

**AUDITOR ASSIGNMENT & INDEPENDENCE FORM**

**Section A: AUDITOR ASSIGNMENT & COMPETENCE STATEMENT**

In accordance with *Government Auditing Standards 3.40-3.43*, I have assigned the staff listed below and have determined they collectively possess the competence, technical knowledge, skills and experience needed to complete this audit.

**Deputy City Auditor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section B: PERSONAL INDEPENDENCE ATTESTATIONS**

I have reviewed **OCA policies 3.1.2, 3.1.3, 3.1.4 and 3.1.5** and *Government Auditing Standards* on independence and impairments – Chapters 1, 2 and 3, in particular Sections 3.01-3.11, Sections 3.22-3.24.

By my signature below, I acknowledge that I am free of personal impairments to independence related to this audit and I pledge to report appropriately and in a timely manner any instances of personal, external or organizational impairment to independence that may come to my attention in the future.

City Auditor: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy City Auditor: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant City Auditor: \_\_\_\_\_ Date: \_\_\_\_\_

Auditor-in-Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Auditor: \_\_\_\_\_ Date: \_\_\_\_\_

Auditor: \_\_\_\_\_ Date: \_\_\_\_\_

Auditor: \_\_\_\_\_ Date: \_\_\_\_\_

Auditor: \_\_\_\_\_ Date: \_\_\_\_\_

CAIU Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

CAIU Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

CAIU Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Consultant/Other: \_\_\_\_\_ Date: \_\_\_\_\_

Consultant/Other: \_\_\_\_\_ Date: \_\_\_\_\_

Consultant/Other: \_\_\_\_\_ Date: \_\_\_\_\_

*Independence of Audit Team/Contributors Certified by:*

**Deputy City Auditor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section C: PRIOR PROJECT REVIEW & INDEPENDENCE STATEMENT**

I have reviewed past OCA audit and non-audit projects to determine whether any independence conflicts exist with respect to the current audit project, and

No independence conflicts exist.

Potential independence conflict(s) exist. Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and will be handled as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Prepared by:*

**Auditor-in-Charge:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Reviewed by:*

**Assistant City Auditor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Section D: POST-AUDIT PRE-REPORT ISSUANCE REVIEW**

I have reviewed the above certifications and related documentation and find them to be current and complete to the best of my knowledge.

**City Auditor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Estimated Report Issuance Date:** \_\_\_\_\_