



**Request Date:**

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**Contact Information**

Division/Department:

Contact Person:

Email Address:

Telephone Number:

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**Type of Engagement Requested**

- |              |                                                                                                    |
|--------------|----------------------------------------------------------------------------------------------------|
| Audit        | Operational (Effectiveness/Efficiency)                                                             |
| Consultation | Control (Evaluation of control procedures, which detect and prevent errors and irregularities)     |
| Review       | Compliance                                                                                         |
|              | Special (i.e., telephone, travel, etc.), please specify:                                           |
|              | Information System (i.e., vulnerability assessment, new product evaluation, troubleshooting, etc.) |

**Reason for Request**

- Change in Department Management
- Recent discoveries of misuse of resources, property theft, and/or non-compliance
- Significant time lapse between audits (5+ years)
- Information system failure or outage
- Other, please specify:

**Degree of Urgency**

- Immediate attention required
- As soon as possible (to be prioritized by AAS management)
- Include in audit planning for fiscal year beginning July 1,

**Please describe the issue.**

**Please provide a summary objective.**

**Related policies and regulations:**