

**FIRST BANKING CENTER**  
**REQUEST FOR EXTENSION TO AUDIT RECOMMENDATION COMPLETION DATE**

**AUDIT ISSUE AND RECOMMENDATION ORIGINALLY PRESENTED:**

Area	Control #	Auditor	Audit Date	Responsible Party	Findings	Recommendation	Risk Rating	Action Plan	Estimated Completion Date or Date Completed

Extension Requested By:	Date of Extension Request:	Number of Prior Extensions Approved:	Cummulative Time Extended of Prior Extensions:
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Reason for Extension:	Extension Requested For: ___1 month; ___2 months; ___3 months; ___4 months; ___5 months; or ___6 months
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**REVIEW OF RISK:**

Risk Related to Audit Finding *(Internal Audit Department to Complete)*:

*To Be Completed by Responsible Party:*

Impact to the Organization (HIGH, MEDIUM, OR LOW):	(H, M, or L)	Probability of Impact: (HIGH, MEDIUM, OR LOW):	(H, M, or L)	Estimated Probability of Impact After Completion of Recommendation (HIGH, MEDIUM, OR LOW):	(H, M, or L)
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COMMENTS:

**APPROVALS: (Handwritten Initials or Signature; or Email from each with their initials typed in space below):**

CEO:		Comments:	
CFO:		Comments:	

**AUDIT COMMITTEE (NEEDED FOR ONLY HIGH RISK RATED ITEMS):**

Date Presented for Approval:	
Was Request Approved:	

