

CORRECTIVE ACTION PLAN

APPENDIX D

NAME OF SCHOOL Nutley

TYPE OF AUDIT Annual

DATE OF BOARD MEETING November 20, 2014

CONTACT PERSON Karen A. Yeamans

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RECOMMENDATION SECTION NUMBER II	CORRECTIVE ACTION APPROVED BY THE BOARD	METHOD OF IMPLEMENTATION	PERSON RESPONSIBLE FOR IMPLEMENTATION	COMPLETION DATE OF IMPLEMENTATION
1	The District perform a payroll check distribution as required by N.J.A.C. 6A:23-5.7.	Business Administrator and Payroll Bookkeeper will conduct the distribution in conjunction with the December 15, 2014 payroll.	Business Administrator, Payroll, Staff Accountant , Bookkeeper	December, 2014
2	The District's Special Revenue Fund original budget report as reported in the accounting system be in agreement with the state budget document approved by the Board.	Business Administrator and Staff Accountant will contact software vendor once the new budget is entered in the system to ensure further entries are locked out.	Business Administrator, Staff Accountant	December, 2014
3	Financial reports be reviewed prior to year end to ensure that purchase orders have been properly reported in the accounting system.	Business Administrator will review all year-end activity to ensure funds are available to meet all purchasing obligations.	Business Administrator	June, 2015
RECOMMENDATION SECTION NUMBER VI				
1	The financial reports for the High School Accounts be completed on a monthly basis and be made available for audit.	High School Principal will review financial reports on a monthly basis to ensure they are completed timely.	High School Principal	June, 2015
2	All scholarship bank accounts and the High School Savings Account be designated by the Board as official depositories. Furthermore, payment from scholarship accounts be made with a check authorized by at least two signatures of the district.	All school accounts will be approved by the Board of Education. All scholarship awards will be made with district checks.	High School Principal, Business Administrator	June, 2015

CHIEF SCHOOL ADMINISTRATOR

BUSINESS ADMINISTRATOR/BOARD SECRETARY

DATE _____

DATE _____