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| --- | --- |
| **Agency Information** | **Contact Information** |
| **Agency Name** |  | **Name** |  |
| **Agency Acronym** |  | **Title** |  |
| **Agency Number** |  | **E-mail** |  |
| **Date of submission** |  | **Phone** |  |

| **Item #** | **Archer App ID** | **IT System****Name** | **Planned** **Auditor** | **Date Last Audited****(MM/YY)** | **Scheduled Audit Completion Date****(Minimum once every 3 years)** | **Areas for Special Emphasis and Additional Audit Requirements** |
| --- | --- | --- | --- | --- | --- | --- |
| **20## (MM/YY)** | **20## (MM/YY)** | **20## (MM/YY)** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |

\* If new system please indicate implementation date in the **Areas for Special Emphasis and Additional Audit Requirements column.**

NOTE: Agency Audit Plans should be submitted to Commonwealth Security by June 1 of each year.