

State of Minnesota
Office of the Legislative Auditor
Support Services Division

Annual Independence Questionnaire

You are required to provide answers to the following questions and, as necessary, supplementary information to help ensure that OLA makes 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” and maintained in your personnel file.

Name (print): _____

Calendar year: _____

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

Yes _____ No _____

2. Within the past five years, have you or a member of your immediate family (spouse, dependent, sibling, or parent) been employed by or worked as an independent contractor for a Minnesota state agency (other than OLA)?

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

3. Beyond a member of your immediate family (spouse, dependent, sibling, 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 independent to work on a particular allegation or report for OLA?

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

4. Within the past five years, have you or a member of your immediate family (spouse, dependent, sibling, or parent), held an elected or appointed position in Minnesota state or local government?

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

5. Within the past five years, have you or a member of your immediate family (spouse, dependent, sibling, or parent), been a candidate for an elected or appointed position in Minnesota state or local government?

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

6. Within the past five years, have you been an officer in a Minnesota political party or organization that advocated for or against a political candidate?

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

7. Within the past five years, have you made a contribution of \$100 or more to a candidate for elected office in Minnesota state or local government?
No _____ Yes _____ If “yes,” please provide details (name the office, not the individual).
8. Within the past five years, have you or your dependent(s) received a payment or service from a state funded program or organization other than the payments and services provided generally to other residents of Minnesota?
No _____ Yes _____ If “yes,” please provide details.
9. Within the past five years, have you had a dispute with a government program, organization, or official that might affect your ability to be objective, or cause others to perceive you as not objective, if you were assigned to audit, evaluate, or investigate that program, organization, or official?
No _____ Yes _____ If “yes,” please provide details.
10. Do you have an opinion about particular government programs or organizations, or about certain public officials, that might affect your ability to be objective, or cause others to perceive you as not objective, if you were assigned to audit, evaluate, or investigate that program, organization, or official?
No _____ Yes _____ If “yes,” please provide details.
11. Within the past five years, have you been formally accused in a citation, report, letter, indictment, or other document issued by a government entity of violating a law, rule, or ordinance (excluding one related to a parking or minor traffic violation)?
No _____ Yes _____ If “yes,” please provide details.
12. Beyond the matters addressed in the questions above, are you aware of any relationship, action, or circumstance involving you or a member of your immediate family (spouse, dependent, sibling, or parent) that could cause a person to question your independence as an auditor at OLA?
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