review the option of automating this process, which enables disclosures to be eclectronically assigned to Committee members for review, automate the development of management plans, and provide extensive reporting capabilities. This is necessary as the university continues to see emerging research from UNT faculty.

F. Hazardous Waste Management:
A new Environmental Program Manager was hired on August 1st and is familiarizing themselves with the program and has already started filling program gaps. A hazardous waste emergency preparedness and contingency plan is being drafted. Waste stream documentation is being developed and organized in conjunction with our primary hazardous waste vendor. A hazardous waste management plan is also being constructed.

G. Required Compliance Related Training:
University Compliance and Ethics continues to coordinate with HR to facilitate the remaining UNT employees to complete Compliance Awareness Training no later than the end of the calendar year depending on University Compliance and Ethics' ability to gather accurate completion data.

H. HIPAA Compliance:
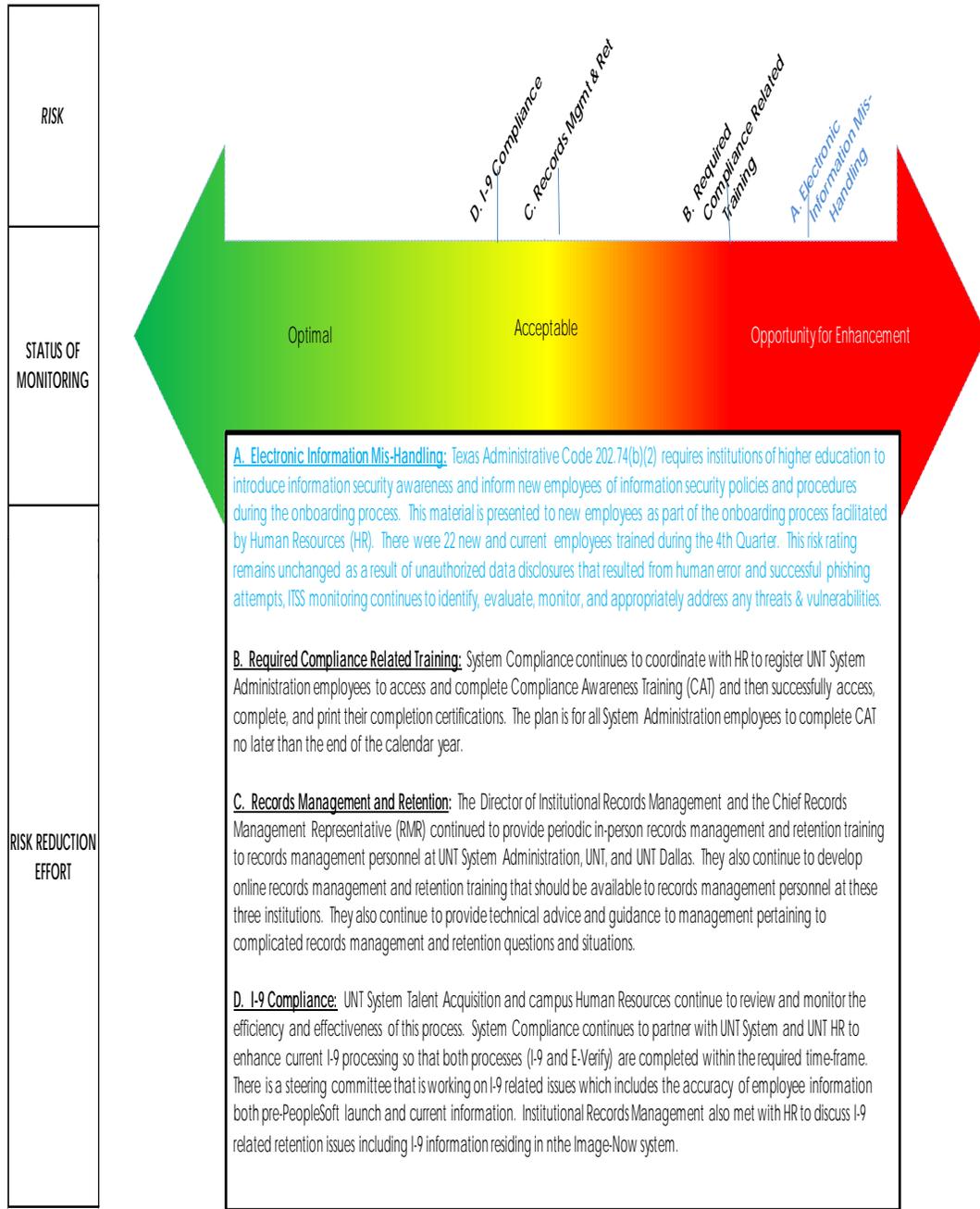The HIPAA Compliance Officer continues to evaluate surveys completed by UNT units that were designed to ensure that all applicable units are designated as health care components and other units that touch personally identifiable health information are in compliance with other privacy protections.

I. I-9 Compliance:
University Compliance and Ethics continues to partner with UNT System Talent Acquisition to enhance current I-9 processing so that both processes (I-9 and E-Verify) are completed within the required time-frame. There is a steering committee that is working on I-9 related issues which includes the accuracy of employee information both pre-PeopleSoft launch and current information.

A. Protecting Minors Participating in UNT Related Activities:
University Compliance and Ethics is coordinating with Risk Management Services and Student Affairs to strengthen procedures that ensure all individuals with access to minors at UNT events have completed the applicable criminal history background check and sexual abuse and child molestation awareness training well in advance of the event starting.

B. Electronic Information Mis-Handling: Texas Administrative Code 202.74(b)(2) requires institutions of higher education to introduce information security awareness and inform new employees of information security policies and procedures during the onboarding process. This material is presented to new employees as part of the onboarding process facilitated by Human Resources (HR). There were 1,432 new and current employees trained during the 4th Quarter. This risk rating remains unchamged as a result of unauthorized data disclosures that resulted from human error and successful phishing attempts, ITSS monitoring continues to identify, evaluate, monitor, and appropriately address any threats & vulnerabilities.

C. Time & Effort Reporting:
The new Assistant Vice President for the Office of Grants & Contracts Administration is in the process of upgrading procedures into policies, developing face to face training, making the current online training more interactive, and enhancing the quiz on current training. The AVP is working with Internal Audit to identify opportunities that will enhance the effectiveness of time and effort processes, practices, procedures, and reporting.

D. Grants Management:
The new Assistant Vice President is in the process of reviewing processes, procedures, and policies for the Office of Grants & Contracts Administration. The AVP is upgrading Subrecepient Monitoring procedures into policy and reorganizing Post Award to enhance monitoring of awards and customer service.

Continue quarterly monitoring and reporting to the Board

Risk reduction effort appears immediately below the arrow directly under the risk.

Highest risks appear on the right side of the red arrow.

Blue lettering indicates a risk that may be monitored permanently based on the nature of the risk, even with adequate controls in place.

UNT Annual Compliance Report

Chart # 5: Reflects the remaining UNT "Compliance" (Statutory) risks. This chart reflects the impact and probability of each risk and the on-going risk reduction effort that has been adopted to manage each risk.

UNT - Compliance (Statutory) Risks (Continued)
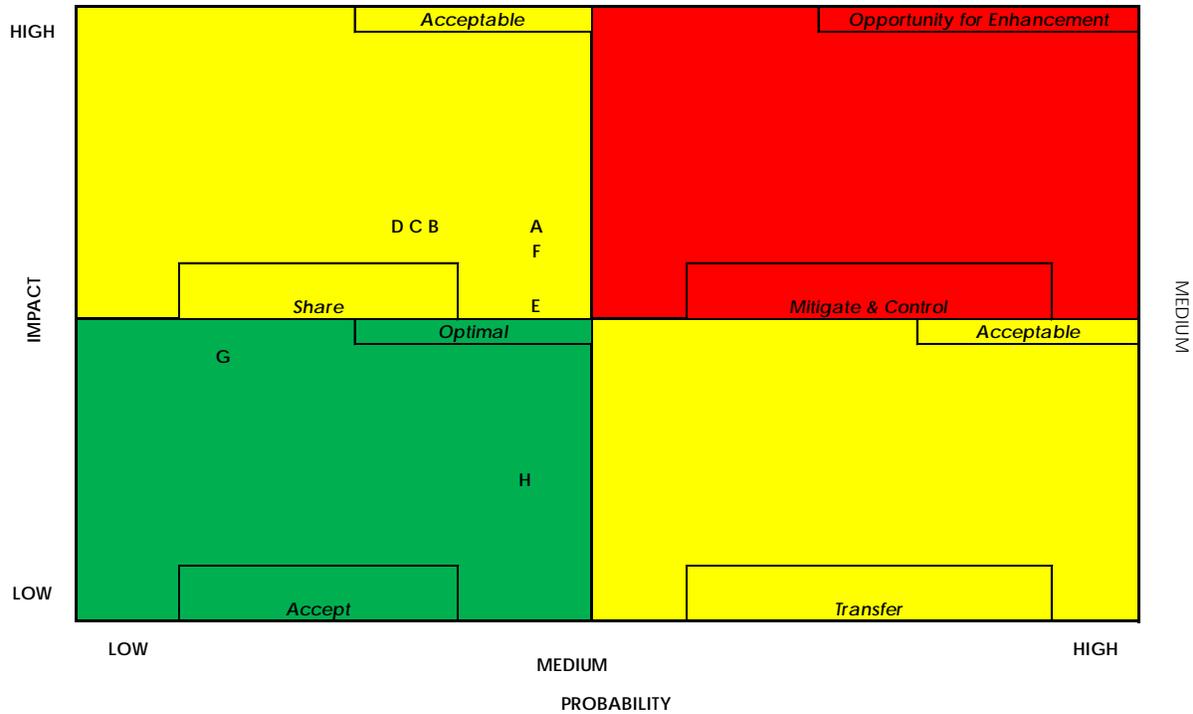
		August 31, 2018		September 1, 2017	
Reference	Risk	Impact	Probability	Impact	Probability
A	Lab Inspections & Follow-up	M	M	M	M
B	Business Continuity	M	M	M	M
C	Waste Water Management	M	M	M	M
D	Radiation Safety	M	M	M	M
E	Records Management & Retention	M	M	M	M
F	Payment Card Industry Data Security Std	M	M	N/A	N/A
G	Emergency Planning & Preparedness	M	L	M	L
H	Individual Conflict of Interest/Commitment	L	M	M	M

Highest risks appear in the top right corner of the chart.

UNT Annual Compliance Report

Figure #5.

Mitigate & Control (Lessens risk, sets standards, measures performance, and takes corrective action)	Requires quarterly compliance reviews by System and/or Institutional Compliance and reporting to the Board.
Share (Adequate controls in place, continued monitoring and reporting is required)	Requires quarterly monitoring and reporting.
Transfer (Adequate controls in place, but not a controlled risk)	Transfer of monitoring responsibility from System and/or Institutional Compliance to campus management.
Accept	It appears that all actions have been taken to resolve this risk, with monitoring and reporting reduced from quarterly to annually or every two years depending on the nature of the risk.

Chart #6: Reflects the same UNT "Compliance" (Statutory) risks as the previous chart, but reflects the status of management's efforts to appropriately address each risk along with a summary of the specific on-going risk reduction effort still required.

The three categories reflected in the arrow chart below are defined as:

Opportunity for Enhancement indicates there are opportunities to enhance the controls in place for risks in this category, which will continue the quarterly compliance monitoring and reporting process.

Acceptable presents two options, both options indicate that adequate controls are in place, however, **Share** recommends that quarterly compliance monitoring and reporting continue and **Transfer** recommends that quarterly compliance monitoring could be transferred to management for completion.

Optimal indicates that this risk may now be considered a Controlled risk, which means that all controls appear to be in place for this risk and monitoring could be reduced from quarterly to annually or every two years, depending on the nature of the risk to ensure that adequate controls remain in place.

UNT Annual Compliance Report

Chart #6.   **UNT - Compliance (Statutory) Risks (Continued)**

RISK

STATUS OF
MONITORING

RISK
REDUCTION
EFFORT

H. Individual Conflict of Interest

G. Emergency Planning & Preparedness

F. Payment Card Industry Data Sec Std

E. Records Mgmt & Ret

D. Radiation Safety

C. Waste Water Management

B. Business Continuity

A. Lab Inspections & Follow-up

Optimal   Acceptable   Opportunity for Enhancement

E. Records Management and Retention:
The Director of Institutional Records Management and the Chief Records Management Representative (RMR) continued to provide periodic in-person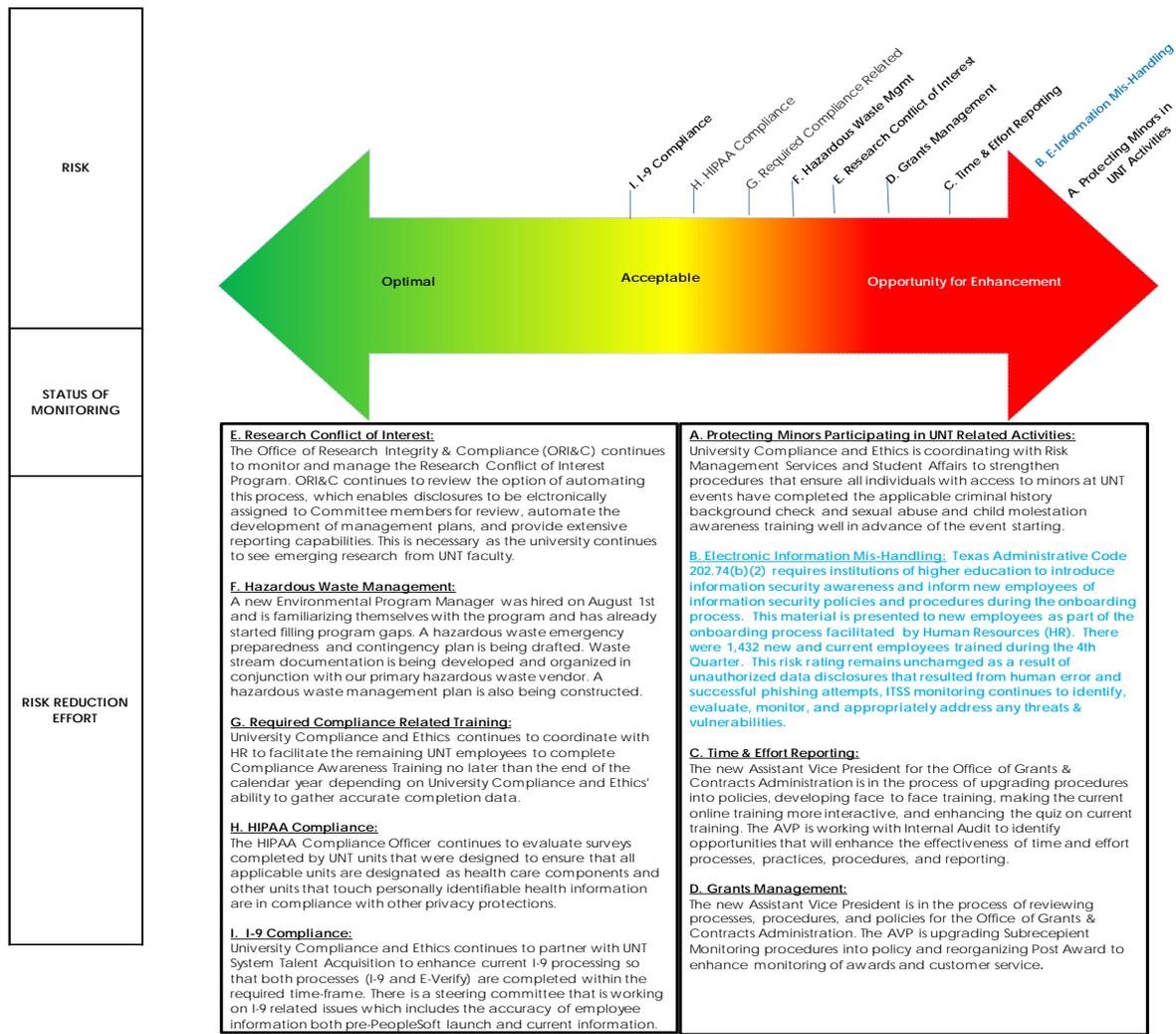 records management and retention training to records management personnel at UNT System Administration, UNT, and UNT Dallas. They also continue to develop online records management and retention training that should be available to records management personnel at these three institutions. They continue to provide technical advice and guidance to management pertaining to complicated records management and retention questions and situations.

F. Payment Card Industry Data Security Standard (PCI-DSS):
UNT has developed a unit to ensure the university follows the set of security controls that businesses are required to implement to protect credit card data, which are requirements developed and maintained by the Payment Card Industry (PCI) Security Standards Council. This was identified as a new risk where monitoring will begin first quarter FY 2019.

G. Emergency Planning & Preparedness:
The Emergency Operations Center (EOC) initiated fifteen (15) activations this quarter, (which included twelve (12) graduations, the July 4th fireworks event, the dormatory move-in weekend, and the Mean Green Fling). There were also five (5) table-top exercises and forty-nine (49) training sessions conducted this quarter, consisting of thirteen (13) tabling outreach events, ten (10) Stop the Bleed Training, seven (7) Emergency Readiness, seven (7) fire drills, five (5) EOC Tours/Classes, three (3) First Aid Training, and one (1) each of Safety Coordinator, Cardiopulmonary Resuscitation (CPR), Automated External Defibrillator (AED/Hands Only), and Evacuation Chair, training.

H. Individual Conflict of Interest::
University Compliance and Ethics is in communication with a peer institution to obtain some program ideas that may be effectively used to evaluate and manage individual conflict of interest opportunities at UNT.

A. Lab Inspections & Follow-up:
Risk Management Services continues to transfer documentation and operational portions of its lab inspection program into the newly acquired Risk Management Information System (RMIS). A new Biosafety Officer started on July1st and has already improved internal documentation and is developing relationships with our biological science faculty. New initiatives have also been undertaken to improve the emergency eyewash program. The laboratory door signage project that was undertaken to improve emergency contact and hazardous communication is completed.

B. Business Continuity:
There were nine (9) formal departmental plan consultations completed during the 4th quarter at the UNT New College at Frisco; UNT Police; Facilities; Student Financial Aid and Scholarships; Registrar's Office; Auxiliary Services (Housing); Academics; Institutional Records Management; and, Risk Management Services (RMS). University Compliance and Ethics continues to attend regular meetings with RMS and other System and UNT risk partners to assist in identifying opportunities to enhance this operations.

C. Waste Water Management:
UNT staff continues the increased sampling of applicable outfalls. All sampling is analyzed using a third-party EPA-accredited laboratory. No findings or abnormal results were obtained for applicable metals or other permitted pollutants. Facilities has also outlined a partial maintenance plan for the mercury scrubber portion of the pre-treatment system at the Chemistry building. Continued data collection is suggested and additional improvement of Facilities pre-treatment maintenance documentation is required before risk removal is considered.

D. Radiation Safety:
A thorough unannounced inspection of the UNT x-ray program was conducted by the Texas Department of State Health Services. Only three minor findings were noted, all relating to historical documentation. No response to the state was required and the quality of the the program was deemed to be high. RMS is planning to have a third-party review this program in early FY19. The results of this review will determine whether continued monitoring and reporting should occur.

Continue monitoring and reporting to the Board.

Risk reduction effort appears immediately below the arrow directly under the risk.

Highest risks appear on the right side of the red arrow.

UNT Annual Compliance Report

Section III. Compliance Related and Ethics Training

University Compliance and Ethics continues to coordinate with HR to ensure that UNT employees complete Compliance Awareness Training (CAT) and then successfully access, complete, and print their completion certifications. The plan is for all UNT employees to complete CAT no later than the end of the calendar year depending on University Compliance and Ethics' ability to gather accurate completion data.

Section IV. Confidential and Other Complaint/Concern Reporting

UNT maintains a web-based Compliance Hotline reporting system that allows anonymous and confidential reporting as required by the U.S. Sentencing Guidelines. The Office of University Compliance and Ethics also receives complaints by telephone, email, appointment, and walk-ins.

- An analysis of the **four (4) reports (4 hotline)** received during the **fourth quarter** by UNT revealed the following breakdown of complaints:

    - There were **two (2) hotline reports** received with no information provided. There were no follow-up reports received and these reports were closed.

    - There was **one (1) hotline report** received pertaining to an alleged *inappropriate handling of student information (FERPA) matter.* University Compliance and Ethics addressed this issue with the department.

    - There was **one (1) hotline report** received *raising a concern about cash handling procedures* in a particular unit. The Executive Director of Asset Protection addressed this issue.

There were a total of **twelve (12) reports** received by UNT during *fiscal year 2018* as compared to **six (6) reports** received during *fiscal year 2017*, as compared to **twenty (20)** *reports* received in *fiscal year 2016* and **twenty (20) reports** received in *fiscal year 2015*, with *fiscal year 2018* summarized below:

UNT Annual Compliance Report
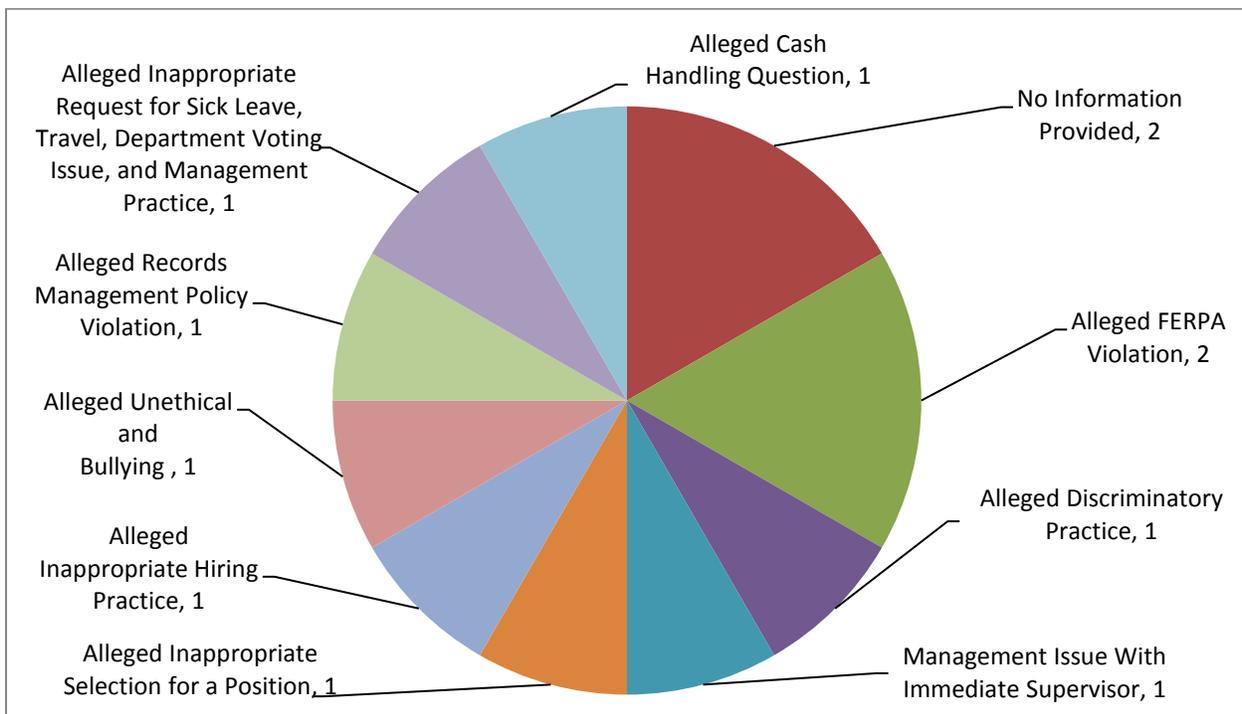
Office of Institutional Compliance and Integrity

Quarterly Report to the Audit Committee

Board of Regents of the University of North Texas System

November 15-16, 2018

Submitted by:

Desiree K. Ramirez, CCEP, CHC
Chief Compliance and Integrity Officer

UNTHSC Annual Compliance Report

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UNTHSC Annual Compliance Report

I.   Introduction

"…a culture of compliance goes beyond once-a-year mandated training, it embeds compliance into everyday workflow and sets the foundation and expectations for individual behavior across an organization". Thomas Reuters

The mission of the Office of Institutional Compliance and Integrity is to build and maintain a culture of compliance that encourages employees, students, its agents and vendors to conduct UNTHSC's education, research, and clinical activities with the highest standards of honesty and integrity and supports the Code of Ethics and Standards of Conduct, policies and procedures as set forth by UNTHSC. However, a positive culture of compliance includes strategic vision and relates to larger strategic goals. In their State of Compliance 2016 report, PriceWaterhouseCoopers (PwC) focused on the connection of compliance to business strategy which lays the strategic foundation for a culture of compliance and ethics. They stated that without strong alignment of compliance to business strategy, it is difficult to efficiently integrate compliance into business processes and to assess the effectiveness of compliance efforts against strategic objectives. Compliance cannot be viewed separately but should be part of an overall approach to improve the institution's competitive advantage within higher education. Integrating compliance into the business strategy has the potential to create increased levels of productivity and employee retention, reduce cost and risk and improve brand reputation.

The effectiveness of compliance must be a part of everyone's responsibility. This should not generate additional bureaucracy but rather a successful process that integrates into the institution's standard operations. Over the next several months, the Office of Institutional Compliance and Integrity will work to synergize the compliance programs goals with the UNTHSC strategy around People, Programs and Strengths, with a major focus on the alignment of policies and procedures. Our goal is for the compliance program to help drive efficiency, integration and coordination throughout the institution to better serve organizational objectives.

II.   Policies and Procedures

The Office of Compliance and Integrity (referred throughout the report as the *Office of Compliance*) successfully implemented Phase I of PolicyTech, which will allow all users, internally and externally, to access UNTHSC policies through keyword search. The feedback throughout the institution has been positive with users able to find not only the policies they need but related information within the policy management system. Phase II is to work with policy writers and reviewers to access the system to submit revisions and changes and allow the Policy Committee and the Office of the General Counsel a centralized location to evaluate the policies before approval by the President. PolicyTech will also include a template for a communication plan for policies that require additional education. We are also working with the vendor to create a section to allow for comments for faculty and other institutional policies.

The Office of Compliance has engaged with **Rethink Compliance** to redesign our Code of Conduct("Code") and create a document that is a natural extension of UNTHSC's policies values, history, and business strategies. The redesigned Code does not replace current employee and student policies regarding code of conduct, but rather marries policy with institutional expectations and behaviors. The plans for the redesigned code are to organize around an overall theme/message by putting forward a documents that ties acting with integrity to institutional and/or academic success; creating practical, relevant guidance in an efficient yet brief manner and focuses on specific actions and behaviors that employees should take or avoid and using visuals for maximum effectiveness. By creating a "breathable" document, employees of UNTHSC will move from a culture of *doing things right* to *doing the right things.*

UNTHSC Annual Compliance Report

III.   Chief Compliance Officer/Compliance Staff

The Chief Compliance and Integrity Officer has been in the role for over eighteen months and recently received a performance evaluation from the UNTHSC President in August. The following performance goals and metrics were set for FY2019:

Individual Goal: Collaboration with the Office of the Provost, OGC and the Policy Committee to relaunch all new policies
Measurement: Reduction of total number of policies, improved quality of policies and re-alignment of (faculty) by-laws to institutional policy.

Individual Goal: Create a cross UNT System methodology for Compliance Program Effectiveness and Metrics
Measurement: Development of the methodology and successful implementation enterprise wide

Team Goal: Create and implement HSC Code of Conduct
Measurement: Successful implementation and utilization of the UNTHSC Code of Conduct

The Office of Compliance will complete its current organizational structure in October with the hire of the Deputy Compliance Officer and the Training Coordinator.

A HIPAA Team has been established within the Office of Compliance to address matters of privacy, protected health information (PHI) and Notice of Privacy Practices (NPP). Members of the staff will attend the Healthcare Compliance Association's Privacy Academy which focuses on HIPAA privacy, general compliance, the Federal Privacy Act, and other privacy-related topics.

IV.   Education and Training

In May, the Office of Compliance reported that they would contract with Compliance Interactive, a Red Flag Group component. Although Compliance Interactive is an innovative product in the delivery of compliance education, it was unable to meet the needs of a higher education institution and did not provide an effective Learning Management System (LMS) to accommodate our additional educational requirements. Through robust research, UNTHSC has contracted with Bridge by Instructure and Everfi to provide our LMS and compliance education content. Bridge is a component of Canvas which is already utilized by our students for their coursework. We have separated Bridge so that it will not confuse or conflict with the student and employee experience, however it does allow the student to transition to Bridge while in Canvas to complete their compliance requirements. Bridge also gives access to LinkedIn Learning (formerly Lynda.com) to allow users to enhance their knowledge as well as allow managers and supervisors the ability to assign content to improve performance.

Everfi is focused on higher education compliance training. This will be particularly important in the assignment of harassment training as it gives a different perspective in training from student view in comparison to the faculty/staff view of required education for harassment/sexual misconduct.

We will launch the LMS and training in November. Currently all students and employees continue to meet their required education and training.

UNTHSC Annual Compliance Report

V.   Trust Line Reporting

The improved reporting line, Trust Line, was implemented in late April. The purpose of the Trust Line is to allow students, employees, and community members an avenue to voice their concerns and report potential misconduct through a third party anonymous line that promotes confidentiality and trust. The Office of Compliance has posters throughout the campus in English and Spanish with information on how to inquire and/or report; the posters as well as wallet cards include a Quick Response (QR) code that allow the user to access the website using their mobile device through the confidential third party. The Trust Line received 21 inquiries/case types. Below is a graph depicting the case types and process status. Although efforts have been made to distinguish the Trust Line from the Patient Experience (UNT Health) line, patients still call the Trust Line for issues concerning appointments and medication; these calls are depicted within various categories based on intake from the third party. UNT Health is making efforts to educate the patient and its front desk staff to call the appropriate line and maintain the integrity of the Trust Line inquiries.

UNTHSC
Trust Line Reporting
May 1-Sep 30
2018

Case Type	Count
Workers Compensation or Disability Benefits Abuses	1
Patient Care	2
Other Medical Research or Patient Matters	3
Other Human Resource Matters	1
Other Financial Matters	1
Other Academic Affairs Matters	2
Other	1
Offensive or Inappropriate Communication	3
Misuse of Resources	1
Insurance Issues	1
HIPAA	1
Conflict of Interest	1
Concern	1
Cheating / Plagiarism	2

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UNTHSC
Trust Line Process Status
May 1-Sep 30

5

16

■ Closed ■ In Process
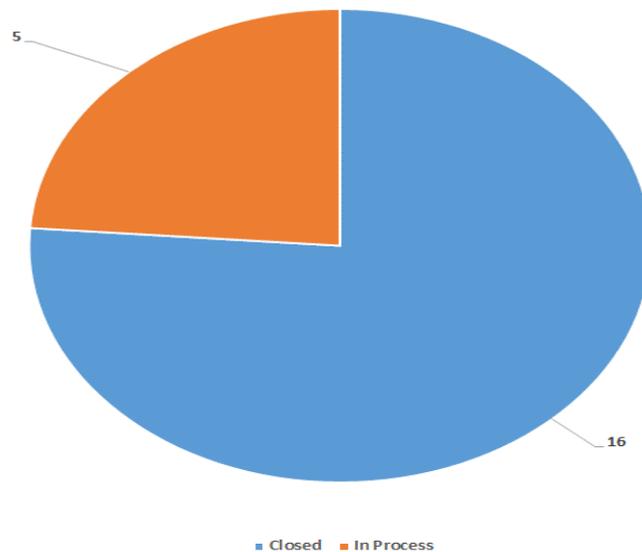
VI.   Enforcing Standards/Disciplinary Guidelines and Corrective Action

UNTHSC performance evaluations include completion of compliance requirements as part of employee performance. Managers and supervisors are informed when employees are delinquent or incomplete of their compliance requirements. The new Learning Management System (LMS) will allow managers and supervisors to periodically track the progress of the staff in the completion of their compliance requirements. This allows for early intervention so that employees have an opportunity to self-correct prior to the performance evaluation period. Subsequently, all staff and students agree to adhere to the standards and conduct as a set forth within the UNT Regents Rules and UNTHSC policies. Violation of policy results in corrective action. All UNTHSC investigations that have resulted in a corrective action are discussed with the manager and Human Resources to determine disciplinary action. Any potential criminal misconduct is reported to the UNTHSC President and the Office of the General Counsel for legal advice and if needed, attorney-client privilege. Issues reported to Trust Line and investigated from May1-Sep 30 have not resulted in criminal misconduct to date.

VII.   Auditing and Monitoring

The Office of Compliance conducts physician documentation audits for UNT Health. Routine audits are done twice per year with periodic monitoring quarterly for providers who score below the industry standard. Focused audits on OIG Workplan issues and as well as issues found during routine audits are also conducted. Quarter 2 results for UNT Health did not meet the required 95% for the total practice. However, individual providers and departments have performed at 85% or better. Physicians are provided with a report which is discussed and they agree with the findings, agree with changes or disagree. To assist with increasing documentation accuracy rates, the medical auditor will be "shadowing" physicians (with the permission of the patient) to give real-time feedback on their examination and translation to documentation. Additionally, the Office of Compliance has initiated the "5% Club". This is a program recognizes providers at UNT Health who have maintained a **95% or greater accuracy rate (5% or less error rate)** in their documentation. Our hope is that this inspires their colleagues who are not quite at 95% to seek out counsel in their peers as well as the Office of Compliance to do what is in the best interests of our patients, set an example to our students and be good stewards of the institution's revenue streams.

UNTHSC Annual Compliance Report

VIII. Compliance Risk Assessment and Workplan Progress

Established in 1985, the goal of the Committee of Sponsoring Organizations of the Treadway Commission (COSO) is to provide thought leadership dealing with three interrelated subjects: enterprise risk management (ERM), internal control, and fraud deterrence. Utilizing the COSO frameworks, the Office of Compliance has developed a tool that integrates Strategy and Performance, in considering risk and internal controls. The framework combines the COSO Internal Control Integrated Framework (*to enhance the likelihood of achieving the entity's objectives and adapt to changes in the business and operating environments*) with the more recent Enterprise Risk Management—Integrating with Strategy and Performance framework. The latter was developed in 2004 and updated in 2017 to highlight the importance of considering risk in both the strategy-setting process and in driving performance. This tool will assist the Office of Compliance in assessing the control environment, risk, and control activities of each reported risk area, in addition to the assessment of departmental strategies in mitigating the risk. Progress on the identified risk will be reported during subsequent meetings.

IX. Conclusion

Office of Institutional Compliance and Integrity continues to adhere to the components of Regent Rule 2.1000- Compliance and Integrity Program, as well as the established guidance in the UNTHSC Compliance Charter. The Office of Compliance will continue to integrate the strategy of UNTHSC focused on People, Programs and Strengths. One of the keys to moving the organization forward in strength is the revision and streamlining of governance, particularly in policies and procedures. Policies and procedures are an essential part of any institution and provide a roadmap for day-to-day operations. They ensure compliance with laws and regulations, give guidance for decision-making, and streamline internal processes. However, not having the right policies and procedures can also restrict innovation and flexibility. Too many policies accompanied by burdensome procedures can become the enemy to progress and moving the institution forward.

Policies need to be regularly evaluated to determine if they are necessary and appropriate. Additionally, policies must be distinguishable between those that protect the institution (sexual harassment, anti-discrimination, confidentiality, health and safety, etc.) and those that are operational. Understanding the difference assist in determining what policies are unnecessary and/or inappropriate to govern the institution. Policies should incorporate accountability, fairness and transparency to assist institution in making better decisions to determine where it wants to go and what it wants to accomplish as an organization; thus creating an inclusive business strategy.

As always, the Office of Institutional Compliance and Integrity thanks the Board of Regents, UNTHSC and System leadership as well as the students and employees of UNTHSC for their continued support of the compliance program initiatives as we do our part in **Transforming lives, everyday**.

UNTHSC Annual Compliance Report

UNT | DALLAS

Section I. Organizational Actions

On August 1, 2018, Clay Simmons became the Chief Compliance Officer for the University of North Texas (the flagship campus), relieving Steve Hill of his compliance duties as they pertain to the flagship campus. Steve Hill is still performing the duties of Compliance Officer for System Administration and UNT Dallas.

UNT Dallas and System Compliance collaborated with its UNT compliance partners to implement the new hotline (referred to as the "Trust Line") which will become effective on September 1, 2018. UNT Dallas and System Compliance is also collaborating with its UNT compliance partners to develop "Trust Line" advertising as soon as possible.

Section II. Compliance Risks

The following information represents the status of the University of North Texas at Dallas' fiscal year 2018 Compliance Risks and management's efforts to implement adequate controls for the risks indicated, each risk's impact (severity) and probability (frequency) valuation, and the on-going risk mitigation strategy for each risk. The following information is provided to enhance the UNT System Board of Regent's ability to meet its compliance oversight responsibilities.

Chart #7: Reflects UNT Dallas' "Compliance" (Statutory) Risks. This chart reflects the impact and probability of each risk and the on-going risk reduction effort that has been adopted to manage each risk.

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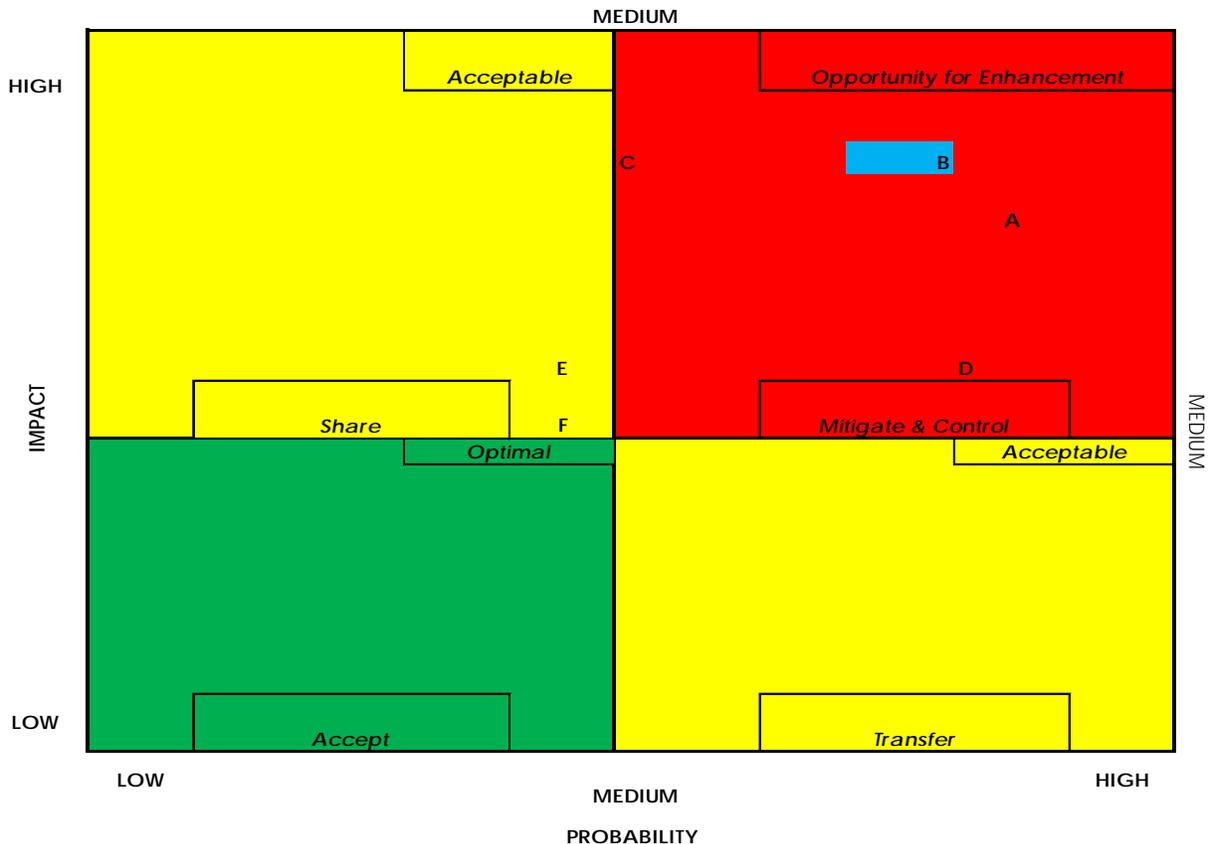
Reference	Reference	Impact	Probability	Impact	Probability
A	Protecting Minors Participating in UNT Dallas Related Activities	H	H	H	H
B	Electronic Information Mis-Handling	H	H	H	H
C	Grants Management	H	M	H	M
D	Required Compliance Related Training	M	H	M	H
E	Emergency Planning, Preparedness, and Business Continuity	M	M	M	M
F	Records Management and Retention	M	M	M	M

Highest risks appear in the top right corner of the chart.

Blue background indicates a risk that may be monitored permanently based on the nature of the risk, even with adequate controls in place.

Figure # 7.

Mitigate & Control (Lessens risk, sets standards, measures performance, and takes corrective action)	Requires quarterly compliance reviews by System and/or Institutional Compliance and reporting to the Board.
Share (Adequate controls in place, continued monitoring and reporting is required)	Requires quarterly monitoring and reporting.
Transfer (Adequate controls in place, but not a controlled risk)	Transfer of monitoring responsibility from System and/or Institutional Compliance to campus management.
Accept	It appears that all actions have been taken to resolve this risk, with monitoring and reporting reduced from quarterly to annually or every two years depending on the nature of the risk.

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Chart # 8: Reflects the same UNT Dallas "Compliance" (Statutory) risks as the previous chart, but reflects the status of management's efforts to appropriately address each risk along with a summary of the specific on-going risk reduction effort still required.

The three categories reflected in the arrow chart below are defined as:

Opportunity for Enhancement indicates there are opportunities to enhance the controls in place for risks in this category, which will continue the quarterly compliance monitoring and reporting process.

Acceptable presents two options, both options indicate that adequate controls are in place, however, **Share** recommends that quarterly compliance monitoring and reporting continue and **Transfer** recommends that quarterly compliance monitoring could be transferred to management for completion.

Optimal indicates that this risk may now be considered a Controlled risk, which means that all controls appear to be in place for this risk and monitoring could be reduced from quarterly to annually or every two years, depending on the nature of the risk to ensure that adequate controls remain in place.
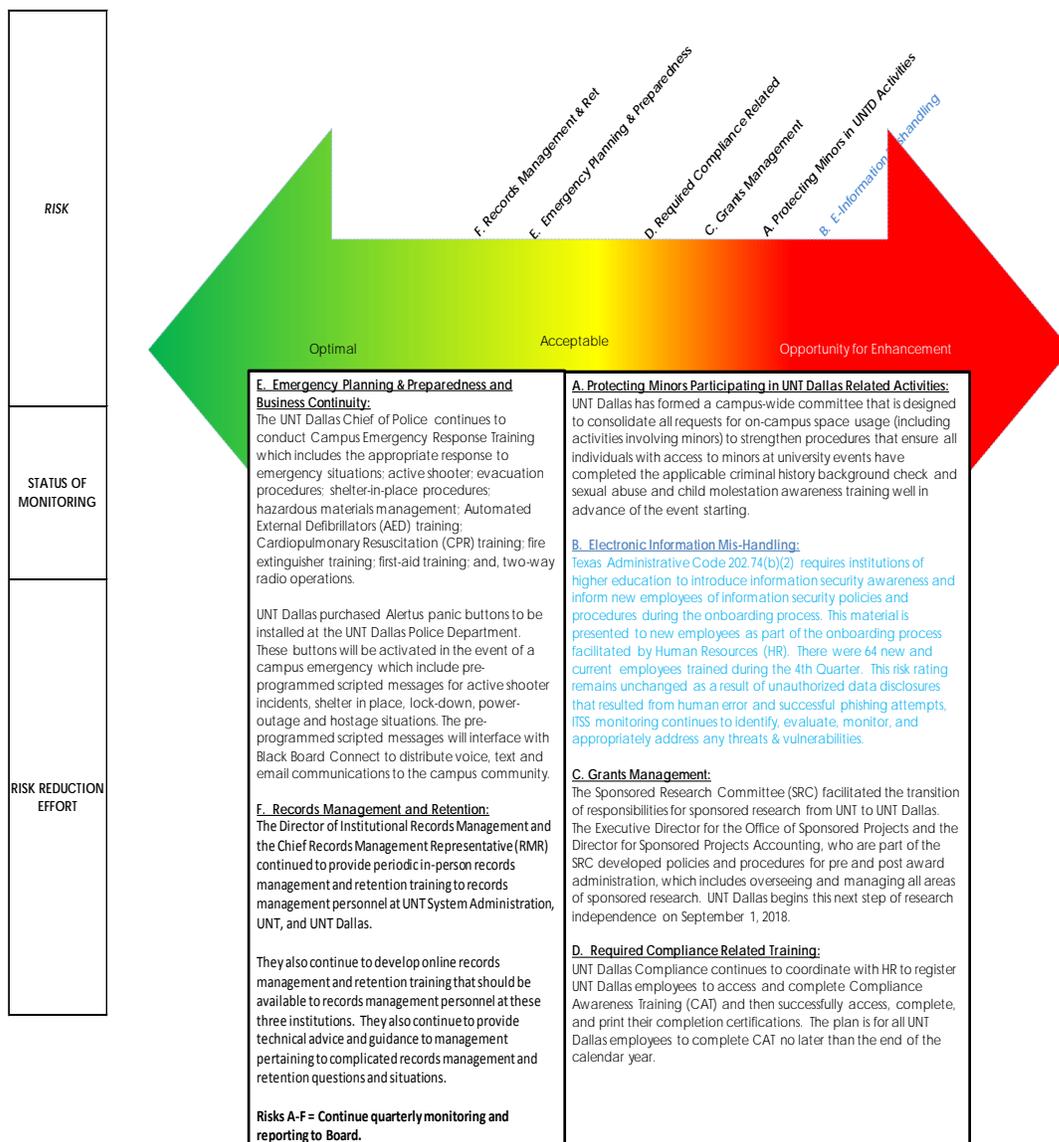

RISK

STATUS OF MONITORING

RISK REDUCTION EFFORT

Labels on arrow: F. Records Management & Ret / E. Emergency Planning & Preparedness / D. Required Compliance Related / C. Grants Management / A. Protecting Minors in UNTD Activities / B. E-Information Mishandling

Optimal — Acceptable — Opportunity for Enhancement

E. Emergency Planning & Preparedness and Business Continuity:
The UNT Dallas Chief of Police continues to conduct Campus Emergency Response Training which includes the appropriate response to emergency situations; active shooter; evacuation procedures; shelter-in-place procedures; hazardous materials management; Automated External Defibrillators (AED) training; Cardiopulmonary Resuscitation (CPR) training; fire extinguisher training; first-aid training; and, two-way radio operations.

UNT Dallas purchased Alertus panic buttons to be installed at the UNT Dallas Police Department. These buttons will be activated in the event of a campus emergency which include pre-programmed scripted messages for active shooter incidents, shelter in place, lock-down, power-outage and hostage situations. The pre-programmed scripted messages will interface with Black Board Connect to distribute voice, text and email communications to the campus community.

F. Records Management and Retention:
The Director of Institutional Records Management and the Chief Records Management Representative (RMR) continued to provide periodic in-person records management and retention training to records management personnel at UNT System Administration, UNT, and UNT Dallas.

They also continue to develop online records management and retention training that should be available to records management personnel at these three institutions. They also continue to provide technical advice and guidance to management pertaining to complicated records management and retention questions and situations.

Risks A-F = Continue quarterly monitoring and reporting to Board.

A. Protecting Minors Participating in UNT Dallas Related Activities:
UNT Dallas has formed a campus-wide committee that is designed to consolidate all requests for on-campus space usage (including activities involving minors) to strengthen procedures that ensure all individuals with access to minors at university events have completed the applicable criminal history background check and sexual abuse and child molestation awareness training well in advance of the event starting.

B. Electronic Information Mis-Handling:
Texas Administrative Code 202.74(b)(2) requires institutions of higher education to introduce information security awareness and inform new employees of information security policies and procedures during the onboarding process. This material is presented to new employees as part of the onboarding process facilitated by Human Resources (HR). There were 64 new and current employees trained during the 4th Quarter. This risk rating remains unchanged as a result of unauthorized data disclosures that resulted from human error and successful phishing attempts, ITSS monitoring continues to identify, evaluate, monitor, and appropriately address any threats & vulnerabilities.

C. Grants Management:
The Sponsored Research Committee (SRC) facilitated the transition of responsibilities for sponsored research from UNT to UNT Dallas. The Executive Director for the Office of Sponsored Projects and the Director for Sponsored Projects Accounting, who are part of the SRC developed policies and procedures for pre and post award administration, which includes overseeing and managing all areas of sponsored research. UNT Dallas begins this next step of research independence on September 1, 2018.

D. Required Compliance Related Training:
UNT Dallas Compliance continues to coordinate with HR to register UNT Dallas employees to access and complete Compliance Awareness Training (CAT) and then successfully access, complete, and print their completion certifications. The plan is for all UNT Dallas employees to complete CAT no later than the end of the calendar year.

UNT Dallas Annual Compliance Report

Risk reduction effort appears immediately below the arrow directly under the risk.

Highest risks appear on the right side of the red arrow.

Blue lettering indicates a risk that may be monitored permanently based on the nature of the risk, even with adequate controls in place.

Section III. Compliance Related and Ethics Training

UNT Dallas Compliance continues to coordinate with HR to register UNT Dallas employees to access and complete Compliance Awareness Training (CAT) and then successfully access, complete, and print their completion certifications. The plan is for all UNT Dallas employees to complete CAT no later than the end of the calendar year.

Section IV. Confidential and Other Complaint/Concern Reporting for UNT Dallas

UNT Dallas maintains a web-based Compliance Hotline reporting system that allows anonymous and confidential reporting as required by the U.S. Sentencing Guidelines. UNT Dallas Institutional Compliance also receives complaints by telephone, email, appointment, and walk-ins.

- There were no reports received during the **fourth quarter** by UNT Dallas.

- There was a total of *one (1) report* received by UNT Dallas (via the UNT System Hotline) during *fiscal year 2018* as compared to **four (4) reports** received during *fiscal year 2017*, as compared to the **ten (10) reports** received in *fiscal year 2016* and **three (3) reports** received in fiscal year 2015, with fiscal year 2018 summarized below:

Alleged Supervisor Misconduct, Harassment, and Possible Discrimination

UNT Dallas Annual Compliance Report