

AGENCY ACTION PLAN AND STATUS OF IMPLEMENTATION
Audit Observations and Recommendations
For the Calendar Year 2020
As of _____

Ref.	Audit Observations	Audit Recommendations	Agency Action Plan				Status of Implementation	Reason for Partial/ Delay/ Non-implementation, if applicable	Action Taken/ Action to be Taken
			Action Plan	Person/ Office Responsible	Target Implementation Date				
					From	To			

Agency Sign-off:

Date:

 Name, Position and Signature of Agency Head

Status of Implementation may be either (a) Fully Implemented; (b) Partially Implemented; (c) Not-Implemented