



REQUEST FOR INTERNAL AUDIT SERVICES FORM

Instructions: Complete a separate form for each audit suggested. Attach any information or documents to this form that may be pertinent to determining the need for the audit. Return the completed form to:

MaSheila Rosell-Kirchner, Internal Audit Manager, Internal Audit, CMSD, 1111 Superior Avenue E, Suite 1935, Cleveland, OH 44114
Or save form and email the document to: masheila.rosell-kirchner@clevelandmetroschools.org.

Organization to be Audited

☐ Department

☐ School

☐ Program

Name of Department, School or Program: _____

Scope of Audit *(check all that apply)*

☐ Financial Related

☐ Compliance

☐ Internal Control

☐ Other Please Explain: _____

Circumstances Leading to Request *(check all that apply)*

☐ Budget Increase

☐ New Program

☐ New Policies

☐ Budget Decrease

☐ New Management

☐ New Legal Requirements

☐ Budget Overrun

☐ Adverse Publicity

☐ Other

Please list the questions you would like this audit to answer:

Please give any other information you feel is necessary for understanding this request:

Signature _____ Title _____ Date _____

FOR ADMINISTRATIVE USE ONLY

☐ Approved ☐ Disapproved Exec. Director, Internal Audit _____