STATE OF NORTH CAROLINA JUDICIAL BRANCH OF GOVERNMENT

CSC INTERNAL CONTROL EXCEPTION

INSTRUCTIONS: Complete this form, submit directly to your FMA, and retain a copy. If Alternate Internal Control Plan is selected, submit both this form and the alternate plan directly to your FMA. Number Of Staff In Clerk's Office Name Of County **EXCEPTED AREA(S)** Bank Reconciliation Cashiering Head Cashiering (close-out) Bank Deposit Bookkeeping ACIS ☐ VCAP Ongoing Emergency Description Of Compensating Control Compensating controls are described in detail on the System Access Conflict Matrix. Check the box next to the compensating control used and describe the segregation of duties issue in the Exception Justification section below. The NCAOC Financial Services Division (FSD) approval will act as verification, it should be attached to your copy of this form and retained for your records. Documented review of CCIS User Activity Reports and VL Disposition Reports (for criminal-financial conflicts) Documented review of Judgment Transaction Audit Report by Source and Security Audit Report (for civil-financial conflicts) Following void authorization and daily close-out procedures (head cashier conflicts) Alternate Internal Control Plan Attached For Approval (If approved, the NCAOC Financial Services Division (FSD) will provide you an approval in writing. The FSD approval should be attached to your copy of this form and retained for your records.) NOTE: Submission of this plan does not guarantee that the NC State Auditors will not take exception to the policy deviations granted by this form. **EXCEPTION JUSTIFICATION** I understand the importance of maintaining segregation of duties in the receipt and disbursement of funds by the Clerk of Superior Court. This segregation protects the public from the abuse of its assets and reduces the risk of fraud. The proper segregation of duties is not feasible in this office due to the following unusual conditions: Signature Of Clerk Of Superior Court Date **AOC INTERNAL USE ONLY** Date Received FMA Signature Approved Approver Signature Approval Date Yes No Effective Date Alt. Plan End Date (not to exceed one year from Effective Date)