

CERTIFICATION OF COMPLETED CORRECTIVE ACTION

INSTRUCTIONS: This form is required when corrective actions are completed. Submit completed form, with original signatures, to the Division of Policy and Directives Management. The Washington Office/Regional Management Control Coordinator, official assigned responsibility for completion of the corrective action, and certifying official should retain a copy.

The following planned corrective action, which was identified in the FY _____ Management Control Review of the component listed below, has been completed. The corrective action taken has corrected the weakness.

1. COMPONENT TITLE:

2. IDENTIFIED CONTROL WEAKNESS # _____ : (Please state)

3. PLANNED CORRECTIVE ACTION # _____ : (Please state)

4. ACTUAL CORRECTIVE ACTION TAKEN:

5. SCHEDULED COMPLETION DATE:

6. APPROVED EXTENSION DATE(S), IF APPLICABLE:

7. ACTUAL COMPLETION DATE:

Signature of Official Assigned Responsibility
For Completion of Corrective Action

Date

Title

Signature of Certifying Official

Date

Title