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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: | |