THE UNIVERSITY OF TEXAS
PERMIAN BASIN

ANNUAL INTERNAL AUDIT REPORT

**For the Fiscal Year Ended
August 31, 2021**

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I. Compliance with Texas Government Code, Section 2102.015: Posting the Internal Audit Plan, Internal Audit Annual Report, and other audit information on internet website

In accordance with the provisions of Texas Government Code, Section 2102.015, UT Permian Basin will post on its website the Annual Internal Audit Report for fiscal year 2021 and the approved Audit Plan for fiscal year 2022. The website address is https://www.utpb.edu/university-offices/internal-audit/index.

Additional required information will be posted to this website, such as: a detailed summary of the weaknesses, deficiencies, wrongdoings, or other concerns, if any, raised by the audit plan or annual report; and a summary of the action taken by the agency to address concerns, if any, that are raised by the audit plan or annual report.

II. Internal Audit Plan for Fiscal Year 2021

Senate Bill 20 (84th Legislative Session) made several modifications and additions to Texas Government Code (TGC) and Texas Education Code (TEC) related to purchasing and contracting. Effective September 1, 2015, TEC §51.9337 requires that, "*The chief auditor of an institution of higher education shall annually assess whether the institution has adopted the rules and policies required by this section and shall submit a report of findings to the state auditor*."

The UT Permian Basin Office of Internal Audit conducted this required assessment for fiscal year 2021, which also fulfills the requirement of TGC §2102.005(b), and found the following:

> "…based on our review of current institutional policy and the UT System Board of Regents' *Rules and Regulations*, UT Permian Basin has generally adopted, with no exceptions noted, all of the rules and policies required by TEC §51.9337. Review and revision of institutional and System policy is an ongoing process. These rules and policies will continue to be assessed annually to ensure continued compliance with TEC 51.9337."

An audit on benefits proportionality covering fiscal years 2017–2019 was required by Rider 8 of the General Appropriations Act (86th Legislature). Since a prior audit covering fiscal year 2017 was performed in 2018, we audited fiscal years 2018 and 2019. That audit was completed and issued December 17, 2020. We concluded that: for 2018, proportional benefits by fund were accurately calculated and applied according to established guidelines; for 2019, combined errors in the APS 011 worksheet calculations led to a net overpayment $418,142.24 to the GR Fund 0001.

FY 2021 Audit Plan	Status at 8/31/2021	Report/Memo Date
Risk-Based Audits		
Research Pre- and Post-Award Procedures and Controls	In progress	
Workflow Processes and Controls	Moved to 2022	
Revenue Reporting – Third Party Applications	Cancelled	
Contract Bidding and Award Process	In progress	
Cash Collection and Deposit Procedures	Completed	03/29/2021
TAC 202 System Security – IS Governance and Oversight	Completed	12/14/2020
Athletics Eligibility – *carryover from prior year*	Completed	10/12/2020
Benefits Proportionality 2018-2019 – *carryover from prior year*	Completed	12/17/2020
Required Audits		
TEC 51.9337 - Procurement Compliance Assessment	Completed	06/14/2021
Consulting		
Course Fee Review	In progress	
CARES Act/HEERF 1-2	In progress	
Training provided by Internal Audit	Ongoing	
Meetings with management	Ongoing	
Compliance	Ongoing	
Other committees	Ongoing	
Investigations		
21-01	Completed	NA
21-02	Completed	01/14/2021
21-03	Completed	NA
21-04	Completed	10/26/2020
21-05	Completed	NA
21-06	In progress	
21-07	Completed	08/27/2021
Follow Up		
General follow-Up	Ongoing	
Development - Operations		
Annual Risk Assessment and Audit Plan	Completed	07/14/2021
Annual Internal Audit Report - FY 2020	Completed	10/26/2020
Internal Quality Assessment	Completed	09/16/2020
Internal Audit Committee	Ongoing	
TeamMate, IT issues, website maintenance	Ongoing	
Other required work - UT System	Ongoing	
Outside audit coordination/tracking	Ongoing	

Audit-related staff meetings/discussions	Ongoing	
Development - Initiatives & Education		
Professional organizations	Ongoing	
Continuing professional education	Ongoing	
Other training	Ongoing	

Due primarily to having one vacant position (out of three total) for most of the fiscal year, not all of the budgeted audits were completed. One risk-based audit was re-budgeted for FY 2022; one was cancelled; and another two were in progress at fiscal year-end.

The results of all audits, as well as status updates of the Audit Plan, are communicated to the UT Permian Basin Audit Committee on a quarterly basis.

III. Consulting Services and Non-Audit Services

Project Name	Report Date	Overall Objective	Observations/Results/Recommendations
No reports issued			

IV. External Quality Assurance Review (Peer Review)

An external quality assurance review was completed on 9/16/20, covering the fiscal years 2018, 2019 and 2020. The executive summary is included with this report in the Attachments.

V. Internal Audit Plan for Fiscal Year 2022

The approved Fiscal Year 2022 Audit Plan is presented as required by the State Auditor's Office guidelines: 1) The requirements of TEC §51.9337 and TGC §2102.005(b) will be fulfilled by the Procurement Compliance Assessment; 2) The requirements per Rider 8, page III-46 of the General Appropriations Act (87th Legislature) for an audit of benefits proportional for fiscal years 2019 – 2021 will be fulfilled by the audit of Benefits Proportionality for 2020 and 2021 (2019 has already been audited); 3) A list of risks ranked as critical or high that were identified, but have not been included in the Fiscal Year 2022 Audit Plan is presented; and 4) A brief description of the risk assessment methodology used to develop the Plan, including consideration of risks applicable to information technology, benefits proportionality, and contract processes and controls is included as well.

FY 2022 Audit Plan	Budgeted Hours
Assurance (Audit) Engagements	
Workflow/PO-1 Controls - HR	250
Export and Intellectual Property Procedures and Controls	250

Pro Cards	250
UTS 142.1 – Account Reconciliations and Segregation of Duties	250
Football Revenue Collection and Reporting	200
Disaster Recovery/Business Continuity Plans	250
Hiring Procedures and Controls for Faculty	280
Assurance Engagements Subtotal	**1730**
Required Engagements	
TEC 51.9337 Procurement Compliance Assessment	40
Annual Financial Report – FY 2021 (assistance only)	5
Annual Financial Report – Interim Procedures – FY 2022 (assistance only)	5
Benefits Proportionality – 2020 and 2021	270
NCAA Agreed Upon Procedures (assistance only)	20
Required Audits Subtotal	**340**
Advisory and Consulting Engagements	
Reserve for Consulting Engagements/General	200
HEERF Program Compliance	200
Meetings with Leadership	60
Committees	40
Training provided by Internal Audit	40
Advisory and Consulting Engagements Subtotal	**540**
Investigations	
Investigations Reserve/General	250
Investigations Subtotal	**250**
Follow-Up	
General follow-up	50
Follow-Up Subtotal	**50**
Reserve	
Special requested or unanticipated audits/projects	250
Reserve Subtotal	**250**
Development - Operations	
Annual Risk Assessment and Audit Plan	240
Annual Internal Audit Report	40
Quality control processes	60
Internal Audit Committee	300
IT issues	80
Other required work - UT System	40
TeamMate	60
Outside audit coordination/tracking	40

UT System - Council Meetings (non-CPE hours)	40
Audit staff meetings/discussions	100
Development - Operations Subtotal	**1000**
Development - Initiatives & Education	
Required Continuing Professional Education (CPE)	120
Other Training, including travel	80
Development - Initiatives & Education Subtotal	**200**
Total Budgeted Hours	**4360**

V. (continued) Identified High Risks Not Covered in FY 2022 Audit Plan

Area	Detailed Risk Description	Risk Score	Risk Mitigation Notes
Enrollment Management	Unable to significantly increase the number of students and graduates over the next several years in order to generate additional revenues and serve the educational needs of the regional workforce within the Permian Basin. Effects of diminished Covid-19 unknown for near future.	**Critical**	New VP-Enrollment Management and VP-Financial Aid are implementing strategies to maximize student enrollment growth.
Research and Sponsored Programs	Research efforts hampered by ineffective grant management/oversight.	**Critical**	Re-organization of office and new procedures have been implemented. Audit conducted on pre and post award process in FY 21.
Information Security	Undetected virus/ransomware/cyber attack may lead to compromised data and/or data loss.	**Critical**	Implemented Intrusion Detection System on network. Configuring Splunk to alert on anomalous activity on critical systems. Planning a red-team exercise with UT Austin in 9/21 that will provide recommendations on fixing any vectors that are exploited as part of the exercise.
Information Technology	Inventory of software applications is out of date or non-existent.	**Critical**	Improvements are in progress.
Strategic Analytics	Institutional data used to make programmatic and strategic decisions for the University is inaccurate or non-existent.	**Critical**	Recent establishment of the Office of Strategic Analytics that reports directly to the President. Currently engaged in data cleanup.
Research and Sponsored Programs	Pre-award, post-award, effort certification, and grant accounting processes are ineffective, or are bypassed, which may lead to non-compliance with federal and grant requirements on externally-funded grants.	**Critical**	Recent establishment of the Office of Strategic Analytics that reports directly to the President. Currently engaged in data cleanup.

Facilities Management	Limited funds and insufficient staffing leading to large amount of deferred maintenance and continued problems with facilities/equipment.	**Critical**	Contracting with third parties to perform some scheduled maintenance. Roofs have been replaced on all campus buildings. Establishing reserve account for future repair/maintenance.
Institutional Advancement	Reduction in donor trust if funds not spent for intended purpose, not spent at all due to lack of donor records, or Advancement is not notified.	**Critical**	Department is researching and cleaning up many gift accounts for which there are little or no records. University procedures have been updated to require that Advancement be notified of all donations.
Police	Lack of updated and fully functioning in-car video system results in increased liability to the University.	High	Funds being requested for FY 2022 to acquire equipment.
Business Affairs	State and institutional funding may be insufficient to meet growing demands of the University.	High	Budgetary savings realized from FY 21, along with small increase in student fees for FY 22. Outcome of State formula funding unknown at this time.
Information Security	Lack of internal network vulnerability management process.	High	Network access control (NAC) planned for devices attached to the network will reduce overall vulnerability.
Information Security	Lack of ongoing training and employee awareness may lead to compromise of end-user credentials or unauthorized access of critical data.	High	Annual training is required for all employees. Multi-factor authentication is required for both students and employees.
Information Technology	Over-reliance on manual business processes.	High	Improvement noted. Development is ongoing on additional automated processes.
Academic Affairs	Loss of accreditation or sanctions could result in loss of degree or certificate programs; impact enrollment and ability to attract new students; and also affect ability to secure new grants and other external funds.	High	Currently undergoing 10 year re-accreditation process by SACSOC.
College of Health Sciences and Human Performance	Not keeping current with technology and equipment maintenance in the Nursing Simulation Lab, which will result in degraded learning environment.	High	Acquisition of new equipment and technology upgrade in progress.
Facilities Management	Main electrical switchgear in Mesa Building needs replacement, as parts are no longer available. If switchgear goes down, classrooms and IT networking equipment now located in the building will be severely impacted as generators are insufficient to power the entire building.	High	Contracting with third parties to perform some scheduled maintenance. Roofs have been replaced on all campus buildings. Establishing reserve account for future repair/maintenance.

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STEM Academy Charter School	Facilities and/or procedures are inadequate and do not promote student safety on a college campus.	High	Management oversight and ongoing monitoring.
STEM Academy Charter School	Reduction in state funding due to decrease in average daily attendance.	High	Management oversight and ongoing monitoring.
Enrollment Management	Notices of scholarship awards and financial aid packages are not transmitted in a timely manner.	High	New VP-Enrollment Management and VP-Financial Aid are implementing strategies to maximize student enrollment growth.
Enrollment Management	Student applications and acceptance letters are not processed in a timely manner.	High	New VP-Enrollment Management and VP-Financial Aid are implementing strategies to maximize student enrollment growth.
Enrollment Management	Administration of financial aid and awards does not conform to Federal, state and other requirements.	High	New VP-Enrollment Management and VP-Financial Aid are implementing strategies to maximize student enrollment growth.
Strategic Analytics	Inaccurate data collection and financial information resulting in inefficient reporting and financial misstatement.	High	Data cleanup is in progress and improving, sometimes using automated processes.
Purchasing	Failure to select qualified bidder.	High	Currently under audit in FY 2021.
Student Services	Operation of student counseling services are not consolidated and could increase the University's exposure to liability and professional sanctions.	High	Proposing re-organization and consolidation of campus counseling services.
Student Services	Minors on campus for camps or other scheduled activities could be hurt or injured due to insufficient oversight.	High	Protocols established by Student Affairs, as well as lab and equipment safety protocols.
Student Services	Lack of identity-based support programs negatively impacts students' mental health and well being.	High	Introduced multicultural counseling with licensed counselors. Proposed re-organization and consolidation of campus counseling services. Appointed Interim Chief Diversity Officer and hiring Director of Student Belonging and Inclusion.
Compliance	Established policies and procedures are disregarded, incidents not reported, and policies not updated as necessary.	High	Required training will be monitored and additional training provided, as necessary.
Athletics	Student athlete academic ineligibility and/or decline in graduation rates.	High	Implementation of ARMS software that will assist in tracking student progress and eligibility.

Athletics	NCAA rules are not adhered to regarding recruitment of student-athletes and involvement of boosters.	High	Provide additional education to student-athletes and boosters.
Human Resources	Unable to attract and retain faculty and staff due to compensation levels not being commensurate with local job market and cost of living factors.	High	Compensation levels restored to pre-COVID levels, effective 5/21. Merit increases to be implemented. Additional compensation increases to be considered in next FY.
Information Security	Not all 3rd party IT vendor contracts are vetted for UTS and University policy compliance.	High	Departments may obtain 3rd party services on the cloud. Unsure how often this is occurring.
Information Technology	ERP system not able to provide consistent data used for Federal, State, or System reporting requirements/integrity tools not reliable or available for critical data.	High	Inconsistent/inaccurate data input may cause reporting delays or inaccurate information/ERP system may not have fully configured field checking capabilities.
Purchasing	Contracts are not properly executed, monitored, or administered.	High	Currently under audit in FY 2021.
Purchasing	Purchases are not competitively bid according to UTPB, UT System and State of Texas requirements.	High	Currently under audit in FY 2021.
Purchasing	Sole source vendors are not appropriately justified according to UTPB, UT System and State of Texas requirements.	High	Currently under audit in FY 2021.
Information Security	Documented change management procedures are out of date or non-existent for critical systems.	High	While situation is improved, current change management and testing procedures are informal.
Compliance	Organizational structure and procedures do not encourage or facilitate proper identification, response and mitigation of issues in a timely manner.	High	Chief Compliance Officer is now Interim Diversity Officer. University engaged in evaluation and planning phase to determine how to specifically incorporate into the overall strategic plan.
Academic Affairs	The Handbook of Operating Procedures (HOP) is inconsistent and out of date, leading to weak oversight and lack of understanding of procedures.	High	Efforts are ongoing to update the HOP.
Athletics	Gender equity under Title IX is not maintained in programs, services, and support for student-athletes.	High	Athletics has indicated that they are attempting to increase funding for scholarships, budgets and travel expenses, including women's sports.

Athletics	Lack of funding to provide sufficient scholarships and other resources to remain competitive.	High	Athletics has indicated that they are attempting to increase funding for scholarships, budgets and travel expenses.
Information Technology	Inactive or terminated workers retain access to IT systems up to six months after separation.	High	Departments don't always notify HR on terminations and E-forms in progress to streamline the process.
Information Security	Critical university data may not be properly classified.	High	Access might be given to data that otherwise should be confidential or non-public. New database project is planned with new database manager.

V. (continued) Risk Assessment Methodology

The FY 2022 Audit Plan indicates planned internal audit activities that will be performed during the fiscal year. This Plan is prepared using a risk-based approach to ensure that areas and activities specific to UT Permian Basin are identified for consideration to be audited.

The goals for this risk assessment approach were to start at the top with an awareness of critical initiatives and objectives to ensure the risks assessed were the most relevant. An emphasis was placed on collaboration with other functions that assess, handle, or manage risk. Information Technology risks represent a broad, high-risk category in our risk assessment and includes specific information technology risks related to Title 1, Texas Administrative Code, Chapter 202. Information Security Standards (TAC 202). An audit of TAC 202 compliance was performed in 2021.

The latest compliance audit of Benefits Proportionality Funding was completed on December 17, 2020, which covered the fiscal years 2018-2019. This audit was required by Rider 8 of the General Appropriations Act (86th Legislature). Annually, risks associated with benefits proportionality are weighed and assessed as part of the annual risk assessment process, which is ultimately approved by the UT Permian Basin Audit Committee.

This risk assessment process also evaluates the risks associated with achieving the requirements of TEC §51.9337 and TGC §2102.005(b). This process is assisted by the annual Procurement Compliance review, which was completed on June 14, 2021. Additionally, a risk-based audit of the contract bidding and award process was included in the FY 2021 Audit Plan and was in progress at August 31, 2021 and subsequently completed on September 30, 2021.

The risk assessment approach is based on a top-down process that includes conversations with, and requests for input from executive management, deans, and department heads. Risk factors evaluated are probability of occurrence and impact to the achievement of the objective. An IT risk assessment was also prepared, of which the results were rolled into the overall UTPB risk assessment. This is a

collaborative process that includes the direct assistance of Information Security, Information Technology, and the Compliance Office.

The resulting Risk Assessment for 2022 was discussed with the Audit Committee at its July 24, 2021 meeting, and was subsequently approved as part of the 2022 Audit Plan.

An amended fiscal year 2021 Audit Plan was approved by the Audit Committee on July 24, 2021. A copy of the amended Plan is included in the Attachments.

VI. External Audit Services Procured in Fiscal Year 2021

UT Permian Basin contracted with the public accounting firm of Belt Harris Pechacek to perform the financial audit of the STEM charter school for the year ended August 31, 2020. While no other external audit services were procured by UT Permian Basin during Fiscal Year 2021, other engagements were performed by outside entities (contracted by UT System), and include the following for FY 2021:

- Deloitte Touche LLP, conducted audit procedures related to the FY 2020 Annual Systemwide Consolidated Financial Report, and interim procedures for the audit of the FY 2021 Systemwide Consolidated Annual Financial Report.

VII. Reporting Suspected Fraud and Abuse

The following actions have been taken by the University of Texas Permian Basin to implement the following requirements:

Fraud Reporting - Section 7.09, page IX-37, General Appropriations Act (86th Legislature), and Section 7.09, page IX-38, the General Appropriations Act (87th Legislature).

Sec 7.09 Fraud Reporting. A state agency or institution of higher education appropriated funds by this Act, shall use appropriated funds to assist with the detection and reporting of fraud involving state funds by:

(a) providing information on the home page of the entity's website on how to report suspected fraud, waste, and abuse involving state resources directly to the State Auditor's Office. This shall include, at a minimum, the State Auditor's Office fraud hotline information and a link to the State Auditor's Office website for fraud reporting; and
(b) including in the agency or institution's policies information on how to report suspected fraud involving state funds to the State Auditor's Office.

UT Permian Basin has a link for reporting fraud, waste, and abuse at the University's home page, www.utpb.edu, which provides a direct link to the State Auditor's fraud website and hotline.

Coordination of Investigations - Texas Government Code, Section 321.022.

Sec. 321.022. Coordination of Investigations.

(a) If the administrative head of a department or entity that is subject to audit by the state auditor has reasonable cause to believe that money received from the state by the department or entity may have been lost, misappropriated, or misused, or that other fraudulent or unlawful conduct has occurred in relation to the operation of the department or entity, the administrative head shall report the reason and basis for the belief to the state auditor. The state auditor may investigate the report or may monitor any investigation conducted by the department or entity.

(b) The state auditor, in consultation with state agencies and institutions, shall prescribe the form, content, and timing of a report required by this section.

(c) All records of a communication by or to the state auditor relating to a report to the state auditor under Subsection (a) are audit working papers of the state auditor.

UT Permian Basin complies with this requirement, as applicable, in conjunction with the UT System Policy UTS118, Statement of Operating Policy Pertaining to Dishonest or Fraudulent Activities, located at https://www.utsystem.edu/sites/policy-library/policies/uts-118-dishonest-or-fraudulent-activities.

September 16, 2020

Mr. Glenn Spencer, Chief Audit Executive
The University of Texas Permian Basin

In September 2020, The University of Texas Permian Basin (UT Permian Basin) internal audit (IA) function, the Office of Internal Audit (OIA), completed a self-assessment of internal audit activities in accordance with guidelines published by the Institute of Internal Auditors (IIA) for the performance of a quality assessment review (QAR). UT Permian Basin OIA engaged an independent review team consisting of internal audit professionals with extensive higher education and healthcare experience to perform an independent validation of OIA's QAR self-assessment. The primary objective of the validation was to verify the assertions made in the QAR report concerning IA's conformity to the IIA's *International Standards for the Professional Practice of Internal Auditing* (the IIA *Standards*) and Code of Ethics, Generally Accepted Government Auditing Standards (GAGAS), and the relevant requirements of the Texas Internal Auditing Act (TIAA).

The IIA's *Quality Assessment Manual* suggests a scale of three ratings, "generally conforms," "partially conforms," and "does not conform." "Generally conforms" is the top rating and means that an internal audit activity has a charter, policies, and processes that are judged to be in conformance with the *Standards.* "Partially conforms" means deficiencies in practice are noted that are judged to deviate from the *Standards*, but these deficiencies did not preclude the IA activity from performing its responsibilities in an acceptable manner. "Does not conform" means deficiencies are judged to be so significant as to seriously impair or preclude the IA activity from performing adequately in all or in significant areas of its responsibilities.

Based on our independent validation of the QAR performed by OIA, we agree with OIA's overall conclusion that the internal audit function **"Generally Conforms"** with the Institute of Internal Auditors' *International Standards for the Professional Practice of Internal Auditing* and Code of Ethics, as well as with OIA's conclusions regarding GAGAS and TIAA requirements. Our review noted strengths as well as opportunities for enhancing the internal audit function.

This information has been prepared pursuant to a client relationship exclusively with, and solely for the use and benefit of, The University of Texas System Administration and UT Permian Basin and is subject to the terms and conditions of our related contract. Baker Tilly disclaims any contractual or other responsibility to others based on its use and, accordingly, this information may not be relied upon by anyone other than The University of Texas System Administration and The University of Texas Permian Basin.

The review team appreciates the cooperation, time, and candid feedback of executive leadership, stakeholders, and OIA personnel.

Very truly yours,

Baker Tilly Virchow Krause, LLP

Audit Recommendation Status
FY 2021

Report Date/ Risk Rating	Audit Name / Finding Title	Recommendation	Original Implementation Date	Revised Implementation Date	Actual Implementation Date	Current Status 8/31/2021
12/4/2019	**User Roles and Permissions - PeopleSoft**					
High	*Insufficient procedures for granting user access roles and permissions*	The Chief Information Security Officer (CISO), in consultation with IRD and user departments, update the Information Security Policy, Section 11. User Account Management, to include: 1) Procedures for changing roles and permissions due to employee transfers; 2) Procedures for periodic review of user access roles and permissions for the purpose of ensuring the appropriateness of employees' access; and 3)The establishment of a second level of review and approval to ensure individuals are initially assigned the proper roles and permissions and to also ensure an appropriate level of segregation of duties.	12/31/2020	6/30/2021	6/28/2021	Implemented
High	*Inadequate segregation of duties*	IRD, in coordination with user departments, should determine the proper segregation of duties (SOD) mapping. Subsequently, IRD should contact SIS to establish roles and permissions in PeopleSoft based on SOD mapping and specific to UTPB. Both IRD and departments should maintain documentation on the use of compensating controls for any exceptions.	12/31/2020	6/30/2021	6/28/2021	Implemented
7/25/2019	**System Access for Terminated/Inactive Employees**					
High	*Inactivation of user accounts in PeopleSoft HCM*	A critical control is that terminated employees, especially those that have been involuntarily separated, do not have access to an organization's systems. Therefore, UTPB should develop and implement a user account inactivation policy, in coordination with IRD, HR, Business Affairs, and academic and administrative departments that includes the following features: A) Department management to notify both HR and IRD immediately of all employee terminations. Advance notice, when known, should be given by the department to both HR and IRD; B) All user accounts within PeopleSoft be inactivated by both IRD and HR within one business day after employee separation. This would also apply to external consultants and contractors; and C) In the case of involuntary termination, user account access will be revoked immediately at the moment of termination by both IRD and HR. This would apply to passwords, account user IDs, and all other access devices.	12/2019	12/31/2020	12/10/2020	Implemented
High	*Terminated employees continuing with PeopleSoft access*	IRD should develop an automated process with an interface from PeopleSoft HCM to Microsoft Active Directory to ensure that network accounts are automatically deactivated upon termination of position assignment in PeopleSoft HCM. During the course of our audit, IRD has initiated steps to automate this process.	12/2019		12/10/2020	Implemented

Report Date/ Risk Rating	Audit Name / Finding Title	Recommendation	Original Implementation Date	Revised Implementation Date	Actual Implementation Date	Current Status 8/31/2021
10/12/2020	**Athletics Eligibility**					
High	*Opportunities exist for improvement in the documentation of eligibility in student-athlete files*	The FAR and the Registrar should review and verify each athlete's eligibility as indicated in the Athletics Compliance Manual. Evidence of each athlete's verification should be documented in the student- athlete's file, along with documentation that Admissions, when applicable, has determined transferability of credits earned prior to enrollment at UT Permian Basin and transfer grade point average.	August 2021 for full implementation.	August 1, 2021 for full implementation of ARMS application to track student progress and eligibility.	9/27/2021	Implemented
5/17/2018	**John Ben Shepperd Public Leadership Institute**					
High	*Assets Not Recorded Nor Capitalized*	All assets of the Presidential Museum and Archives should be identified and catalogued in order to increase security against loss or theft, and to assist in developing an estimated value for the collection as a whole. As required by the Texas State Controller, UTPB should capitalize the museum and library archives, including the Bush Home, using the guidelines of Governmental Accounting Standards Board Statement No. 34 (GASB 34). All donations of works of art or historical treasures should be recognized as revenue according to Governmental Accounting Standards Board Statement No. 33 (GASB 33).	8/31/2019	6/22/2021		In progress
12/17/2020	**Benefits Proportionality**					
Medium	*2019 APS 011 worksheet errors*	UTPB should initiate the appropriate adjusting transfer between the GR and GR-Dedicated Funds for FY 2019. For future APS 011 worksheet calculations, a secondary review should be made of key formulas and calculations that support the annual APS 011 report prior to its filing with the State Comptroller.	1/31/2021		6/30/2021	Implemented

FY 2021 Audit Plan UTPB Q4 Audit Plan Status - through 08/31/2021	Original Budget	Additions/ Deletions	Revised Budget
Assurance (Audit) Engagements			
Research Pre- and Post-Award Procedures and Controls	350	(150)	200
Workflow Process and Controls	300	(300)	0
Revenue Reporting - Third Party Applications	300	(300)	0
Contract Bidding and Award Process	350		350
Cash Collection and Deposit Procedures	200		200
TAC 202 System Security - IS Governance and Oversight	150	(80)	70
Athletics Eligibility - *carryforward*	0	56	56
Benefits Proportionality 2017-19 - *carryforward*	0	115	115
Risk Based Engagements Subtotal	**1650**	**(659)**	**991**
Required Engagements (External and Internal)			
TEC 51.9337 - Procurement Compliance Assessment	30		30
Annual Financial report - FY 2020	5		5
Annual Financial Report - Interim Procedures - FY 2021	5		5
Required Engagements (External and Internal) Subtotal	**40**	**0**	**40**
Advisory and Consulting Engagements			
Consulting Reserve/General	500		500
Course Fee Review	0		0
CARES Act/HEERF 1-2	0		0
Training provided by Internal Audit	40		40
Meetings with Management	40		40
Compliance Meetings/Coordination	40		40
Other Committees	10		10
Advisory and Consulting Subtotal	**630**	**0**	**630**
Investigations			
Investigations Reserve/General	600		600
Investigations Subtotal	**600**	**0**	**600**
Follow Up			
General follow-up	150		150
Follow Up Subtotal	**150**	**0**	**150**
Reserve			
Special requested or unanticipated audits/projects	400	(400)	0
Reserve Subtotal	**400**	**(400)**	**0**
Development - Operations			
Annual Risk Assessment and Audit Plan	240		240
Annual Internal Audit Report - FY 2020	30		30
Internal Quality Assessment	60		60
Internal Audit Committee	360		360
IT issues, website maintenance, TeamMate	150		150
Other required work - UT System	60		60
Outside audit coordination/tracking	40		40
UT System Council Meetings (non-CPE hours)	30		30
Audit-related staff meetings/discussions	0		0
Development - Operations Subtotal	**970**	**0**	**970**

FY 2021 Audit Plan UTPB Q4 Audit Plan Status - through 08/31/2021	Original Budget	Additions/ Deletions	Revised Budget
Development - Initiatives & Education			
Professional Organizations	20		20
Required Continuing Professional Education (CPE)	140		140
Other Training, including travel	80		80
Development - Initiatives & Education Subtotal	**240**	**0**	**240**
Total Hours - Engagements & Development	**4680**	**(1059)**	**3621**