TESDA-OP-IAS-02-F01

Rev. No. 02 – 05/20/2022

**ANNUAL COMPLIANCE AUDIT PLAN**

**For Accredited Assessment Centers**

**For FY \_\_\_\_\_\_**

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| **Conduct of Compliance Audit:** |  |  | **Regular** |  |  | **Special** |

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| **SEQ. NO.** | **REGION** | **PROVINCE** | **ASSESSMENT**  **CENTER** | **QUALIFICATION**  **TITLE** | **ACCREDITATION**  **NUMBER** | **ACCREDITATION**  **DATE** | **EXPIRATION DATE** | **SCHEDULE OF AUDIT** | **AUDITORS** | **REMARKS** |
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| **Prepared/Submitted by:** | **Concurred by:** | **Approved by:** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **RO CAC Focal/Compliance Audit Focal** | **Regional Compliance Audit Focal**  *(Chief TESD Specialist of the Auditor-region)* | **Regional Director** |
| **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**ANNUAL COMPLIANCE AUDIT PLAN**

**For Accredited Assessment Centers**

*INSTRUCTIONS*

1. This shall be accomplished by the RO CAC/Compliance Audit Focal in coordination with the Auditor-Region and shall be submitted to the IAS not later than November 15 of every year.
2. This form shall be accomplished as follows:
   1. **For FY \_\_\_\_** –year covered of the audit plan
   2. **Conduct of Compliance Audit** – Put a check "✓" mark to indicate whether the conduct of Compliance Audit is Regular or Special.
   3. Each column shall reflect the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Column** | **Description** | **Column** | **Description** |
| SEQ. NO. | *Sequence number* | ACCREDITATION DATE | *Date when the AC was accredited* |
| REGION | *Region where the AC is located* | EXPIRATION DATE | *Date when AC accreditation will expire* |
| PROVINCE | *District / Province where the AC is accredited* | SCHEDULE OF AUDIT | *Tentative dates of audit schedule as determined by the auditor-region* |
| ASSESSMENT CENTER | *Name of Assessment Center (AC) to be audited* | AUDITORS | *Corresponding names of auditors as determined by the auditor-region* |
| QUALIFICATION TITLE | *Qualification title to be audited* | REMARKS | *Other details/information of ACs for which no column has been provided* |
| ACCREDITATION NUMBER | *AC accreditation number* |

* 1. **Prepared/Submitted by –** name and signature of the RO CAC/Compliance Audit Focal who prepares the plan and the date it was signed.
  2. **Concurred by** – name and signature of the Chief TESD Specialist of the Auditor-region who concurs with the audit schedule indicated in the plan and the date it was signed.
  3. **Approved by –** name and signature of the Regional Director who approves the plan and the date it was signed.