ANNUAL IRAC PLAN FORMAT
(AUDIT/INTERNAL REVIEW OFFICE)
INTERNAL REVIEW AND AUDIT COMPLIANCE PLAN
FY _____ PERIOD ENDING

ESTIMATED WORK-DAYS AVAILABLE _____
LESS: ESTIMATED HOLIDAYS _____
SICK LEAVE _____
ANNUAL LEAVE _____
ADMIN. LEAVE _____
ESTIMATED NET WORK-DAYS AVAILABLE _____*

ACTUAL WORK-DAYS AVAILABLE _____
LESS: ACTUAL HOLIDAYS _____
SICK LEAVE _____
ANNUAL LEAVE _____
ADMIN. LEAVE _____
ACTUAL NET WORK DAYS AVAILABLE _____**

TITLE	ESTIMATED NET WORK-DAYS AVAILABLE					ACTUAL NET WORK-DAYS EXPENDED				
	1ST QTR	2ND QTR	3RD QTR	4TH QTR	TOTAL	1ST QTR	2ND QTR	3RD QTR	4TH QTR	TOTAL
1. Internal Reviews: ***										
A. Mission Areas										
B. Support Areas										
(1) Financial Management Areas										
(2) Other Support Areas										
C. Trouble Shooting										
2. Compliance Services:										
A. Follow-up - GAO, DOD, AAA Internal Review, Etc.										
B. Other Compliance Services GAO, DOD, AAA, Etc.										
3. Consultant Services:										
A. Internal Controls										
B. Other										
4. Training										
A. Formal										
B. OJT										
5. Supervision, Administrative, Personnel, Etc.										
Net Work-Days Avail/Expended										

Prepared By: _____ Approved: _____
Name and Title Commanding Officer

* AT THE BEGINNING OF THE FISCAL YEAR, SHOW TOTAL ESTIMATED NET WORKING DAYS AVAILABLE AFTER DEDUCTIONS FOR LEAVE AND HOLIDAYS, I.E., WORK-DAYS AVAILABLE X NUMBER OF AUDITORS, FOR EACH QUARTER AND FISCAL YEAR.

** AT THE END OF EACH PERIOD AND THE FISCAL YEAR, SHOW ACTUAL WORK-DAYS EXPENDED IN EACH AREA FOR THE QUARTER AND TOTAL YEAR-TO-DATE.

*** AT THE BEGINNING OF THE FISCAL YEAR, LIST AND PRIORITIZE EACH SPECIFIC REVIEW PROGRAMMED FOR ACCOMPLISHMENT AND SHOW ESTIMATED WORK-DAYS BY QUARTER AND FISCAL YEAR. MISSION AREAS ARE CONSIDERED TO BE THE TECHNICAL STAFFS SHOWN ON THE ORGANIZATION CHARTS. AT THE END OF THE FISCAL YEAR, SHOW SPECIFIC REVIEWS ACCOMPLISHED AND ACTUAL WORK-DAYS EXPENDED ON EACH REVIEW.

NOTES:

(1) IF PROGRAM REQUIREMENTS EXCEED WORK-DAYS AVAILABLE, LIST THE ITEMS OR AREAS REQUIRING REVIEW AND ESTIMATED WORK-DAYS IN PRIORITY ORDER ON A SEPARATE SCHEDULE UNDER THE HEADING "INTERNAL REVIEW PROGRAM REQUIREMENTS IN EXCESS OF NET WORK-DAYS AVAILABLE" AND APPEND TO ANNUAL PLAN.

(2) ANY REQUIRED NARRATIVE OR EXPLANATIONS WILL BE SHOWN AS FOOTNOTES TO THE ANNUAL PLAN.

(3) Auditors Assigned:

Name _____ Grade _____

If Position is vacant, so indicate.