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| **Corrective Action Plan** |
| **Function:** |        | **Office/Unit:** |        |
| **Responsible Individual:** |        | **Telephone:** |        |
| **Weakness to be Corrected (From Internal Control Review or Vulnerability Assessment):** |
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| **Action(s) to be taken and Target Date for Completion of Each Action**(If no action is recommended due to the weakness being immaterial, the cost exceeding the benefits of correcting the weakness, or other reason, please explain. |
| **Action** | **Target Date** |
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| **Schedule of Progress Report(s) and Office/Individual to whom reports are to be submitted** |
|       |
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|   |
| Completed by: | Name: |        | Date:       |
|   | Title: |        | Office:       |
| Approved by: | Name: |        | Date:       |
|   | Title: |        | Office:       |