

State of Minnesota
Office of the Legislative Auditor
Special Reviews Unit

Independence Questionnaire: Special Review Assignment

You are required to provide answers to the following questions and, as necessary, supplementary information to help ensure that OLA makes special review assignments that avoid actual or perceived staff independence impairments. In that regard, it is essential that you respond fully. Your answers and the supplementary information you provide will be classified as “private” (under *Minnesota Statutes* 13.43) and maintained in your personnel file.

Name (print): _____

Current special review assignment: _____

1. Have you read, and do you understand and agree to comply with all of the provisions and requirements of OLA Policy 1.01, Independence in Conducting Audits, Evaluations, or Reviews, relative to the assignment listed above?

Yes _____ No _____

2. Within the past five years, have you or a member of your immediate family (spouse, dependent, or parent) been employed by or worked as an independent contractor for an organization (e.g., state agency, local government entity, nonprofit, or private company) that would be directly affected by the special review to which you have been assigned?

No _____ Yes _____ If “yes,” please provide details.

3. Beyond a member of your immediate family (spouse, dependent, or parent), do you have a connection to or relationship with a person (family member, friend, or associate) that could create a perception that you are not adequately independent to work on the assignment listed above?

No _____ Yes _____ If “yes,” please provide details.

4. Within the past five years, have you or a member of your immediate family (spouse, dependent, or parent) received a payment or service from a program or organization that will be affected directly by the special review to which you have been assigned?

No _____ Yes _____ If “yes,” please provide details.

5. Relative to the special review assignment listed above, within the past five years, have you had a dispute with an organization, employee, or official that might affect your ability to be objective, or be “perceived as” nonobjective by others?

No _____ Yes _____ If “yes,” please provide details.

6. Relative to the special review assignment listed above, do you have an opinion about an organization, program, or individual that might affect your ability to be objective, or be “perceived as” nonobjective by others?

No _____ Yes _____ If “yes,” please provide details.

7. Beyond the matters addressed in the questions above, are you aware of any relationship, action, or circumstance that could cause a person to question your independence on the special review to which you have been assigned and as noted above?

No _____ Yes _____ If “yes,” please provide details.

I affirm that the answers and information I have provided above are truthful to the best of my knowledge, and I authorize the Legislative Auditor to access all government records, regardless of classification, to confirm the truthfulness of the answers and information I have provided above. I also agree to immediately provide the Legislative Auditor with information concerning any relationship, action, or circumstance that would change my response to a question above subsequent to my having completed this questionnaire.

Employee Signature

Date

I have reviewed the responses provided by the person named above and used them in making his/her assignments to avoid any actual or perceived independence impairment(s).

Signature

Title

Date