

Minutes

GOVERNANCE AND ADMINISTRATION COMMITTEE
Smithfield Room, The Inn at Virginia Tech
November 6, 2017
9:00 a.m.

OPEN SESSION

Board Members: Mr. Mehul Sanghani, Mr. Mehmood Kazmi, Mr. Jeff Veatch

Representatives to the Board: Mr. Seyi Olusina, Mr. Robert Sebeck

VPI & SU Staff: Ms. Kim O'Rourke, Ms. Kim Akers, Mr. Whit Babcock, Ms. Ellen Banks, Mr. Andrew Bartee, Mr. Malcolm Beckett, Mr. Allen Campbell, Ms. D'Elia Chandler, Mr. Al Cooper, Mr. Martin Daniel, Mr. Brian Daniels, Mr. Jim Dickhans, Mr. Corey Earles, Ms. Marcia Elliott, Ms. Deborah Fulton, Mr. Tom Gabbard, Ms. Debbie Greer, Ms. Hunter Gresham, Ms. Kay Heidbreder, Ms. Susan Hughes, Ms. Maria Jernigan, Ms. Angie Littlejohn, Ms. Robin McCoy, Dr. Scott Midkiff, Mr. Scott Nostaja, Dr. Kelly Oaks, Mr. Charlie Phlegar, Dr. Scot Ransbottom, Ms. Sara Simpkins, Ms. Kayla Smith, Mr. Jon Clark Teglas, Ms. Tracy Vosburgh, Dr. Lisa Wilkes, Dr. Sherwood Wilson, Mr. Brad Wurthman.

1. **Welcome.** Mehul Sanghani, Chair of the Governance and Administration committee, welcomed committee members, guests, and invited participants.
2. **Consent Agenda.** The committee unanimously approved/accepted the items listed on the consent agenda.
 - a. Approval of Minutes of the September 11, 2017 Meeting
 - b. Approval of Charter for the Office of Audit, Risk, and Compliance
 - c. Approval of Charter for the Compliance, Audit, and Risk Committee
3. **Update on the Search for the Senior Vice President for Operations and Administration.** Charlie Phlegar, Vice President of Advancement and chair of the search committee for the new Senior Vice President for Operations and Administration, provided the committee with an update on the status of the search that was recently begun.

Nine search firms were considered and three interviewed before the university chose Russell Reynolds to aid in the search. The university has prior experience with this particular firm, as they were the group that aided in the most recent Presidential Search. The search committee will consist of 17 members and is to be announced in

the week following the committee meeting. The first meeting between the committee and the search firm is set for November 16, 2017, after which the group will spend two to three weeks writing and refining the position description with the intention of advertising the position by December 1. According to the timeline, a short list of candidates will be developed by February/March of 2018, interviews would follow in March/April, and an official offer would be presented in May. It is projected that the position will be filled and effective as of July 1, 2018. Additionally, Mr. Phlegar noted that the position is common among peer institutions, as well as our own, and that non-traditional candidates will be considered in the search.

- 4. Athletics Presentation on ACC Network and Bowman Dining Project.** Whit Babcock, Director of Athletics, presented to the committee on the topics of preparations for participation in the ACC Network/Studio and the new Bowman Nutrition/Dining facility proposed as part of the renovation scope for the fourth floor of the Jamerson Center.
- a. Media Coverage of the Virginia Tech vs. Clemson Football Game on September 30, 2017 –Brad Wurthman, Sr. Associate AD for External Operations, reported that Virginia Tech hosted ESPN’s College Game Day for the first time in 10 years, coverage of which made 83 million social media impressions. Lee Fitting with ESPN tweeted that “Any school that wants to host @CollegeGameDay should take notes from VA Tech and its crowd and setting.” The game itself aired as ABC’s Primetime Game of the Week, reaching 4.7 million viewers. Overall, this combined coverage allotted the university and the Blacksburg community a total of nine hours of primetime air time.
 - b. Proposal for the Bowman Nutrition/Dining Facility – Tom Gabbard, Sr. Associate AD for Facilities and Operations, explained that the proposed Bowman Nutrition/Dining facility (an expansion of the existing Bowman Room) offers a central location for student-athletes and the ability to provide better opportunities for the coordination of specialized nutritional needs. The space could also generate rental income for special events. Hanbury Evans Contracting conducted a feasibility study of the location. The location is advantageous because the facility would be located on the top floor of an already existing athletics center, and if opened to all students, it could prove beneficial in aiding in the university’s growth. The financing plan for the project requires \$15 million in private funds, some of which has been raised. However, there are still many questions that must be considered, such as the amount of anticipated revenue once the project is complete, the number of meals to be offered per day and staffing required to provide them, the impact construction will have on Jamerson and Cassell, and how the university will coordinate the potential overlap of the various utilizations of the space. Dining Services has expressed an interest in an operating role, but may not be able to manage the site with enrollment growth and other dining facilities coming on line in the coming years. The question of exclusivity for athletes is still being considered, and the funding model could be affected if it is decided that the facility will be open to all students.

- c. Preparation for the ACC Network/Studio – Virginia Tech will be partnering with the new ACC ESPN Network set to launch in August 2019. The network will televise all Virginia Tech sporting events. This is a 17-year agreement, and the additional revenue generated is expected to pay for the cost of renovations in two years. In preparation, Athletics has visited several institutions to view existing media facilities and assess what is needed. Mr. Tom Gabbard described space in the South End Zone of Lane Stadium that will be renovated to house the studio. Angie Littlejohn, Sr. Associate AD for Internal Operations, and Mr. Babcock discussed the benefits of moving from our current television partnerships to the ACC Network, which include additional revenue and easier television viewing capabilities for Hokie Fans regardless of sport preference. Athletics plans to meet with the Communications Department and University Relations to explore possible joint use of the studio, which would also have implications for financing strategies. Still to be addressed are the issues of staffing and budgeting, how to pay for equipment and construction, and how we can help with the distribution of the ACC channel.

5. Update on Branding Rollout and Synchronization with Athletics. Tracy Vosburgh, Senior Associate Vice President for University Relations, provided an update regarding the implementation of the new brand, and Whit Babcock, Director of Athletics, discussed synchronization of the new academic logo with the existing athletic logo.

- a. Launch of new brand on September 26, 2017 – The launch saw 317 vt.edu pages seamlessly updated, 85,045 people reached, 41,895 videos viewed, and a 45% open rate of the daily email that was sent to 40,000 recipients with news of the new brand. Through this outreach, University Relations sought to educate users on the academic logo, how it differs from the athletic logo, and how it should be used, while also clarifying that the athletic logo will not be changing. As expected, negative reactions are still trickling in, and University Relations is listening to and addressing these comments and concerns as they are received.
- b. Unifying the university's logos – A partnership with Athletics was established to provide feedback and guidance on the new academic logo. Athletics supported the launch of the new academic logo via events, advertisements, and the utilization of social media. Overall, other peer institutions have shown great success in the unification of their academic and athletic logos.
- c. The priority currently is external outreach to draw people to Virginia Tech, but as opportunities present themselves, signage is being updated. The logo does not replace the official university seal, which will continue to be used on Virginia Tech diplomas. Mr. Sanghani thanked the Undergraduate Student Representative, Mr. Seyi Olusina, for his comments regarding branding in his constituent report given during the BOV Information Session held on November 5, 2017, and requested that Mr. Olusina and Ms. Vosburgh continue their discussions outside this meeting regarding student reactions to the branding update for as long as needed.

- 6. Presentation on IT Administrative Enterprise Systems.** Scott Midkiff, Vice President for Information Technology and Chief Information Officer, explained that the mission of the IT division is aligned with the university's mission and is focused on providing robust, reliable, and secure systems.
- a. Overview of Virginia Tech's Division of Information Technology - Virginia Tech has a hybrid centralized and distributed IT organization. Central IT has a total of 362 full-time employees spanning its seven distinct units, and there are another estimated 300 IT professionals working across the university providing client computer support and specialized application support. The hybrid model is conducive to innovation at the department level and is more effective in supporting the multitude of software packages utilized across campus. Moreover, the IT professionals located in the various units understand the unique needs of their respective units and can more effectively collaborate with users to identify or develop solutions to meet those unique needs.
 - b. The Evolution of Enterprise Systems – Over the course of the past ten years, Enterprise Systems has seen the evolution of Ellucian Banner, the university's Enterprise Resource Planning solution, from a limited system that required the additional development of manual processes by the Enterprise Systems Team, to a system that now cooperates with many applications for a myriad of services. In that time frame, Enterprise Systems has also grown to support the integration of cloud based services as well as to create similar services of their own. Today, they offer a much more diverse range of services which include supporting legacy VT-developed applications, business analysis, application implementation, and the integration of numerous vendor applications.
 - c. Future challenges for Enterprise Systems – Challenges include ensuring that the skills and expertise levels of talent evolve as rapidly as the changing technology, prioritization of the diverse and growing influx of requests that they receive daily, and meeting increasing compliance requirements. In addition to that, they must effectively assist our “data-driven” university as new data types and sources emerge. Their goal is to build a more resilient architecture for the future.
- 7. Presentation on HR in Higher Ed: A National Perspective and Planning for the Future.** Lisa Wilkes, Interim Vice President for Human Resources, introduced Scott Nostaja, Senior Vice President and National Human Capital Practice Leader of Sibson Consulting, to provide the committee with a presentation on the changing landscape of human resources across higher education as it pertains to Virginia Tech's efforts to move the university's HR culture to a strategic, forward-facing division that engages in comprehensive workforce planning. Mr. Nostaja was part of the Sibson Consulting team that assessed the quality of the university's Human Resources function and presented suggestions to improve its overall effectiveness.

- a. Human Resources in Higher Education – Mr. Nostaja noted that 80 percent of a university’s costs is invested in its people, and all institutions are undergoing a shift in the dominance and growth of technology and the dominance of millennials in the workforce. Across the board, HR functions in higher education are operating primarily as transactional units that offer limited resources to employees outside of payroll, benefits administration, record keeping, and compliance. They are also operating with limited technology and limited automated processes, thereby creating a wider range of error and slower turnaround times. As a whole, HR processes are mostly decentralized, with the departments taking on the responsibility of delivering policies and processes, which create inequities in employment practices and the inability to effectively address strategic needs.
- b. The emerging model at Virginia Tech – In order to combat inconsistencies found at Virginia Tech, the university’s HR function is working toward the implementation of a new structural model consisting of three main functions: an Administrative Center that will continue to handle all transactional processes; a Strategic Center that will handle matters of recruiting and retention; and the introduction of the HR Business Partners who will be assigned to each academic and administrative division to provide consultative services related to workplace needs and issues while reporting to central HR. This model will create consistency and equity in compensation and HR Policies, and will allow the university to become more proactive in identifying and addressing needs, as well as offer more integrated performance and employee development opportunities, and also quicken and simplify processes. Dr. Wilkes noted that four groups have been identified to pilot the HR Business Partners model, which should be in place throughout the university within the year.

8. Future Agenda Items and Closing Remarks. Mehul Sanghani, chair of the committee, will communicate individually with each committee member and the Rector to discuss items they would like to have included on the agenda for future meetings.

There being no further business, the meeting was adjourned at 11:14 a.m.

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1. Purpose

This policy outlines the policies and procedures covering the Office of Audit, Risk, and Compliance (OARC) at Virginia Polytechnic Institute and State University and serves as a charter for the department.

2. Policy

It is the policy of the Compliance, Audit, and Risk Committee of the Board of Visitors and the management of Virginia Polytechnic Institute and State University to support the maintenance of an internal audit function to assist in the effective discharge of their fiduciary responsibilities in assessing the effectiveness internal control environment.

The Office of Audit, Risk and Compliance (OARC) performs independent internal audits, plans and oversees the university risk management process, and oversees the institutional compliance program. The OARC’s mission is to enhance and protect organizational value by providing risk-based and objective assurance, advice, and insight as follows:

1. *Audit:* Provide independent, objective assurance and advisory activity designed to add value and improve university operations. It helps the university accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.
2. *Risk Management:* Provide oversight of the enterprise risk management (ERM) program by creating and maintain the framework to effectively identify, assess, and manage risk.
3. *Compliance:* Provide oversight of the institutional compliance program and the distributed processes that support compliance across the university.

2.1 Scope of the Office of Audit, Risk, and Compliance

The scope of OARC work is to determine whether Virginia Tech’s risk management, internal controls, compliance activities and governance processes, as designed and represented by management, is adequate and functioning in a manner to ensure:

- Programs, plans, and strategic objectives are achieved.
- Risks are appropriately identified, managed, and considered in institutional decision making.
- Significant financial, managerial and operating information is accurate, reliable and timely.
- Compliance with policies, procedures, standards, laws, and regulations.
- Measures taken to foster continuous improvement in control processes.
- Resources are being acquired, managed, and protected in an economical, efficient, and effective manner.

2.2 Independence and Objectivity

Independence is essential to enable the internal audit function to accomplish its purpose. Accordingly, the Executive Director of Audit, Risk, and Compliance reports functionally to the committee and also serves in a staff role to the committee. For day-to-day operations, the Executive Director of Audit, Risk, and Compliance reports administratively to the President. These reporting relationships allow for direct and unrestricted access to the President and the Compliance, Audit, and Risk Committee of the Board of Visitors.

All work will be conducted in an objective and independent manner. Staff will maintain an impartial attitude in selecting and evaluating evidence and in reporting results. Independence in fact and appearance enables unbiased judgments that are essential to the proper conduct of the department's scope of work. OARC staff have the responsibility to maintain high standards of conduct, professionalism, independence, and character to carry on proper and meaningful internal auditing within the university.

Internal auditors will have no direct operational responsibility or authority over any of the activities audited. Accordingly, internal auditors will not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that would normally be audited. Therefore, internal audit review and appraisal procedures do not in any way substitute for the responsibilities assigned to other persons in the organization.

2.3 Authority

OARC has unrestricted access to all university departments, records, reports, activities, property, and personnel that they deem necessary to discharge their audit responsibilities. OARC will exercise discretion in the review of records to assure the necessary confidentiality of matters that come to its attention.

OARC will allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques required to accomplish audit objectives, and issue reports. OARC will also obtain assistance for specialized services from within or outside the university in order to complete engagements.

2.4 Auditing Standards

The internal audit function will conduct its activities in accordance with the Institute of Internal Auditors' International Professional Practices Framework including the Core Principles for the Professional Practice of Internal Auditing, Code of Ethics, the *International Standards for the Professional Practice of Internal Auditing*, and the Definition of Internal Auditing. Generally accepted auditing standards promulgated by the American Institute of Certified Public Accountants and government auditing standards issued by the United States Government Accountability Office will be referenced as appropriate.

2.5 Systems Planning and Development

OARC will be consulted by management during the planning, development, and modification of major financial or operating systems and procedures (manual and automated) to ensure that:

- Reasonable and adequate internal controls exist.
- Systems or procedural documentation is complete and appropriate.
- An adequate audit trail exists.

OARC's participation will be designed to: a) help assure that information assets are safeguarded and appropriate procedures are complied with, and b) aid management efficiency by avoiding costly systems or procedural changes at later dates.

2.6 Responsibilities of the Executive Director of Audit, Risk, and Compliance

The Executive Director of Audit, Risk, and Compliance has primary responsibility for the proper maintenance and management of OARC to ensure that the work fulfills the purposes and responsibilities established in this policy statement. The Executive Director of Audit, Risk, and Compliance is specifically charged with the following responsibilities:

- Coordinating all auditing activities to provide a central source of information for management and the Compliance, Audit, and Risk Committee of the Board of Visitors regarding all audit activities and to provide comprehensive, cost-effective audit coverage for the university.
- Facilitating the university's efforts regarding enterprise risk management (ERM) on behalf of senior management and the Compliance, Audit, and Risk Committee of the Board of Visitors.
- Coordinating the university's Institutional Compliance Program to be a resource and serve as a catalyst for the achievement of university best practices in compliance-related subject matter areas.
- Establishing written policies and procedures for OARC and directing its technical and administrative functions.
- Developing, submitting for approval, and executing comprehensive risk-based annual audit plans to carry out departmental responsibilities.
- Maintaining a professional audit staff with sufficient knowledge, skills, experience, and professional certifications to meet the requirements of this charter, and provide information on the sufficiency of department resources.
- Recommending improvements in controls designed to increase efficiency, safeguard university resources, and ensure compliance with government laws and regulations.
- Issuing an annual summary report of activities to the Compliance, Audit, and Risk Committee of the Board of Visitors.
- Appraising the adequacy of the action taken by management to correct significant reported internal control weaknesses and deficient conditions and reporting this information at least quarterly to the responsible Vice Presidents and the university's Chief Financial Officer, or their designees.
- Establishing and maintaining a Quality Assurance and Improvement Program to evaluate the operations of the department, including periodic internal self-assessments and external peer reviews at least once every five years by qualified persons who are independent of the university. Results of such reviews will be presented to senior management and the Board of Visitors.
- Communicating directly with the Compliance, Audit, and Risk Committee of the Board of Visitors any matters considered to warrant its attention as appropriate, including trends and emerging issues that could impact the university.
- Performing sufficient tests and examinations to determine and report to management, the Compliance, Audit, and Risk Committee of the Board of Visitors, and the appropriate authorities the extent of any fraud, waste, and abuse detected by audit or otherwise and to identify the weaknesses in control procedures that may have allowed the fraudulent activity to occur. The investigation of the specific event with the objective or recovery and/or prosecution is the responsibility of the appropriate police departments and Commonwealth's Attorney based on jurisdiction.

2.7 Audit Reports

OARC will issue audit reports and/or memorandums in all audit activities performed. The format and style of the report will be determined by the Executive Director of Audit, Risk, and Compliance, depending upon the nature and

conditions surrounding the audit. Communications must include the engagement's objectives and scope as well as applicable conclusions, recommendations, and action plans. The formulation of overall opinions requires consideration of the engagement results and their significance. All reports on engagements scheduled in the annual audit plan will be issued to the members of the Compliance, Audit, and Risk Committee of the Board of Visitors, the President, appropriate senior management, and other appropriate personnel as deemed necessary by the Executive Director of Audit, Risk, and Compliance. In addition, reports approved at open meetings of the committee shall be made available to the public in accordance with state statutes. In certain circumstances, the Executive Director of Audit, Risk, and Compliance may decide, with the approval of the Chair of the Compliance, Audit, and Risk Committee of the Board of Visitors, to restrict the issuance of an audit report to certain members of management and/or the committee.

2.8 Responsibility for Corrective Action

Senior management to whom the audited department, activity, or agency reports organizationally is responsible for the issuance of a written response to recommendations made or deficient conditions reported by the internal audit function. The responses should be submitted to the Executive Director of Audit, Risk, and Compliance for inclusion in the issued audit report. The committee will receive quarterly status updates of all recommendations in the process of being implemented.

2.9 Coordination with External Auditing Agencies

The Executive Director of Audit, Risk, and Compliance will coordinate the department's audit efforts with those of the Auditor of Public Accounts or other external auditing agencies by participating in the planning and definition of the scope of proposed audits so the work of all auditing groups is complementary, and their combined efforts provide comprehensive, cost-effective audit coverage for the university. Duplication of work will be avoided as much as possible.

2.10 Special Projects

The Executive Director of Audit, Risk, and Compliance is empowered to conduct special audit projects, reviews, advisory services, or investigations at the request of the President, Vice Presidents or their designee, and the Compliance, Audit, and Risk Committee of the Board of Visitors to assist management in meeting its objectives, promoting economy and efficiency in the administration of, or preventing and detecting fraud, waste, and abuse in its programs and operations, examples of which may include facilitation, training, and advisory services.

3. Procedures

Principal guidance and direction on how the OARC accomplishes its mission and responsibilities is provided to the audit staff through an office procedures manual. The manual is designed to promote adherence to the International Professional Practice Framework developed by the Institute of Internal Auditors. The manual also provides a resource to external parties such as the Compliance, Audit, and Risk Committee of the Board of Visitors, senior management, external auditors, and quality assurance parties.

4. Definitions

Abuse

Excessive or improper use of a thing or policy, or employment of something in a manner contrary to the natural or legal rules for its use. Intentional destruction, diversion, manipulation, misapplication, mistreatment, or misuse of Commonwealth resources. Extravagant or excessive use as to abuse one's position or authority. Abuse can occur in financial or nonfinancial settings.

Add Value

The internal audit function adds value to the organization (and its stakeholders) when it provides objective and relevant assurance, and contributes to the effectiveness and efficiency of governance, risk management, and control processes.

Advisory Services

Advisory and related client service activities, the nature and scope of which are agreed with the client, are intended to add value and improve an organization's governance, risk management, and control processes without the internal auditor assuming management responsibility.

Assurance

An objective examination of evidence for the purpose of providing an independent assessment on governance, risk management, and control processes for the organization. Examples may include financial, performance, compliance, system security, and due diligence engagements.

Charter

The charter is a formal document that defines the OARC's purpose, authority, and responsibility. The charter establishes the office's position within the organization; authorizes access to records, personnel, and physical properties relevant to the performance of engagements; and defines the scope of internal audit activities.

Code of Ethics

The Code of Ethics of The Institute of Internal Auditors are principles relevant to the profession and practice of internal auditing, and rules of conduct that describe behavior expected of internal auditors. The purpose of the Code of Ethics is to promote an ethical culture in the global profession of internal auditing.

Compliance

Adherence to policies, plans, procedures, laws, regulations, contracts, or other requirements.

Conflict of Interest

Any relationship that is, or appears to be, not in the best interest of the organization. A conflict of interest would prejudice an individual's ability to perform his or her duties and responsibilities objectively.

Control

Any action taken by management, the board, and other parties to manage risk and increase the likelihood that established objectives and goals will be achieved. Management plans, organizes, and directs the performance of sufficient actions to provide reasonable assurance that objectives and goals will be achieved.

Control Environment

The attitude and actions of the board and management regarding the importance of control within the organization. The control environment provides the discipline and structure for the achievement of the primary objectives of the system of internal control (e.g. integrity and ethical values; management's philosophy and operating style; organizational structure; and the assignment of authority and responsibility).

Control Processes

The policies, procedures (both manual and automated), and activities that are part of a control framework, designed and operated to ensure that risks are contained within the level that an organization is willing to accept.

Executive Director of Audit, Risk, and Compliance

The individual that serves as the chief audit executive and is responsible for effectively managing the internal audit activity in accordance with the internal audit charter and the IIA's Definition of Internal Auditing, the Core Principles, the Code of Ethics, and the *Standards*.

Engagement

A specific internal audit assignment, task, or review activity, such as an internal audit, control self-assessment review, fraud examination, or consultancy. An engagement may include multiple tasks or activities designed to accomplish a specific set of related objectives.

Enterprise Risk Management

A process applied in strategy-setting and across the enterprise that is designed to identify potential events that may affect the entity, manage risk to be within the entity's risk tolerance, and support the achievement of entity objectives.

Fraud

The intentional deception perpetrated by an individual or individuals, or an organization or organizations, either internal or external to the university, which could result in a tangible or intangible benefit to themselves, others, or the Commonwealth or could cause detriment to others or the Commonwealth. Fraud includes a false representation of a matter of fact, whether by words or by conduct, by false or misleading statements, or by concealment of that which should have been disclosed, which deceives and is intended to deceive.

Governance

The combination of processes and structures implemented by the board to inform, direct, manage, and monitor the activities of the organization toward the achievement of its objectives. The governance process includes: promoting appropriate ethics and values within the organization; ensuring effective organizational performance management and accountability; communicating risk and control information to appropriate areas of the organization; and coordinating the activities of and communicating information among the board, external and internal auditors, and management.

Independence

The freedom from conditions that threaten the ability of the internal audit function to carry out internal audit responsibilities in an unbiased manner.

Internal Audit Function

The department, division, team of advisors, or other practitioner(s) that provides independent, objective assurance and advisory services designed to add value and improve an organization's operations.

International Professional Practices Framework

The conceptual framework that organizes the authoritative guidance promulgated by the Institute of Internal Auditors. Authoritative guidance is comprised of two categories – (1) mandatory and (2) strongly recommended.

Objectivity

An unbiased mental attitude that allows internal auditors to perform engagements in such a manner that they believe in their work product and that no quality compromises are made. Objectivity requires that internal auditors do not subordinate their judgment on audit matters to others.

Risk

The possibility of an event occurring that will have an impact on the achievement of objectives. Risk is measured in terms of impact and likelihood.

Risk Management

A process to identify, assess, manage, and control potential events or situations to provide reasonable assurance regarding the achievement of the organization's objectives.

Scope

A statement that specifies the focus, extent, and boundary of a particular audit. The scope can be specified by defining the physical location of the audit, the organizational units that will be examined, the processes and activities that will be included, and the time period that will be covered.

Significance

The relative importance of a matter within the context in which it is being considered, including quantitative and qualitative factors, such as magnitude, nature, effect, relevance, and impact. Professional judgment assists internal auditors when evaluating the significance of matters within the context of the relevant objectives.

Standards

A professional pronouncement that delineates the requirements for performing a broad range of internal audit activities, and for evaluating internal audit performance.

Waste

The intentional or unintentional, thoughtless or careless expenditure, consumption, mismanagement, use, or squandering of Commonwealth resources to the detriment or potential detriment of the Commonwealth. Waste also includes incurring unnecessary costs due to inefficient or ineffective practices, systems, or controls.

5. References

Section 2.1-155.3 of the *Code of Virginia*, enacted in 1984.

State Fraud, Waste, and Abuse Hotline Policies and Procedures Manual, Office of the State Inspector General, Commonwealth of Virginia, 2014 edition.

The Institute of Internal Auditors' International Professional Practices Framework, including the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the *International Standards for the Professional Practice of Internal Auditing (Standards)*, and the Definition of Internal Auditing, revised in 2016 and effective 2017.

6. Approval and Revisions

- Revision 0
Approved February 9, 1989, by the Director of Internal Audit, David C. Goodyear.
- Revision 1
Annual review. Section 2.8 - changed so that reports "approved" by the Finance and Audit Committee of the Board of Visitors shall be available to the public.
Approved March 29, 1990, by the Director of Internal Audit, David C. Goodyear.

- **Revision 2**
Changes were made to eliminate minor discrepancies between the audit manual and the policy statement as presented to the Board of Visitors.

Approved November 3, 1995, by the Director of Internal Audit, David C. Goodyear.
- **Annual review, November 5, 1998, by Office of the Executive Vice President. No revisions.**
- **Revision 3**
Policy updated to reflect review by the Finance and Audit Committee of the Board of Visitors. Policy serves as a charter for the Internal Audit Department.

Approved March 29, 2004 by the Executive Vice President and Chief Operating Officer, Minnis E. Ridenour.

Approved March 29, 2004 by the Finance and Audit Committee of the Board of Visitors.
- **Revision 4**
Policy updated to reflect review by the Finance and Audit Committee of the Board of Visitors, in conjunction with the Internal Audit Department's quality assurance review.

Approved March 14, 2005 by the Executive Vice President and Chief Operating Officer, James A. Hyatt.

Approved March 14, 2005 by the Finance and Audit Committee of the Board of Visitors.
- **Revision 5**
April 1, 2008: Updates to position titles and/or responsibilities due to university reorganization.
- **Revision 6**
Policy title changed from "Internal Audit Department" to "Internal Audit Charter."

Section 2.2 revised to reflect change in Director of Internal Audit reporting relationship.

Sections 2.5 and 2.7 revised to clarify the role of Internal Audit and the standards under which it conducts its activities.

Section 2.9 revised to clarify the process for senior management areas submitting corrective action plans.

Approved November 7, 2011 by the university President, Charles W. Steger.

Approved November 7, 2011 by the Finance and Audit Committee of the Board of Visitors.
- **Revision 7**
Full technical review correcting grammatical, punctuation, word usage, sentence structure, and minor content and/or format inconsistencies. The charter was also revised to incorporate the concept of objectivity, and to include applicable procedures and definitions.

Policy title changed from "Internal Audit Charter" to "Charter for the University's Internal Audit Function."

Approved November 9, 2015 by the Finance and Audit Committee of the Board of Visitors and President, Timothy D. Sands.

- Revision 8
Revised to address the reorganization of the Board of Visitors' committee structure and additional responsibilities with regard to risk management and compliance. Additional revisions were made to reflect revised guidance from the Institute of Internal Auditors.

Approved November 5, 2017 by the Compliance, Audit, and Risk Committee of the Board of Visitors and President, Timothy D. Sands.

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1. Purpose

This policy outlines the policies and procedures covering ~~University Internal~~ the Office of Audit, Risk, and Compliance (OARC) at Virginia Polytechnic Institute and State University and serves as a charter for the department.

2. Policy

It is the policy of the ~~Finance~~ Compliance, Audit, and AuditRisk Committee of the Board of Visitors and the management of Virginia Polytechnic Institute and State University to support the maintenance of an internal audit function to assist in the effective discharge of their fiduciary responsibilities in assessing the effectiveness internal control environment.

The ~~Finance and~~ Office of Audit ~~Committee of the Board of Visitors,~~ Risk and Compliance (OARC) performs independent internal audits, plans and oversees the university risk management ~~adopt~~ process, and oversees the following definition of internal auditing (from the Institute of Internal Auditors' International Professional Practices Framework) as the purpose of the internal audit function: Internal auditing institutional compliance program. The OARC's mission is ~~an~~ to enhance and protect organizational value by providing risk-based and objective assurance, advice, and insight as follows:

1. Audit: Provide independent, objective assurance and advisory activity designed to add value and improve ~~an~~ organization's university operations. It helps ~~an organization~~ the university accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.
2. Risk Management: Provide oversight of the enterprise risk management (ERM) program by creating and maintain the framework to effectively identify, assess, and manage risk.
3. Compliance: Provide oversight of the institutional compliance program and the distributed processes that support compliance across the university.

2.1 Scope of ~~Internal~~ the Office of Audit ~~Activities,~~ Risk, and Compliance

~~The internal audit function will provide assurance engagements encompassing reviews of all university operations and activities to appraise:~~

~~The accuracy, reliability, and timeliness of significant~~ The scope of OARC work is to determine whether Virginia Tech's risk management, internal controls, compliance activities and governance processes, as designed and represented by management, is adequate and functioning in a manner to ensure:

- Programs, plans, and strategic objectives are achieved.
- Risks are appropriately identified, managed, and considered in institutional decision making.
- Significant financial, managerial, and operating information ~~and the adequacy of the internal controls employed over the compilation and reporting of such information~~ is accurate, reliable and timely.
- Compliance with policies, procedures, standards, laws, and regulations.
- ~~Whether risks are appropriately identified and managed.~~
- ~~Measures taken to safeguard assets, including tests of existence and ownership.~~
- ~~The adequacy, propriety, and cost-effectiveness of accounting, financial, and other controls throughout the university, as well as compliance therewith.~~
- Measures taken to foster continuous improvement in control processes.
- ~~Whether university resources~~ Resources are being acquired, managed, and protected in an economical, efficient, and effective manner.
- ~~The achievement of programs, plans, and objectives.~~

2.2 ~~Organizational Structure~~

~~The Finance and Audit Committee of the Board of Visitors has the responsibility to oversee and evaluate the internal audit function of the university. Accordingly, the Director of Internal Audit reports functionally to the committee and also serves in a staff role to the committee. For day-to-day operations, the Director of Internal Audit reports administratively to the President.~~

2.3 ~~2.2~~ Independence and Objectivity

Independence is essential to enable the internal audit function to accomplish its purpose. Accordingly, the Executive Director of Internal Audit ~~has,~~ Risk, and Compliance reports functionally to the committee and also serves in a staff role to the committee. For day-to-day operations, the Executive Director of Audit, Risk, and Compliance reports

~~administratively to the President. These reporting relationships allow for~~ direct and unrestricted access to the President and the ~~Finance~~Compliance, Audit, and Audit Risk Committee of the Board of Visitors. ~~The internal audit function shall be functionally independent of all university operations.~~

~~The Director of Internal Audit or members of the department must have an impartial, unbiased attitude and avoid any conflict of interest. Members of the internal audit function shall not be assigned to operating duties except for temporary assignments as requested by the President and the university's Chief Financial Officer and approved by the Finance and Audit Committee of the Board of Visitors. In addition, members of the internal audit function will not develop and install procedures, prepare records, make management decisions, or engage in any other activity which could be reasonably construed to compromise their independence. The Director of Internal Audit or members of the department shall not be assigned any additional supervisory or oversight responsibilities which could be reasonably construed to compromise their independence. All work will be conducted in an objective and independent manner. Staff will maintain an impartial attitude in selecting and evaluating evidence and in reporting results. Independence in fact and appearance enables unbiased judgments that are essential to the proper conduct of the department's scope of work. OARC staff have the responsibility to maintain high standards of conduct, professionalism, independence, and character to carry on proper and meaningful internal auditing within the university.~~

Internal auditors will have no direct operational responsibility or authority over any of the activities audited. Accordingly, internal auditors will not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that would normally be audited. Therefore, internal audit review and appraisal procedures do not in any way substitute for the responsibilities assigned to other persons in the organization.

2.42.3 Authority

~~The internal audit function~~OARC has unrestricted access to all university departments, records, reports, activities, property, and personnel that they deem necessary to discharge their audit responsibilities. ~~The internal audit function~~OARC will exercise discretion in the review of records to assure the necessary confidentiality of matters that come to its attention.

OARC will allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques required to accomplish audit objectives, and issue reports. OARC will also obtain assistance for specialized services from within or outside the university in order to complete engagements.

2.52.4 Auditing Standards

The internal audit function will conduct its activities in accordance with the Institute of Internal ~~Auditors~~Auditors' International Professional Practices Framework including the Core Principles for the Professional Practice of Internal Auditing, Code of Ethics, the International Standards for the Professional Practice of Internal Auditing, and ~~Code of Ethics~~the Definition of Internal Auditing. Generally accepted auditing standards promulgated by the American Institute of Certified Public Accountants and government auditing standards issued by the United States Government Accountability Office will be referenced as appropriate.

~~Members of the internal audit function have the responsibility to maintain high standards of conduct, professionalism, independence, and character to carry on proper and meaningful internal auditing within the university. In addition, the internal audit function's activities and conduct shall be consistent with the policies of the university.~~

2.62.5 Systems Planning and Development

~~The internal audit function~~OARC will be consulted by management during the planning, development, and modification of major financial or operating systems and procedures (manual and automated) to ensure that:

- Reasonable and adequate internal controls exist.
- Systems or procedural documentation is complete and appropriate.
- An adequate audit trail exists.

~~The internal audit function's~~ OARC's participation will be designed to: a) help assure that information assets are safeguarded and appropriate procedures are complied with, and b) aid management efficiency by avoiding costly systems or procedural changes at later dates.

2.72.6 Responsibilities of the Executive Director of Internal-Audit, Risk, and Compliance

The Executive Director of ~~Internal-Audit, Risk, and Compliance~~ has primary responsibility for the proper maintenance and management of ~~the internal audit function~~ OARC to ensure that the ~~audit~~-work fulfills the purposes and responsibilities established in this policy statement.

The Executive Director of ~~Internal-Audit, Risk, and Compliance~~ is specifically charged with the following responsibilities:

- Coordinating all auditing activities to provide a central source of information for management and the ~~Finance~~ Compliance, Audit, and Audit Risk Committee of the Board of Visitors regarding all audit activities and to provide comprehensive, cost-effective audit coverage for the university.
- ~~Going beyond accounting and financial records when necessary during audit activities to obtain a thorough understanding of the activities under audit.~~
- Facilitating the university's efforts regarding enterprise risk management (ERM) on behalf of senior management and the Compliance, Audit, and Risk Committee of the Board of Visitors.
- Coordinating the university's Institutional Compliance Program to be a resource and serve as a catalyst for the achievement of university best practices in compliance-related subject matter areas.
- Establishing written policies and procedures for ~~the internal audit function~~ OARC and directing its technical and administrative functions.
- Developing, submitting for approval, and executing comprehensive risk-based annual ~~and long-range~~ audit plans to carry out departmental responsibilities.
- Maintaining a professional audit staff with sufficient knowledge, skills, experience, and professional certifications to meet the requirements of this charter, and provide information on the sufficiency of department resources.
- ~~Documenting appropriately the results of all audits, reviews, and evaluations performed.~~
- Recommending improvements in controls designed to increase efficiency, safeguard university resources, and ensure compliance with government laws and regulations.
- Issuing an annual summary report of ~~audit~~-activities to the ~~Finance and~~ Compliance, Audit, and Risk Committee of the Board of Visitors.
- Appraising the adequacy of the action taken by management to correct significant reported internal control weaknesses and deficient conditions and reporting this information at least quarterly to the responsible Vice Presidents and the university's Chief Financial Officer, or their designees.
- Establishing and maintaining a ~~quality assurance review program~~ Quality Assurance and Improvement Program to evaluate the operations of the department, including periodic internal self-assessments and external peer reviews at least once every five years by qualified persons who are independent of the university. Results of such reviews will be presented to senior management and the Board of Visitors.
- Communicating directly with the ~~Finance~~ Compliance, Audit, and Audit Risk Committee of the Board of Visitors any matters considered to warrant its attention as appropriate, including trends and emerging issues that could impact the university.

- Performing sufficient tests and examinations to determine and report to management, the ~~Finance and Compliance~~, Audit, and Risk Committee of the Board of Visitors, and the appropriate authorities the extent of any fraud, waste, and abuse detected by audit or otherwise and to identify the weaknesses in control procedures that may have allowed the fraudulent activity to occur. The investigation of the specific event with the objective or recovery and/or prosecution is the responsibility of the appropriate police departments and Commonwealth's Attorney based on jurisdiction.

2.82.7 Audit Reports

The ~~internal audit function~~OARC will issue audit reports and/or memorandums in all audit activities performed. The format and style of the report will be determined by the Executive Director of ~~Internal-Audit, Risk, and Compliance~~, depending upon the nature and conditions surrounding the audit. Communications must include the engagement's objectives and scope as well as applicable conclusions, recommendations, and action plans. The formulation of overall opinions requires consideration of the engagement results and their significance. All reports on engagements scheduled in the annual audit plan will be issued to the members of the ~~Finance Compliance, Audit, and Audit Risk~~ Committee of the Board of Visitors, the President, appropriate senior management, and other appropriate personnel as deemed necessary by the Executive Director of ~~Internal-Audit, Risk, and Compliance~~. In addition, reports approved at open meetings of the committee shall be made available to the public in accordance with state statutes. In certain circumstances, the Executive Director of ~~Internal-Audit, Risk, and Compliance~~ may decide, with the approval of the Chair of the ~~Finance and Compliance~~, Audit, and Risk Committee of the Board of Visitors, to restrict the issuance of an audit report to certain members of management and/or the committee.

2.92.8 Responsibility for Corrective Action

Senior management to whom the audited department, activity, or agency reports organizationally is responsible for the issuance of a written response to recommendations made or deficient conditions reported by the internal audit function. The responses should be submitted to the Executive Director of ~~Internal-Audit, Risk, and Compliance~~ for inclusion in the issued audit report. The committee will receive quarterly status updates of all recommendations in the process of being implemented.

2.102.9 Coordination with External Auditing Agencies

The Executive Director of ~~Internal-Audit, Risk, and Compliance~~ will coordinate the department's audit efforts with those of the Auditor of Public Accounts or other external auditing agencies by participating in the planning and definition of the scope of proposed audits so the work of all auditing groups is complementary, and their combined efforts provide comprehensive, cost-effective audit coverage for the university. Duplication of work will be avoided as much as possible.

2.112.10 Special Projects

The Executive Director of ~~Internal-Audit, Risk, and Compliance~~ is empowered to conduct special audit projects, reviews, advisory services, or investigations at the request of the President, Vice Presidents or their designee, and the ~~Finance Compliance, Audit, and Audit Risk~~ Committee of the Board of Visitors to assist management in meeting its objectives, promoting economy and efficiency in the administration of, or preventing and detecting fraud, waste, and abuse in its programs and operations, examples of which may include facilitation, training, and advisory services.

3. Procedures

Principal guidance and direction on how the ~~internal audit function~~OARC accomplishes its mission and responsibilities is provided to the audit staff through ~~the Virginia Tech Internal Audit Manual (Manual)-an office procedures manual~~. The ~~Manual~~manual is designed to promote adherence to the International Professional Practice Framework developed by the Institute of Internal Auditors. The ~~Manual~~manual also provides a resource to external

parties such as the ~~Finance~~Compliance, Audit, and ~~Audit~~Risk Committee of the Board of Visitors, senior management, external auditors, and quality assurance parties.

4. Definitions

Abuse

Excessive or improper use of a thing or policy, or employment of something in a manner contrary to the natural or legal rules for its use. Intentional destruction, diversion, manipulation, misapplication, mistreatment, or misuse of Commonwealth resources. Extravagant or excessive use as to abuse one's position or authority. Abuse can occur in financial or nonfinancial settings.

Add Value

The internal audit function adds value to the organization (and its stakeholders) when it provides objective and relevant assurance, and contributes to the effectiveness and efficiency of governance, risk management, and control processes.

Advisory Services

Advisory and related client service activities, the nature and scope of which are agreed with the client, are intended to add value and improve an organization's governance, risk management, and control processes without the internal auditor assuming management responsibility.

Assurance

An objective examination of evidence for the purpose of providing an independent assessment on governance, risk management, and control processes for the organization. Examples may include financial, performance, compliance, system security, and due diligence engagements.

Charter

The ~~internal audit~~ charter is a formal document that defines the ~~internal audit function's~~OARC's purpose, authority, and responsibility. The ~~internal audit~~ charter establishes the ~~internal audit function's~~office's position within the organization; authorizes access to records, personnel, and physical properties relevant to the performance of engagements; and defines the scope of internal audit activities.

Code of Ethics

The Code of Ethics of The Institute of Internal Auditors are principles relevant to the profession and practice of internal auditing, and rules of conduct that describe behavior expected of internal auditors. The purpose of the Code of Ethics is to promote an ethical culture in the global profession of internal auditing.

Compliance

Adherence to policies, plans, procedures, laws, regulations, contracts, or other requirements.

Conflict of Interest

Any relationship that is, or appears to be, not in the best interest of the organization. A conflict of interest would prejudice an individual's ability to perform his or her duties and responsibilities objectively.

Control

Any action taken by management, the board, and other parties to manage risk and increase the likelihood that established objectives and goals will be achieved. Management plans, organizes, and directs the performance of sufficient actions to provide reasonable assurance that objectives and goals will be achieved.

Control Environment

The attitude and actions of the board and management regarding the importance of control within the organization. The control environment provides the discipline and structure for the achievement of the primary objectives of the system of internal control (e.g. integrity and ethical values; management's philosophy and operating style; organizational structure; and the assignment of authority and responsibility).

Control Processes

The policies, procedures (both manual and automated), and activities that are part of a control framework, designed and operated to ensure that risks are contained within the level that an organization is willing to accept.

Executive Director of ~~Internal Audit~~, Risk, and Compliance

The individual that serves as the chief audit executive and is responsible for effectively managing the internal audit activity in accordance with the internal audit charter and the IIA's Definition of Internal Auditing, the Core Principles, the Code of Ethics, and the *Standards*.

Engagement

A specific internal audit assignment, task, or review activity, such as an internal audit, control self-assessment review, fraud examination, or consultancy. An engagement may include multiple tasks or activities designed to accomplish a specific set of related objectives.

Enterprise Risk Management

A process applied in strategy-setting and across the enterprise that is designed to identify potential events that may affect the entity, manage risk to be within the entity's risk tolerance, and support the achievement of entity objectives.

Fraud

The intentional deception perpetrated by an individual or individuals, or an organization or organizations, either internal or external to the university, which could result in a tangible or intangible benefit to themselves, others, or the Commonwealth or could cause detriment to others or the Commonwealth. Fraud includes a false representation of a matter of fact, whether by words or by conduct, by false or misleading statements, or by concealment of that which should have been disclosed, which deceives and is intended to deceive.

Governance

The combination of processes and structures implemented by the board to inform, direct, manage, and monitor the activities of the organization toward the achievement of its objectives. The governance process includes: promoting appropriate ethics and values within the organization; ensuring effective organizational performance management and accountability; communicating risk and control information to appropriate areas of the organization; and coordinating the activities of and communicating information among the board, external and internal auditors, and management.

Independence

The freedom from conditions that threaten the ability of the internal audit function to carry out internal audit responsibilities in an unbiased manner.

Internal Audit Function

The department, division, team of advisors, or other practitioner(s) that provides independent, objective assurance and advisory services designed to add value and improve an organization's operations.

International Professional Practices Framework

The conceptual framework that organizes the authoritative guidance promulgated by the Institute of Internal Auditors. Authoritative guidance is comprised of two categories – (1) mandatory and (2) strongly recommended.

Objectivity

An unbiased mental attitude that allows internal auditors to perform engagements in such a manner that they believe in their work product and that no quality compromises are made. Objectivity requires that internal auditors do not subordinate their judgment on audit matters to others.

Risk

The possibility of an event occurring that will have an impact on the achievement of objectives. Risk is measured in terms of impact and likelihood.

Risk Management

A process to identify, assess, manage, and control potential events or situations to provide reasonable assurance regarding the achievement of the organization's objectives.

Scope

A statement that specifies the focus, extent, and boundary of a particular audit. The scope can be specified by defining the physical location of the audit, the organizational units that will be examined, the processes and activities that will be included, and the time period that will be covered.

Significance

The relative importance of a matter within the context in which it is being considered, including quantitative and qualitative factors, such as magnitude, nature, effect, relevance, and impact. Professional judgment assists internal auditors when evaluating the significance of matters within the context of the relevant objectives.

Standards

A professional pronouncement that delineates the requirements for performing a broad range of internal audit activities, and for evaluating internal audit performance.

Waste

The intentional or unintentional, thoughtless or careless expenditure, consumption, mismanagement, use, or squandering of Commonwealth resources to the detriment or potential detriment of the Commonwealth. Waste also includes incurring unnecessary costs due to inefficient or ineffective practices, systems, or controls.

5. References

Section 2.1-155.3 of the *Code of Virginia*, enacted in 1984.

State Fraud, Waste, and Abuse Hotline Policies and Procedures Manual, Office of the State Inspector General, Commonwealth of Virginia, 2014 edition.

[The Institute of Internal Auditors' International Professional Practices Framework, including the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the International Standards for the Professional Practice of Internal Auditing \(Standards\)](#), ~~The Institute and the Definition of Internal Auditors, issued in 2008~~[Auditing](#), revised in ~~2012~~.

~~Code of Ethics, The Institute of Internal Auditors~~[2016 and effective 2017](#).

6. Approval and Revisions

- Revision 0
Approved February 9, 1989, by the Director of Internal Audit, David C. Goodyear.

- Revision 1
Annual review. Section 2.8 - changed so that reports "approved" by the Finance and Audit Committee of the Board of Visitors shall be available to the public.
Approved March 29, 1990, by the Director of Internal Audit, David C. Goodyear.

- Revision 2
Changes were made to eliminate minor discrepancies between the audit manual and the policy statement as presented to the Board of Visitors.

Approved November 3, 1995, by the Director of Internal Audit, David C. Goodyear.

- Annual review, November 5, 1998, by Office of the Executive Vice President. No revisions.

- Revision 3
Policy updated to reflect review by the Finance and Audit Committee of the Board of Visitors. Policy serves as a charter for the Internal Audit Department.

Approved March 29, 2004 by the Executive Vice President and Chief Operating Officer, Minnis E. Ridenour.

Approved March 29, 2004 by the Finance and Audit Committee of the Board of Visitors.

- Revision 4
Policy updated to reflect review by the Finance and Audit Committee of the Board of Visitors, in conjunction with the Internal Audit Department's quality assurance review.

Approved March 14, 2005 by the Executive Vice President and Chief Operating Officer, James A. Hyatt.

Approved March 14, 2005 by the Finance and Audit Committee of the Board of Visitors.

- Revision 5
April 1, 2008: Updates to position titles and/or responsibilities due to university reorganization.

- Revision 6
Policy title changed from "Internal Audit Department" to "Internal Audit Charter."

Section 2.2 revised to reflect change in Director of Internal Audit reporting relationship.

Sections 2.5 and 2.7 revised to clarify the role of Internal Audit and the standards under which it conducts its activities.

Section 2.9 revised to clarify the process for senior management areas submitting corrective action plans.

Approved November 7, 2011 by the university President, Charles W. Steger.

Approved November 7, 2011 by the Finance and Audit Committee of the Board of Visitors.

- Revision 7

Full technical review correcting grammatical, punctuation, word usage, sentence structure, and minor content and/or format inconsistencies. The charter was also revised to incorporate the concept of objectivity, and to include applicable procedures and definitions.

Policy title changed from “Internal Audit Charter” to “Charter for the University’s Internal Audit Function.”

Approved November 9, 2015 by the Finance and Audit Committee of the Board of Visitors and President, Timothy D. Sands.

- [Revision 8](#)

[Revised to address the reorganization of the Board of Visitors’ committee structure and additional responsibilities with regard to risk management and compliance. Additional revisions were made to reflect revised guidance from the Institute of Internal Auditors.](#)

[Approved November 5, 2017 by the Compliance, Audit, and Risk Committee of the Board of Visitors and President, Timothy D. Sands.](#)

**VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY
COMPLIANCE, AUDIT, AND RISK COMMITTEE OF THE BOARD OF VISITORS**

COMPLIANCE, AUDIT, AND RISK CHARTER

I. PURPOSE

The primary purpose of the Compliance, Audit, and Risk (CAR) Committee is to assist the Board of Visitors in fulfilling its fiduciary responsibilities related to oversight of:

- The university's enterprise risk management program, as an essential part of a strong control environment, to ensure that risk appetite aligns with management's decisions and strategy,
- Adherence to this charter, including reviewing audits conducted by the Office of Audit, Risk, and Compliance and external bodies and providing guidance on auditing concerns to the full Board,
- The university's compliance with all federal, state, and local laws and executive orders; and policies promulgated by academic and athletic accrediting bodies, regulatory agencies, funding agencies, and the State Council of Higher Education for Virginia,
- The maintenance of effective systems of internal control, including the integrity of the university's financial accounting and reporting practices, and
- The performance of the university's internal and independent audit functions.

The function of the Committee is oversight. University management is responsible for the preparation, presentation, and integrity of the university's financial statements, fiscal plans, and other financial reporting. University management is also responsible for maintaining appropriate financial accounting and reporting policies, procedures, and controls designed to assure compliance with generally accepted accounting principles and applicable laws and regulations. The Office of Audit, Risk, and Compliance examines and evaluates the adequacy and effectiveness of the university's internal control systems. The university's external auditor, the state Auditor of Public Accounts, is responsible for planning and conducting the financial statement examination in accordance with generally accepted government auditing standards.

This document and the related meeting planner are intended to identify and document the Committee's oversight responsibilities in order that such sound practices will continue despite the turnover of Committee members. It also outlines the regularly scheduled review activities that will ensure that the university continues to have an independent and objective internal audit function and obtains the greatest possible benefit from its external audits.

II. MEETINGS

By statute the Board of Visitors, including the CAR Committee, must meet once a year, but traditionally holds four meetings a year. Additional meetings may occur more frequently as circumstances warrant. The Committee Chair should discuss the agenda with the

Executive Director of Audit, Risk, and Compliance prior to each Committee meeting to finalize the meeting agenda and review the items to be discussed.

III. RESPONSIBILITIES

In performing its audit oversight responsibilities, the CAR Committee shall:

A. General

1. Adopt a formal written charter that specifies the Committee's responsibilities and practices. The charter should be reviewed annually and updated as necessary.
2. Maintain minutes of meetings.
3. Authorize audits within the Committee's scope of responsibilities.
4. Report Committee actions to the Board of Visitors with such recommendations as the Committee may deem appropriate.
5. Meet in closed session, consistent with state law, (without members of senior management present, when appropriate) with the external auditors and/or the Executive Director of Audit, Risk, and Compliance to discuss matters that the Committee or the auditors believe should be discussed privately. The Executive Director of Audit, Risk, and Compliance shall have a regularly scheduled opportunity to meet privately with the Committee at each of its four annual meetings.

B. Risk Management and Internal Control

1. Review the university's enterprise risk management (ERM) efforts including the program structure and the processes for assessing significant risk exposures and the steps management has taken to monitor and control such exposures, as well as the university's risk assessment and risk management policies.
2. Consider the effectiveness of the university's internal control systems, including those over information technology and financial reporting.
3. Understand the scope of internal and external audit reviews of internal control, and obtain reports on significant potential issues and recommendations, together with management's responses.
4. Review management's written responses to significant potential issues and recommendations of the auditors, including the timetable to correct the identified weaknesses in the internal control system.
5. Advise management that they are expected to provide a timely analysis of significant reporting issues and practices.

C. External Auditors

1. Make inquiries of management and the independent auditors regarding the scope of the external audit for the current year.
2. As necessary, discuss with the external auditors their processes for identifying and responding to key audit and internal control risks.

3. Review the coordination of internal and external audit procedures to promote an effective use of resources and ensure complete and efficient coverage of the university's risks.
4. Meet with external auditors at the completion of the financial statements audit to receive and discuss the audit report(s), and determine whether external auditors are satisfied with the disclosure and content of the financial statements, including the nature and extent of any significant changes in accounting principles.
5. Review the results and organizational response stemming from significant reviews by regulatory agencies or other external entities (non-financial statement audits).

D. Internal Auditors

1. Approve the charter for the Office of Audit, Risk, and Compliance. The charter should be reviewed annually and updated as necessary.
2. Review and approve the annual audit plan and any significant changes to the plan.
3. Review the effectiveness of the internal audit function, including staffing resources, financial budget, training, objectivity and reporting relationships.
4. Review completed audit reports and progress reports on executing the approved annual audit plan.
5. Review the results of the Office of Audit, Risk, and Compliance's Quality Assurance and Improvement Program (QAIP), including results of internal assessments (both ongoing and periodic) and external assessments conducted at least once every five years by a qualified, independent assessor or assessment team from outside the university.
6. Inquire of the Executive Director of Audit, Risk, and Compliance regarding any difficulties encountered in the course of the audits, including any restrictions on the scope of work or access to required information.
7. Review and concur in the appointment, replacement, reassignment, or dismissal of the Executive Director of Audit, Risk, and Compliance.
8. Evaluate the Executive Director of Audit, Risk, and Compliance's annual performance and make decisions regarding compensation.

E. Compliance, Ethics, and Business Conduct

1. Support leadership by promoting and supporting a university-wide culture of ethical and lawful conduct.
2. Require management to periodically report on procedures that provide assurance that the university's mission, values, and codes of conduct are properly communicated to all employees.
3. Review the programs and policies of the university designed by management to assure compliance with applicable laws and regulations and monitor the results of the compliance efforts.
4. Monitor the university's conflict of interest policies and related procedures.

The “CAR Agenda Meeting Planner” is an integral part of this document. If the Board of Visitors meets less frequently than anticipated, the Planner will be adjusted accordingly.

**Virginia Polytechnic Institute and State University
Compliance, Audit, and Risk Committee of the Board of Visitors
CAR Agenda Meeting Planner**

A=Annually; Q=Quarterly; AN=As Necessary	Frequency			Planned Timing			
Q1, Q2, Q3, Q4 based on Fiscal Year (July – June)	A	Q	AN	Q1	Q2	Q3	Q4
				Aug	Nov	Mar	Jun
A. General							
1. Review and update CAR Committee charter	X				X		
2. Approve and maintain minutes of previous meeting		X		X	X	X	X
3. Authorize audits within the Committee’s scope of responsibilities			X				
4. Report Committee actions to the Board of Visitors with recommendations deemed appropriate		X		X	X	X	X
5. Meet in closed session with Executive Director of Audit, Risk, and Compliance, and with external auditors, as needed		X		X	X	X	X
B. Risk Management and Internal Control							
1. Review the university’s ERM efforts including the program structure, processes, risk assessment, and risk management policies		X		X	X	X	X
2. Consider the effectiveness of the university’s internal control systems			X				
3. Understand the scope of internal and external audit reviews of internal control, and obtain reports on significant potential issues and recommendations, together with management’s responses		X		X	X	X	X
4. Review management’s written responses to significant potential issues and recommendations of the auditors, including the timetable to correct identified weaknesses in the internal control system		X		X	X	X	X
5. Advise management that they are expected to provide a timely analysis of significant current reporting issues and practices	X				X		
C. External Auditors							
1. Make inquiries of management and the independent auditors regarding the scope of the external audit for the current year	X						X
2. Discuss with the external auditors their processes for identifying and responding to key audit and internal control risks			X		X	X	
3. Review the coordination of internal and external audit procedures to promote an effective use of resources and ensure complete and efficient coverage of the university’s risks			X	X		X	

A=Annually; Q=Quarterly; AN=As Necessary	Frequency			Planned Timing			
Q1, Q2, Q3, Q4 based on Fiscal Year (July – June)	A	Q	AN	Q1	Q2	Q3	Q4
				Aug	Nov	Mar	Jun
4. Meet with external auditors at the completion of the financial statements audit to receive and discuss the audit report(s)	X				X		
5. Review results of other significant reviews from regulatory agencies or other external entities			X				
D. Internal Auditors							
1. Review and approve the charter for the Office of Audit, Risk, and Compliance, if changes are needed	X				X		
2. Review the draft annual audit plan	X						X
3. Approve the annual audit plan	X			X			
4. Review the effectiveness of the internal audit function, including staffing resources, financial budget, training, objectivity, and reporting relationships	X			X			
5. Review the results of the QAIP, including internal and external assessments			X				
6. Review completed audit reports and progress reports on executing the approved annual audit plan		X		X	X	X	X
7. Inquire of the Executive Director of Audit, Risk, and Compliance regarding any difficulties encountered in the course of the audits, including any restrictions on the scope of work or access to required information		X		X	X	X	X
8. Review and concur in the appointment, replacement, reassignment, or dismissal of the Executive Director of Audit, Risk, and Compliance			X				
9. Evaluate the Executive Director of Audit, Risk, and Compliance's annual performance and make decisions regarding compensation	X			X			
E. Compliance, Ethics, and Business Conduct							
1. Convey commitment to ethical conduct through periodic receipt of management reports on how the university's mission, values, and codes of conduct are properly communicated to all employees			X				
2. Review the programs and policies of the university designed to assure and monitor compliance		X		X	X	X	X
3. Monitor the university's conflict of interest policies and related procedures		X		X	X	X	X

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY **FINANCE**
COMPLIANCE, AUDIT, AND AUDIT RISK COMMITTEE OF THE BOARD OF VISITORS

COMPLIANCE, AUDIT, AND RISK CHARTER

I. PURPOSE

The primary purpose of the **Finance**Compliance, Audit, and **Audit**Risk (CAR) Committee is to assist the Board of Visitors in fulfilling its fiduciary responsibilities related to oversight of:

- ~~• The integrity of the university's financial accounting and reporting practices,~~
- The university's enterprise risk management program, as an essential part of a strong control environment, to ensure that risk appetite aligns with management's decisions and strategy,
- Adherence to this charter, including reviewing audits conducted by the Office of Audit, Risk, and Compliance and external bodies and providing guidance on auditing concerns to the full Board,
- The university's compliance with ~~legal and~~ all federal, state, and local laws and executive orders; and policies promulgated by academic and athletic accrediting bodies, regulatory requirements agencies, funding agencies, and the State Council of Higher Education for Virginia,
- ~~• Fiscal planning and the execution of fiscal plans,~~
- The maintenance of ~~an~~ effective **systems**systems of internal ~~controls~~control, including the integrity of the university's financial accounting and reporting practices, and
- The performance of the university's internal and independent audit functions.

The function of the Committee is oversight. University management is responsible for the preparation, presentation, and integrity of the university's financial statements, fiscal plans, and other financial reporting. University management is also responsible for maintaining appropriate financial accounting and reporting policies, procedures, and controls designed to assure compliance with generally accepted accounting principles and applicable laws and regulations. The ~~Department~~Office of Internal Audit, Risk, and Compliance examines and evaluates the adequacy and effectiveness of the university's ~~system of~~ internal **controls**control systems. The university's external auditor, the state Auditor of Public Accounts, is responsible for planning and conducting the financial statement examination in accordance with generally accepted government auditing standards.

~~The Committee is charged in the Bylaws of the Board of Visitors with separating its responsibilities for Finance and Audit, respectively, and with maintenance of a separate audit agenda and finance agenda for each meeting.~~ This document and the related meeting planner are intended to identify and document the Committee's ~~audit-specific~~ oversight responsibilities in order that such sound practices will continue despite the turnover of Committee members. It also outlines the regularly scheduled review activities that will ~~insure~~ensure that the university continues to have an independent and objective internal audit function and obtains the greatest possible benefit from its external audits.

II. ~~COMPOSITION AND INDEPENDENCE~~

~~The Finance and Audit Committee will be comprised of three or more Visitors. Each committee member will be financially literate and shall fully comply with the State and Local Government Conflict of Interests Act, Section 2.2-3100 of the Code of Virginia as amended.~~

III. ~~MEETINGS~~

By statute the Board of Visitors, including the ~~Finance and Audit~~CAR Committee, must meet once a year, but traditionally holds four meetings a year. Additional meetings may occur more frequently as circumstances warrant. The Committee Chair should discuss the ~~Audit~~ agenda with the ~~Executive~~ Director of ~~Internal~~Audit, ~~Risk~~, and ~~the university's Chief Financial Officer~~Compliance prior to each Committee meeting to finalize the meeting agenda and review the ~~issues~~items to be discussed.

IV~~III~~. RESPONSIBILITIES

In performing its audit oversight responsibilities, the ~~Finance and Audit~~CAR Committee shall:

A. General

1. Adopt a formal written charter that specifies the Committee's responsibilities and practices. The charter should be reviewed annually and updated as necessary.
2. Maintain minutes of meetings.
3. Authorize audits within the Committee's scope of responsibilities.
4. Report Committee actions to the Board of Visitors with such recommendations as the Committee may deem appropriate.
5. Meet in closed session, consistent with state law, (without members of senior management present, when appropriate) with the external auditors and/or the ~~Executive~~ Director of ~~Internal~~Audit, ~~Risk~~, and ~~Compliance~~ to discuss matters that the Committee or the auditors believe should be discussed privately. The ~~Executive~~ Director of ~~Internal~~Audit, ~~Risk~~, and ~~Compliance~~ shall have a regularly scheduled opportunity to meet privately with the Committee at each of its four annual meetings.

B. ~~Internal Controls, Risk Assessment, Management~~ and ~~Financial Reporting~~Internal Control

1. Review the university's enterprise risk management (ERM) efforts including the program structure and the processes for assessing significant risk exposures and the steps management has taken to monitor and control such exposures, as well as the university's risk assessment and risk management policies.

- ~~1.2.~~ Consider the effectiveness of the university's internal control systems, including those over information technology and financial reporting.
- ~~2.~~ ~~Review the university's processes for assessing significant business risk exposures and the steps management has taken to monitor and control such exposures, including the university's risk assessment and risk management policies.~~
3. Understand the scope of internal and external audit reviews of internal control, and obtain reports on significant potential issues and recommendations, together with management's responses.
- ~~4.~~ ~~Review the annual financial statements with management and the external auditors to determine whether the external auditors are satisfied with the disclosure and content of the financial statements, including the nature and extent of any significant changes in accounting principles.~~
- ~~5.4.~~ Review management's written responses to significant potential issues and recommendations of the auditors, including the timetable to correct the identified weaknesses in the internal control system.
- ~~6.5.~~ Advise management that they are expected to provide a timely analysis of significant ~~financial~~ reporting issues and practices.

C. External Auditors

1. Make inquiries of management and the independent auditors regarding the scope of the external audit for the current year.
2. As necessary, discuss with the external auditors their processes for identifying and responding to key audit and internal control risks.
3. Review the coordination of internal and external audit procedures to promote an effective use of resources and ensure complete and efficient coverage of the university's risks.
- ~~4.~~ Meet with ~~the~~ external auditors at the completion of the financial statements audit to receive and discuss the audit report(s), and determine whether external auditors are satisfied with the disclosure and content of the financial statements, including the nature and extent of any significant changes in accounting principles.
- ~~4.5.~~ Review the results and organizational response stemming from significant reviews by regulatory agencies or other external entities (non-financial statement audits).

D. Internal Auditors

1. Approve the ~~Internal~~ charter for the Office of Audit-Charter, Risk, and Compliance. The charter should be reviewed annually and updated as necessary.
2. Review and approve the annual audit plan and any significant changes to the plan.

3. Review the effectiveness of the internal audit function, including staffing resources, financial budget, training, objectivity and reporting relationships.
4. Review completed audit reports and progress reports on executing the approved annual audit plan.
5. [Review the results of the Office of Audit, Risk, and Compliance's Quality Assurance and Improvement Program \(QAIP\), including results of internal assessments \(both ongoing and periodic\) and external assessments conducted at least once every five years by a qualified, independent assessor or assessment team from outside the university.](#)
- ~~5.6.~~ Inquire of the [Executive](#) Director of ~~Internal~~-[Audit, Risk, and Compliance](#) regarding any difficulties encountered in the course of the audits, including any restrictions on the scope of work or access to required information.
- ~~6.7.~~ Review and concur in the appointment, replacement, reassignment, or dismissal of the [Executive](#) Director of ~~Internal~~-[Audit, Risk, and Compliance](#).
- ~~7.8.~~ Evaluate the [Executive](#) Director of ~~Internal Audit's~~[Audit, Risk, and Compliance's](#) annual performance and make decisions regarding compensation.

E. Compliance, Ethics, and Business Conduct

1. [Support leadership by promoting and supporting a university-wide culture of ethical and lawful conduct.](#)
- ~~1.2.~~ Require management to periodically report on procedures that provide assurance that the university's mission, values, and codes of conduct are properly communicated to all employees.
- ~~2.3.~~ ~~Periodically review~~[Review](#) the programs and policies of the university designed by management to assure compliance with applicable laws and regulations and monitor the results of the compliance efforts.
- ~~3.4.~~ Monitor the university's conflict of interest policies and related procedures.

The ~~attached~~ "[Audit](#)" [CAR](#) Agenda Meeting Planner" is an integral part of this document. If the Board of Visitors meets less frequently than anticipated, the Planner will be adjusted accordingly.

Virginia Polytechnic Institute and State University
~~Finance~~[Compliance, Audit,](#) and ~~Audit~~[Risk](#) Committee of the Board of Visitors
~~Audit~~[CAR](#) Agenda Meeting Planner

A=Annually; Q=Quarterly; AN=As Necessary Q1, Q2, Q3, Q4 based on Fiscal Year (July – June)	Frequency			Planned Timing			
	A	Q	AN	Q1	Q2	Q3	Q4
				Aug	Nov	Mar	Jun
A. General							

A=Annually; Q=Quarterly; AN=As Necessary Q1, Q2, Q3, Q4 based on Fiscal Year (July – June)	Frequency			Planned Timing			
	A	Q	AN	Q1	Q2	Q3	Q4
				Aug	Nov	Mar	Jun
1. Review and update F&A <u>CAR</u> Committee Audit Charter <u>charter</u>	X				X		
2. Approve and maintain minutes of previous meeting		X		X	X	X	X
3. Authorize audits within the Committee’s scope of responsibilities			X				
4. Report Committee actions to the Board of Visitors with recommendations deemed appropriate		X		X	X	X	X
5. Meet in closed session with <u>Executive</u> Director of Internal Audit, <u>Risk, and Compliance</u> , and with external auditors, as needed		X		X	X	X	X
B. <u>Risk Management and Internal Controls/Risk Assessment/Fin-Reporting</u>Control							
1. <u>Review the university’s ERM efforts including the program structure, processes, risk assessment, and risk management policies</u>		<u>X</u>		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
4.2. Consider the effectiveness of the university’s internal control systems			X				
2. Review the university’s processes for assessing significant business risk exposures and the steps taken to monitor and control such exposures			X				
3. Understand the scope of internal and external audit reviews of internal control, and obtain reports on significant potential issues and recommendations, together with management’s responses		X		X	X	X	X
4. Review the annual financial statements with management and external auditors to determine whether the external auditors are satisfied with the disclosure and content of the financial statements, including the nature and extent of any significant changes in accounting principles	X				X		
5.4. Review management’s written responses to significant potential issues and recommendations of the auditors, including the timetable to correct identified weaknesses in the internal control system		X		X	X	X	X
6.5. Advise management that they are expected to provide a timely analysis of significant current financial reporting issues and practices	X				X		

A=Annually; Q=Quarterly; AN=As Necessary Q1, Q2, Q3, Q4 based on Fiscal Year (July—June)	Frequency			Planned Timing			
	A	Q	A N	Q1	Q2	Q3	Q4
				Aug	Nov	Mar	Jun
C. External Auditors							
1. Make inquiries of management and the independent auditors regarding the scope of the external audit for the current year	X						X
2. Discuss with the external auditors their processes for identifying and responding to key audit and internal control risks			X		X	X	
3. Review the coordination of internal and external audit procedures to promote an effective use of resources and ensure complete and efficient coverage of the university's risks			X	X		X	
4. Meet with the external auditors at the completion of the <u>financial statements</u> audit to receive and discuss the audit report(s)	X				X		
<u>5. Review results of other significant reviews from regulatory agencies or other external entities</u>			X				
D. Internal Auditors							
1. Review and approve Internal Audit the charter <u>for the Office of Audit, Risk, and Compliance</u> , if changes are needed	X				X		
2. Review the draft annual audit plan	X						X
3. Approve the annual audit plan	X			X			
4. Review the effectiveness of the internal audit function, including staffing resources, financial budget, training, objectivity, and reporting relationships	X			X			
<u>5. Review the results of the QAIP, including internal and external assessments</u>			X				
5.6. Review completed audit reports and progress reports on executing the approved annual audit plan		X		X	X	X	X
6.7. Inquire of the <u>Executive</u> Director of Internal Audit, Risk, and Compliance regarding any difficulties encountered in the course of the audits, including any restrictions on the scope of work or access to required information		X		X	X	X	X
7.8. Review and concur in the appointment, replacement, reassignment, or dismissal of the <u>Executive</u> Director of Internal Audit, Risk, and Compliance			X				
8.9. Evaluate the <u>Executive</u> Director of Internal Audit's <u>Audit, Risk, and Compliance's</u> annual performance and make decisions regarding compensation	X			X			

A=Annually; Q=Quarterly; AN=As Necessary Q1, Q2, Q3, Q4 based on Fiscal Year (July—June)	Frequency			Planned Timing			
	A	Q	AN	Q1	Q2	Q3	Q4
				Aug	Nov	Mar	Jun
E. Compliance, Ethics, and Business Conduct							
1. Require <u>Convey commitment to ethical conduct through periodic receipt of management to periodically report reports on procedures that provide assurance that</u> <u>how</u> the university's mission, values, and codes of conduct are properly communicated to all employees			X				
2. Review the programs and policies of the university designed to assure and monitor compliance		X	X	X	X	X	X
3. Monitor the university's conflict of interest policies and related procedures		X		X	X	X	X



VIRGINIA TECH[®]
ATHLETICS

Intercollegiate Athletics report to the
Governance & Administration Committee
of the Board of Visitors

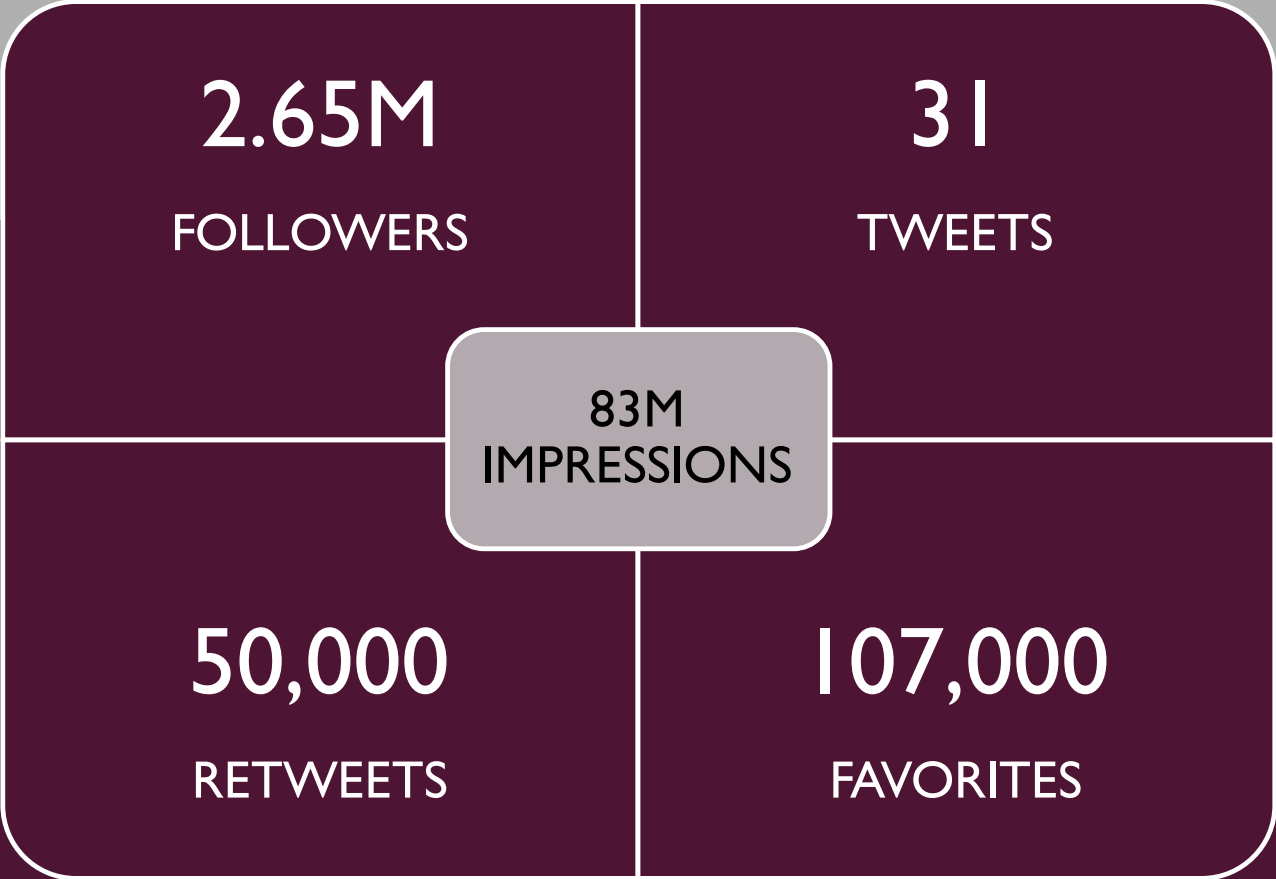
November 6, 2017

“THE EARTH LITERALLY SHAKES HERE.”
-CHRIS FOWLER



COLLEGE GAMEDAY

“WELCOME TO BLACKSBURG, VIRGINIA, LIVE FROM ALUMNI MALL.” – RECE DAVIS



COLLEGE GAMEDAY

“WELCOME TO BLACKSBURG, VIRGINIA, LIVE FROM ALUMNI MALL.” – RECE DAVIS

 **College GameDay** ✓
@CollegeGameDay Following

Thank you, Blacksburg!

Let's do it again soon.



12:56 PM - 30 Sep 2017

401 Retweets 2,357 Likes

 **Lee Fitting**
@leefitting Following

Any school that wants to host @CollegeGameDay, take notes from Va Tech and its crowd and setting.

9:35 AM - 30 Sep 2017

747 Retweets 2,076 Likes

 **College GameDay** ✓ @CollegeGameDay · Sep 30
Even the lunch pail made it to GameDay 🧺 #LPD





EXIT LIGHT. ENTER NIGHT.

ABC PRIMETIME GAME OF THE WEEK

4.7 MILLION VIEWERS

THE MOST WATCHED COLLEGE FOOTBALL GAME OF THE 2017 SEASON

NINE HOURS OF PRIMETIME COVERAGE OF VIRGINIA TECH
AND THE BLACKSBURG COMMUNITY

FIFTH LOUDEST MOMENT IN COLLEGE FOOTBALL HISTORY – 126.2 DBA

SPORTS ILLUSTRATED – “VIRGINIA TECH CONTINUES TO HAVE THE MOST LIT
ENTRANCE IN ALL OF COLLEGE FOOTBALL”

NOW is the **TIME.**



THIS is the **PLACE.**



BOWMAN ROOM DINING SERVICES

WHAT THE FUTURE COULD HOLD FOR VIRGINIA TECH ATHLETES



BENEFITS TO VIRGINIA TECH AND OUR ATHLETES



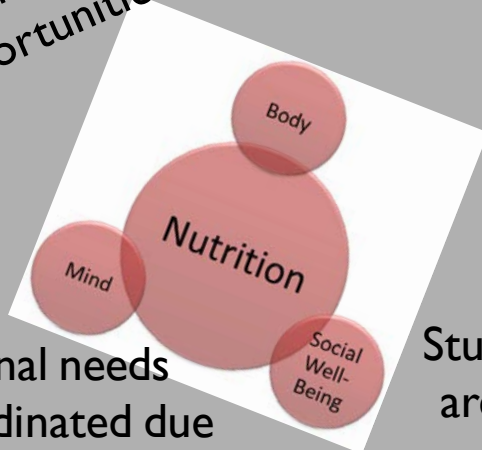
Upscale dining/reception opportunities



Enhanced amenity-hosting packages for fans supporting the Hokies



Potential additional dining facility for all students thereby assisting with the support of additional growth at Virginia Tech



Specialized nutritional needs can be better coordinated due to central location



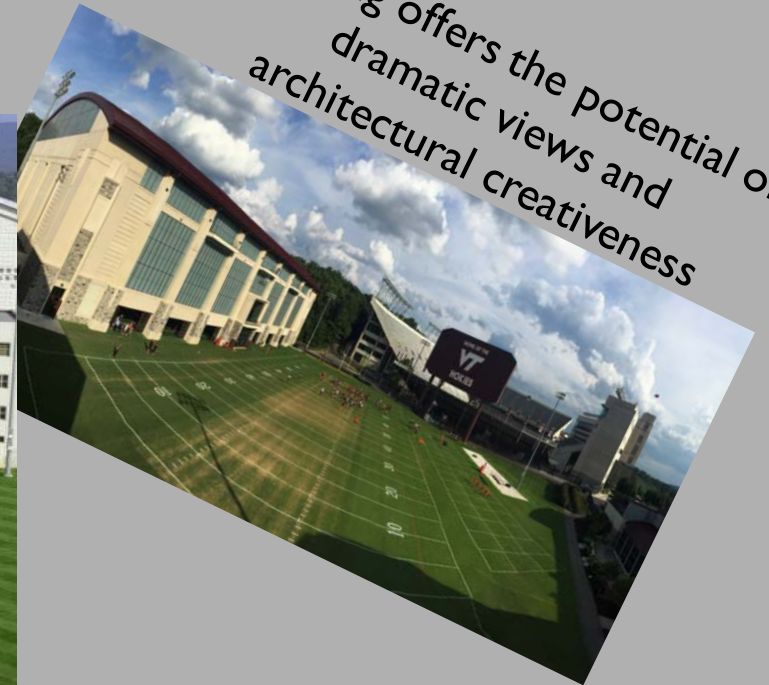
Student-athletes have a centrally located nutrition area close to competition venues, locker rooms, training areas, and academic support

ADVANTAGES OF SITE:

Not a build from scratch situation



Part of an already existing athletics center



Setting offers the potential of dramatic views and architectural creativeness

VIRGINIA TECH

Athletic Nutrition Center
Feasibility Study



program of requirements

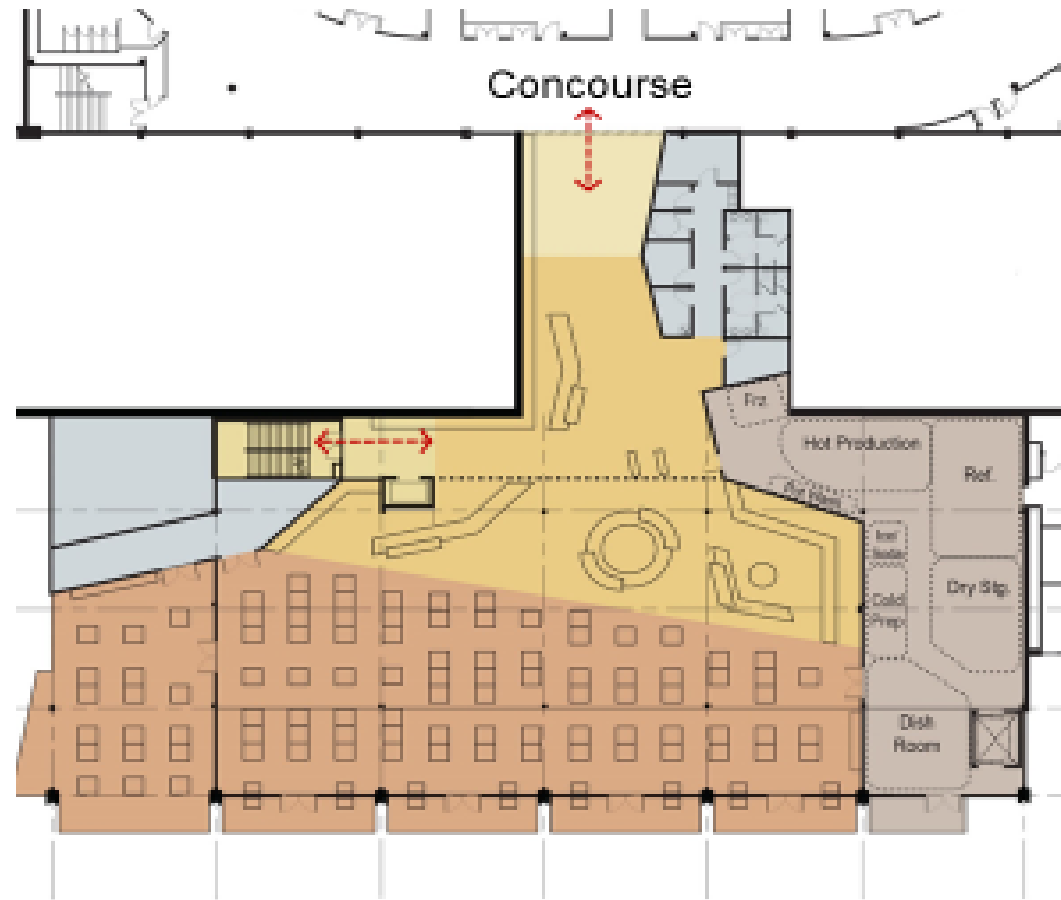
The programmatic requirements for the Nutrition Center were established through a series of conversations between the VT Athletics Committee and Hanbury design team. The square footage numbers listed below are adequate to support 250 users occupying the space concurrently. A more detailed description of the kitchen spaces can be found in the Food Service section on page 14.

Spaces	Persons	Description	Net Square Feet (NSF)	Total NSF
	250	Main Dining Space	19/Person	4,750
	250	Kitchen/Servery Total	15/Person	3,750
		Kitchen (40% of Total)= 1,500 NSF		
		Servery (60% of Total)= 2,250 NSF		
1		Dish Room	500	500
2		Office (10' x 12')	120	240
1		Cash Office (8' x 10')	80	80
2		Staff Changing Room (5' x 8')	40	80
1		Janitor Closet	60	60
1		Storage (Dining Tables and Chairs)	400	400
2		Restrooms (3 W.C., 2 Lavatories)	150	300
		Mechanical and Support Space	700	700
3 Floors		Vertical Elevator Bay and Offices	575	1,725
			NSF Total	12,585 NSF
			GSF Total	17,160 GSF
			% Efficiency	73%
		Balconies		1,175*
		Outdoor Patio Area		1,650*

NSF: Net Square Feet

GSF: Gross Square Feet

*Covered Unconditioned Space



EXAMPLE OF NOTRE DAME'S AREAS



QUESTIONS TO BE ANSWERED:

- What additional hosting and potential revenue opportunities are anticipated?
- How much \$ do we need to get started?
- How much staffing would be necessary?
- How many meals per day? All? Two per day? Which will we offer?
- For Student-Athletes, and general students??
- Would Dining Services operate it? Opportunity and justification for some campus funding?
- Impact on Jamerson & Cassell during year of Construction?
- Coordination when overlapping events want/need to utilize the space?



VIRGINIA TECH ATHLETICS ACC NETWORK



STUDIOS



CONTROL ROOMS



EQUIPMENT/RACK ROOMS



EDIT STATIONS



CURRENT USE OF SPACE



ACC TELEVISION AGREEMENTS

CURRENT



Secondary Agreement

2019 – 2036



ACC | ESPN Partnership

ACC NETWORKS



**Authenticated Digital Streaming
Platform**

September 2016

2016: 600 Games

2017: 725 Games

2018: 850 Games

2019-2036: 975 Games

2019: OVER 1,500 LIVE GAMES



**Linear Distribution Channel
Launches August 2019**

Football: 40 Games

M-Basketball: 100 Games (min.)

W-Basketball: 50 Games

Olympic Sports: 260 Games

ACC NETWORK LAUNCH PILLARS



Takeaways from the surprise Altice-ESPN carriage agreement

■ Who won?

ESPN is the clear winner, at least based on initial reports. It averted a standoff and added **SEC Network** and **ACC Network** on a cable system that covers the New York area market. ESPN

■ What was the biggest surprise?

I am blown away by the fact that ESPN was able to get carriage for both ACC Network and SEC Network on cable systems that span Connecticut, Pennsylvania, New Jersey and New York — areas that never will be confused for Tobacco Road or Tuscaloosa. ACC brass, in particular, have to be overjoyed, as this one deal makes its planned 2019 launch as close to a sure thing as you can get.

QUESTIONS TO BE ANSWERED:

- How can this benefit all of Virginia Tech? Our students?
- How are we going to staff and budget for the ACC network and all that it entails?
- How are we going to pay for the equipment and studio construction and built out? Opportunity for campus funding?
- How can we help with increasing the Distribution of the Channel?



VIRGINIA TECH[®]

ATHLETICS

Next Meeting Topics with Committee Approval (Draft)

- ❑ March – Residence Hall – Dual Committee Meeting, Buildings & Grounds etc. (critical to our success & momentum)
- ❑ June – Demographic Student-Athlete Data- Diversity/Inclusion (what we bring broader than Athletics)
- ❑ August – Competitive Success – Peer ACC Analysis and Comparatives
- ❑ Future Meetings – Meet Some Of Our Student-Athletes
- ❑ Other Requests? (today or via Kim O'Rourke)



VIRGINIA TECH[®]
ATHLETICS



VIRGINIA TECH

DRIVE FOR 25

www.drivefor25.com



VIRGINIA TECH[®]
ATHLETICS

Closing Remarks
Q & A



Virginia Tech Branding Update

ATHLETICS AND ACADEMICS
ALIGNMENT AND ENGAGEMENT

Snapshot of launch

- 317 vt.edu pages seamlessly updated
- People reached: 85,045
- Video views: 41,895
- Daily Email sent to 40K (usual is 15K)
 - 45% open rate (30% increase)



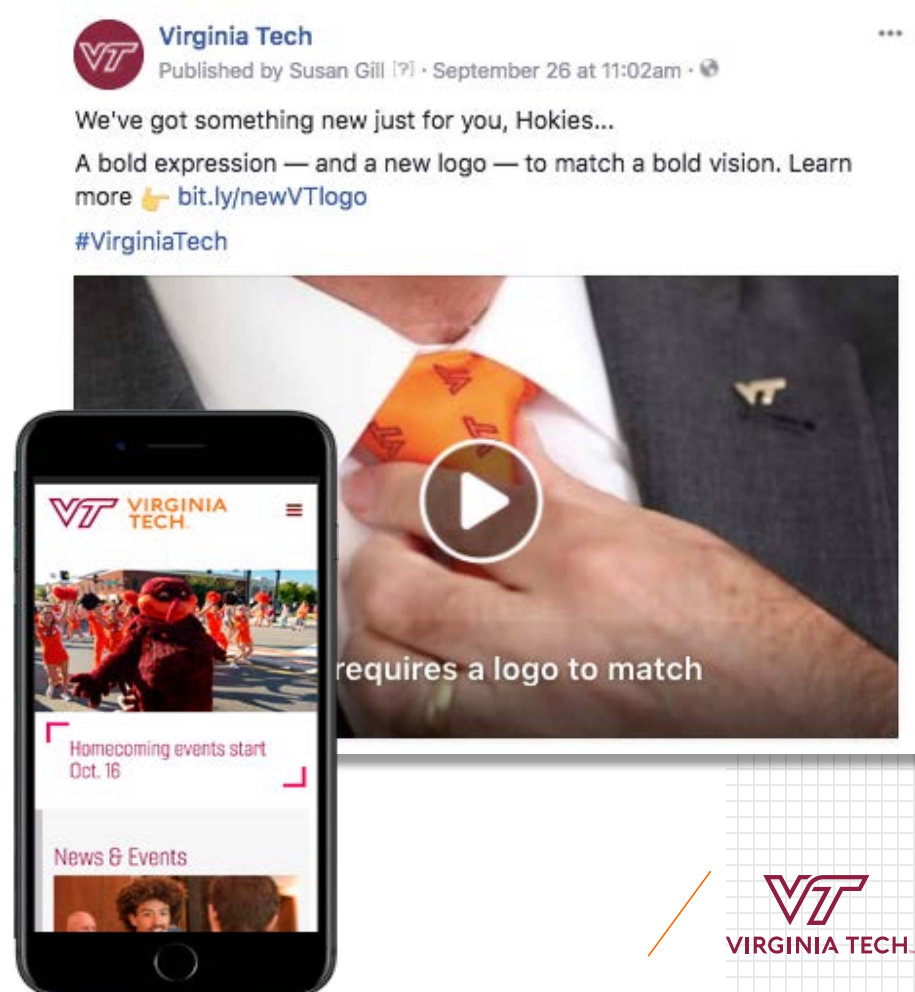
1,240 likes



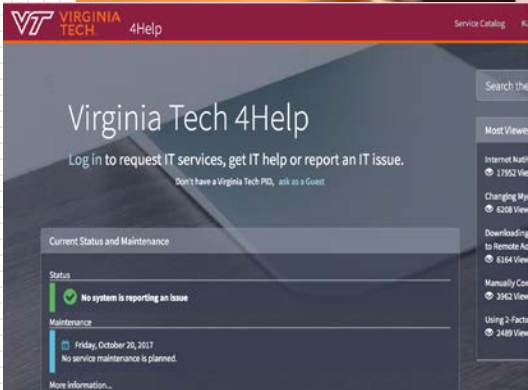
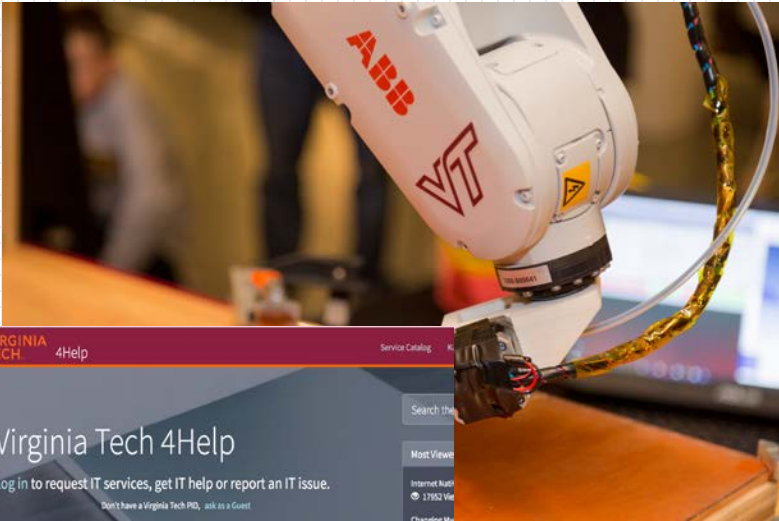
83 loves



292 angry



Where you can find our brand



- Logo is being implemented across the university.
- Content is starting appear in the new “voice and look:” VT Magazine, annual reports, web content, emails, and more
- Licensees are sending items now for winter/spring release

Four-week snapshot

- Brand video: 99% positive reactions
- New product selling out
- Brand expression being adopted at the university
- Outreach to groups and individuals



Coordination on brand with athletics

The athletics partnership inside of brand development

- Platform feedback (engagement in steering committee and beyond)
- Logo evolution guidance and support
- PSA (brand unification on “grit and determination”)
- Launch support (events, ads, social media support)

Addressing brand confusion

The launch situation

- What is the academic logo? (Many didn't understand that it wasn't the athletics logo)
- Rampant logo misuse pre-dating brand initiative ("brand fracture")

Focus for the launch

- Communicate (FAQs/promotion events) showing what is changing and what is staying the same
- Showcase improved brand alignment with strong visual messaging and PSA (lunch pail commercial)

Socialization post-launch

- Addressing social media confusion with updated FAQs and social posts
- Licensing-team effort to update artwork and share the new logo on product that is coordinated with athletic marketing team
- T-shirt giveaways (build excitement)



Clarification visualized

- A student created a clarifying graphic that has helped the community helped with the brand confusion
- Not a lot of concern raised in the Athletic community

NEW:



GONE:



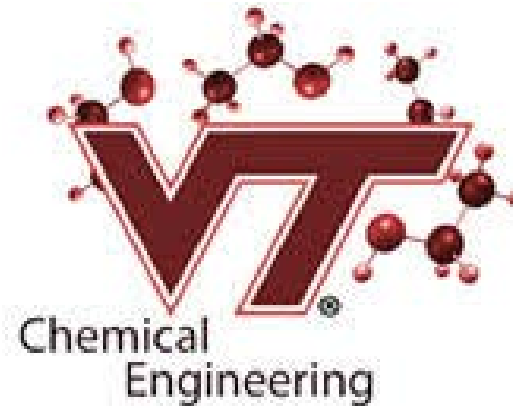
NOT CHANGING:



Why not have one logo?



Will the academic side want to be associated with the athletics logo?



Logo Unification: Success Stories





IT and Enterprise Administrative Systems

Scott F. Midkiff

Vice President for Information Technology and Chief Information Officer
Professor of Electrical and Computer Engineering

Deborah Fulton

Associate Vice President for Enterprise Systems

Division of Information Technology

November 2017 Virginia Tech Board of Visitors Governance and Administration Committee



Division of Information Technology Mission

The mission of Virginia Tech's Information Technology organization (IT) is to serve the university community and the citizens of the Commonwealth of Virginia by applying and integrating information resources to:

- Enhance and support **instruction, teaching and learning**;
- Participate in, support and enhance **research**;
- Foster **outreach**, develop **partnerships** with communities and promote the capabilities of advanced networking and communications;
- **Provide, secure, and maintain systems** allowing the university to accomplish its missions.

<https://it.vt.edu/>

IT Strategic Plan, 2012-2018

Supporting the mission of the university

Pillar 1: Enabling networked learning in the networked university

Pillar 2: Providing competitive advantage through sustainable advanced cyberinfrastructure and collaboration

Pillar 3: Leveraging information technology to distinguish the Virginia Tech experience

Pillar 4: Advancing information technology for enterprise effectiveness

Positioning IT for the future

Pillar 5: Ensuring the security and resilience of information technology resources

Pillar 6: Improving communication with customers and partners

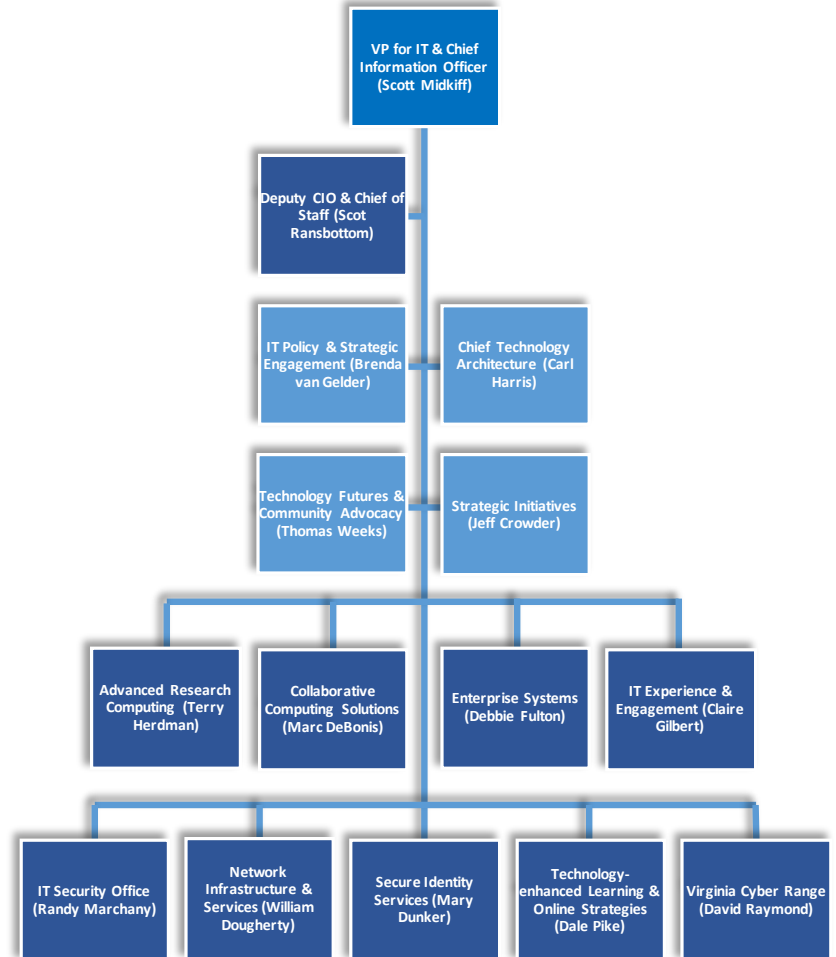
Pillar 7: Strengthening the information technology organization

The 2012-2018 IT Strategic Plan is available at:

https://it.vt.edu/content/dam/it_vt_edu/strategic-documents/Virginia_Tech_IT_Strategic_Plan_2012-2018-v1-1-2013-06-12.pdf

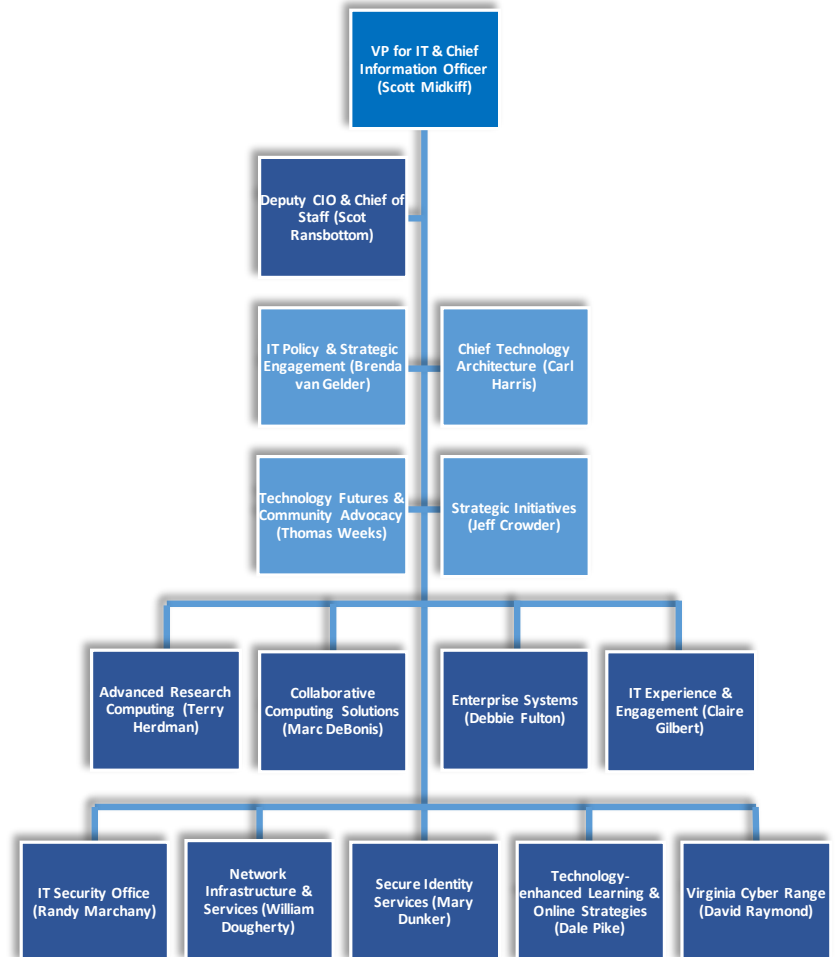
Division of IT Organization (1/2)

- **Administration & Planning (A&P):** Provides communications, facilities, financial management, IT purchasing, personnel services, and project management for the Division of IT and the university (under the Deputy CIO and Chief of Staff)
- **Advanced Research Computing (ARC):** Provides services and support for high-performance computing, large-scale storage, and advanced visualization for the university's research community
- **Collaborative Computing Solutions (CCS):** Supports customer-focused services and infrastructure for collaboration tools, Microsoft technologies, and use of public cloud
- **Enterprise Systems (ES):** Provides enterprise-level services to the university including Ellucian Banner and application information systems, information warehousing and business intelligence, document management systems, database administration, application administration and integration, and web content administration and hosting
- **IT Experience & Engagement (ITE²):** Serves as the “front door” for user support, coordinates user support activities across the Division of IT and beyond, and collaborates across the Division of IT to assess and improve user experience
- **IT Security Office (ITSO):** Provides tools and services, awareness, and guidance to help university units, faculty, staff, and students achieve a safe and secure IT environment for teaching, learning, research, outreach, and the conduct of university business (The associated IT Security Laboratory conducts and supports research and education in cybersecurity and provides students with experiential learning opportunities.)

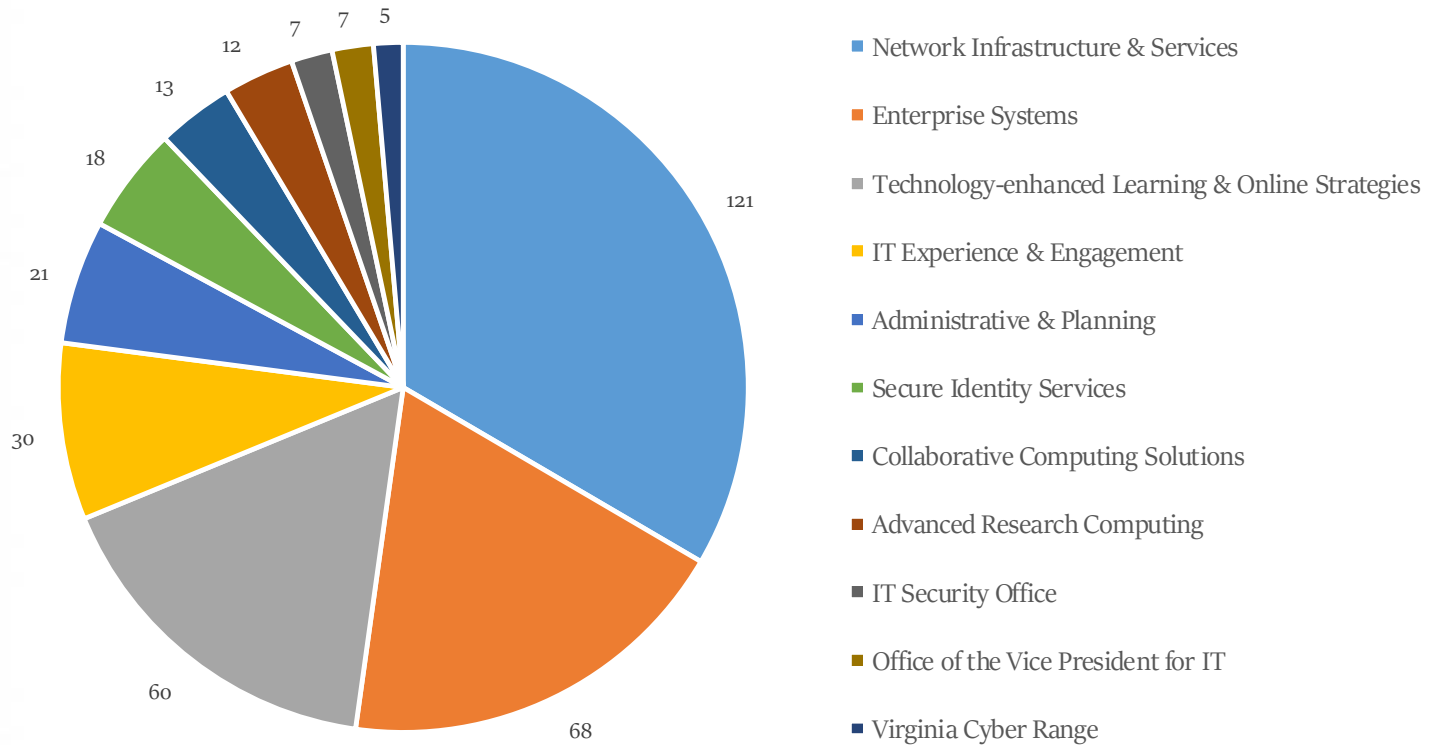


Division of IT Organization (2/2)

- **Network Infrastructure & Services (NI&S):** Provides network infrastructure for the university including wireless, Ethernet, high-data rate research connectivity, campus backbone, and wide-area networking; operates the university data center including enterprise, high-performance computing, and storage systems; collaboratively provides safety and security services; and leads special initiatives including a cellular distributed antenna system
- **Secure Identity Services (SIS):** Supports the university's online identity management and authentication processes and services to enable secure access to information resources and systems
- **Technology-enhanced Learning & Online Strategies (TLOS):** Works with programs and faculty to design effective learning experiences; provides training to enhance faculty digital fluency; explores innovation in teaching and learning using technology; and supports innovative physical and virtual learning environments for traditional, distance, and hybrid courses
- **Virginia Cyber Range:** Collaborates with Virginia universities, community colleges, and K-12 schools to make the Commonwealth of Virginia a national resource for cybersecurity education by operating a virtual environment for experiential learning, maintaining a repository of teaching resources, and building a community of practice in cybersecurity education
- **Office of the Vice President for Information Technology:** Leads the Division of IT and collaborates across the university and beyond to grow and transform the institution through technology; and provides specific support for the university's technology architecture, technology futures, IT policy, and engagement



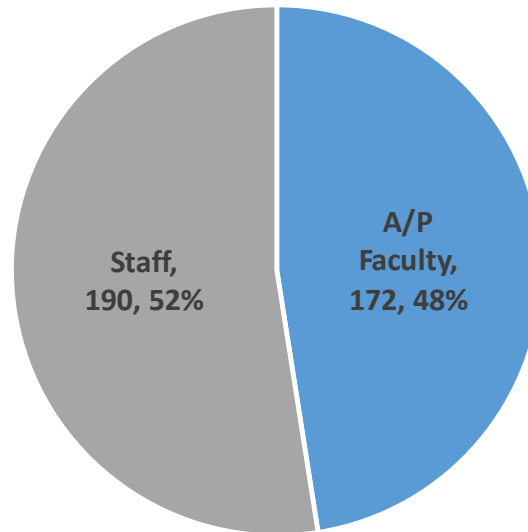
Division of IT: Full-Time Employees by Unit



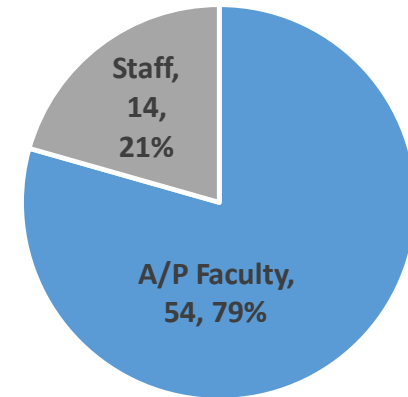
The Division of IT has 362 full-time employees (filled positions) including 172 A/P faculty and 190 university and state classified staff (as of 9/22/2017).

Division of IT: Types of Employees

- The Division of IT is employing an increasing percentage of A/P faculty (currently 48%), reflecting an increase in the skills and expertise needed to develop, deploy, operate, and support today's complex IT systems and infrastructure
- Enterprise Systems employs an even higher percentage of A/P faculty (79%)



Division of IT



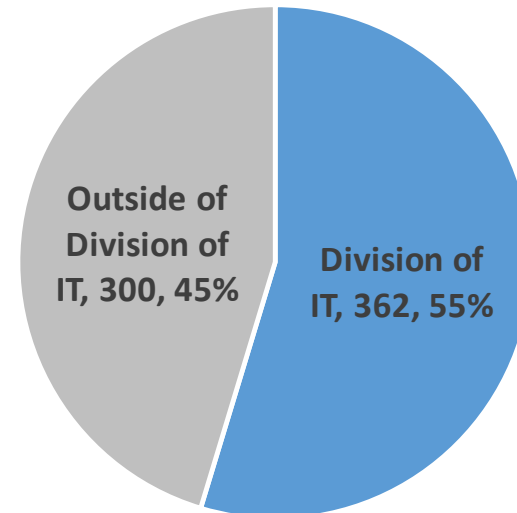
Enterprise Systems Only

Data is for full-time employees (filled positions) including as of 9/22/2017.

Hybrid Centralized and Distributed IT

- Information technology functions are performed by:
 - Division of IT employees (centralized)
 - Employees in academic and administrative units (distributed)
- Division of IT provides and supports:
 - Common and widely used services and infrastructure
 - Critical enterprise applications and systems
- Distributed IT personnel provide and support:
 - Client computer support
 - Specialized application support

Number of information technology workers inside (centralized) and outside* (distributed) of the Division of IT



The number of information technology workers outside of the Division of IT is estimated based on "role/soc code" for staff positions and job and functional titles for faculty positions.

Hybrid Centralized/Distributed IT

Value of Centralized Support

- Efficiencies of scale
- Commonality in services and experience
- Standardization and controls



Value of Distributed Support

- Locality of support and service
- Specialization to meet unique needs
- Potential for innovation

The Division of IT Supports Distributed IT Functions

- Coordination across distributed units
- Provision of common infrastructure for distributed services
- Provision of optional shared services
- Reviews and consulting
- Acquisition and license management

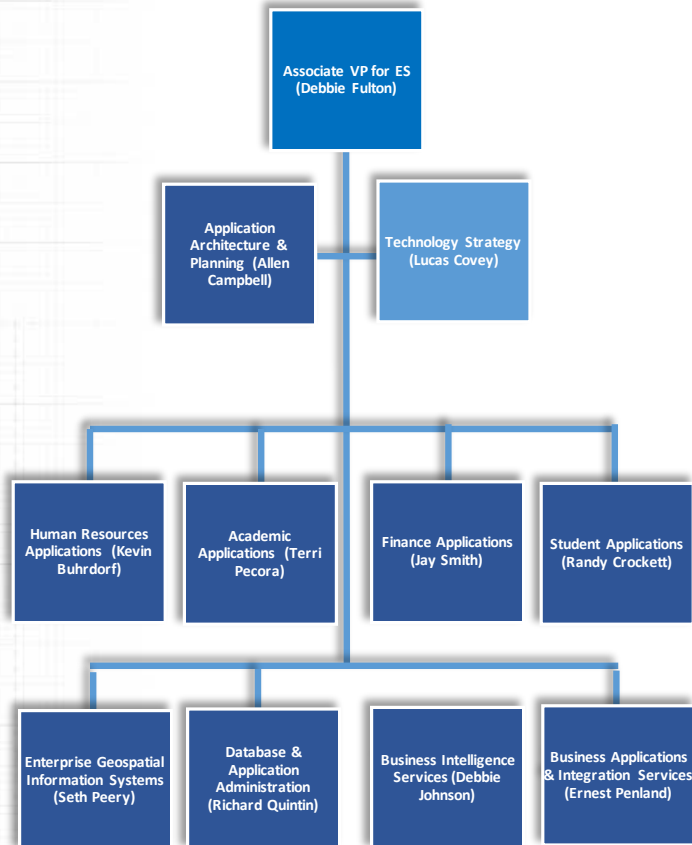
Mission of IT Enterprise Systems

The mission of Enterprise Systems is to support the university by developing, coordinating, and managing application software systems and enterprise data to provide critical information services for university constituents.

Activities performed to advance the mission:

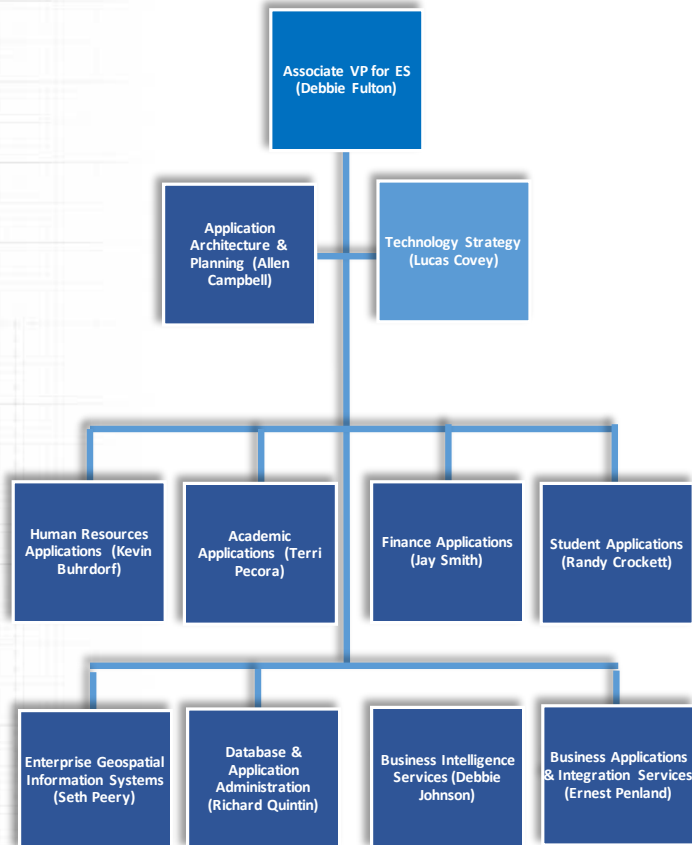
- Implement applications from an enterprise-wide view to address availability, scalability, security, integration, and software standards
- Manage a portfolio of enterprise priorities and projects that insures alignment with strategic needs
- Continually enhance and improve information systems to insure long-term viability of enterprise software investments
- Collaborate with university faculty, staff, and students to facilitate process transformation
- Insure that information is accessible while safeguarding against loss, abuse, and corruption
- Provide data technologies and services to enable our data-driven university

Enterprise Systems Organization (1/2)



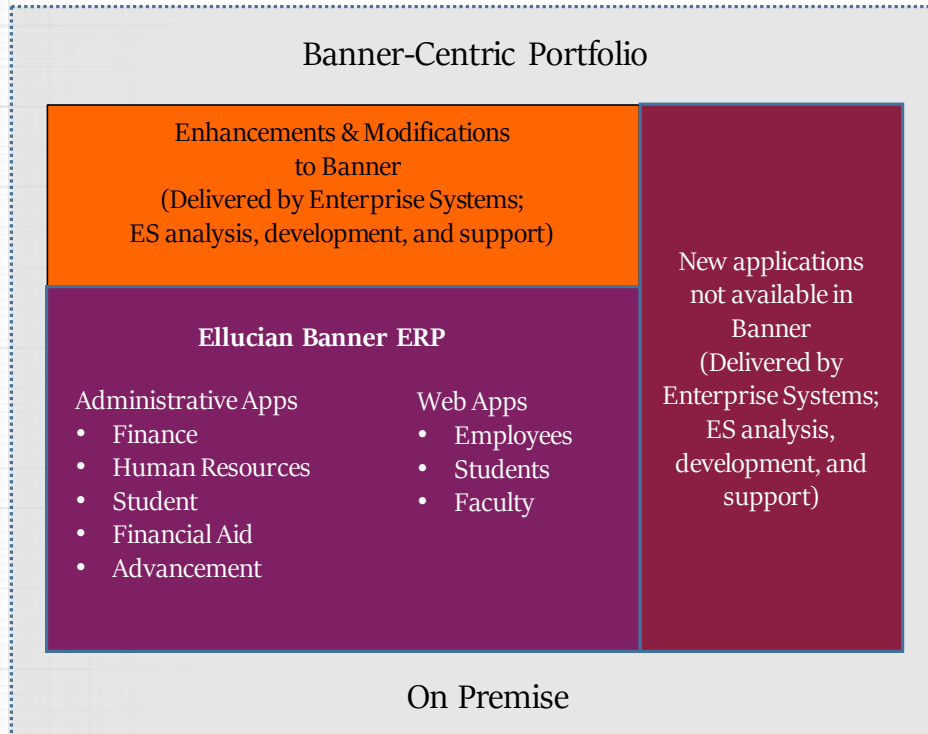
- **Application Architecture and Planning:** Provides project management services and coordinates unit wide activities. Senior Director acts as deputy leader of Enterprise Systems.
- **Academic Applications:** Provides development, business analysis, and integration services and support for academic administration, financial aid, event management, and student life applications.
- **Business Applications and Integration Services:** Provides development, business analysis, document management, web services, mobile apps, and integration services for university business processes across application domains.
- **Business Intelligence Services:** Provides business intelligence tools and services including an enterprise data warehouse, Microstrategy reporting and analytics tools, and data modeling services.
- **Database and Application Administration:** Provides database administration for various database technologies, application administration for enterprise vendor and VT-developed applications, web hosting and administration, cloud administration services, and deployment technology leadership.

Enterprise Systems Organization (2/2)



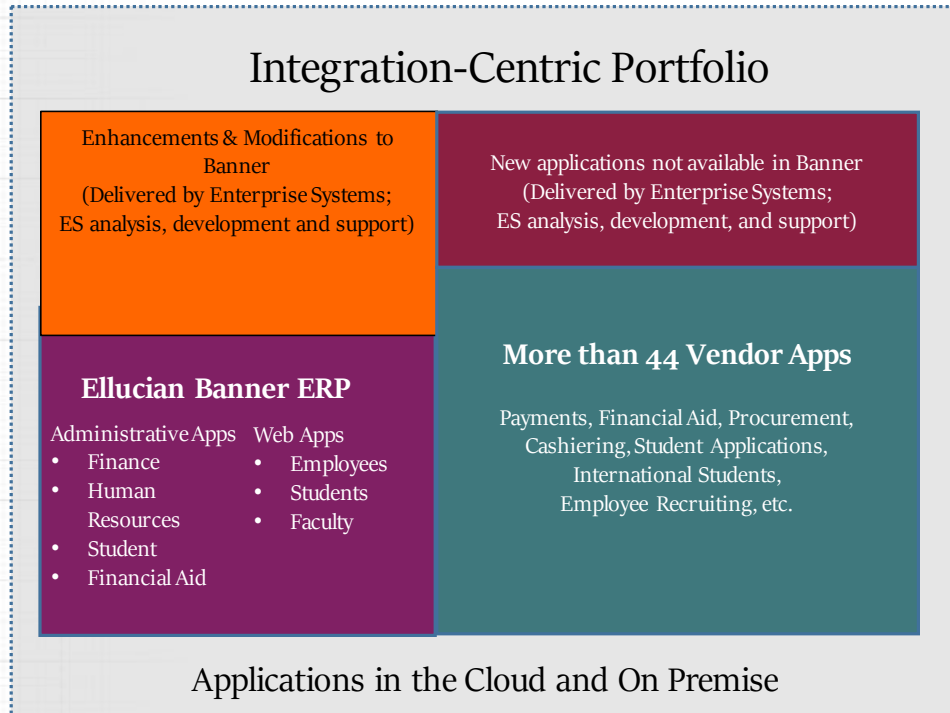
- **Enterprise Geospatial Information Systems:** Provides design, analysis, development, configuration management, and operation for geospatial information systems. Acts as a leader and consultant in innovative applications and effective enterprise practices for geospatial information.
- **Finance Applications:** Provides development, business analysis, and integration services and support for finance, accounts receivable, accounts payable, research administration, travel, and procurement applications.
- **Human Resources Applications:** Provides development, business analysis, and integration services and support for human resources, leave, equity and access, and payroll applications.
- **Student Applications:** Provides development, business analysis, and integration services and support for academic administration, financial aid, and student life applications.
- **Technology Strategy:** Analyzes, designs, and advocates solutions to promote enterprise-quality, innovative technology architecture for ES applications. The Director provides leadership and expertise across ES for technology standards and best practices.

Enterprise Systems (ES) Application Portfolio: Where we were 10 years ago



- Ellucian Banner was (and continues to be) the VT enterprise resource planning (ERP) solution and the market leader for Higher Education ERP systems.
- Ellucian Banner did not provide enhanced, specialized functionality often needed by large, public institutions.
- The Higher Education administrative software market had few specialized applications beyond ERPs - which meant ES developing solutions for VT or the campus using manual processes.
- Cloud services had not begun to be adopted for higher education administrative apps. All enterprise applications were on premise.
- VT ES resources were assigned to support primary central administrative offices that managed the Banner modules. The stakeholders for ES services were the leaders of these central administrative offices. ES did not generally provide services to other campus units unless directed by one of these central administrative offices.

Enterprise Systems (ES) Application Portfolio: Today



- Ellucian Banner redesigned for integration to a variety of additional vendor apps. Intended to live in a broader application ecosystem.
- The Higher Education administrative software market has many specialized applications for a myriad of campus services.
- Ellucian Banner continues to be the market leader for Higher Education ERP systems with over 1,200 implementations worldwide.
- Cloud services rapidly increasing as the preferred deployment architecture. ES supports numerous vendor cloud-based apps as well as ES developed apps.
- ES services are much more diverse including supporting legacy VT-developed applications, business analysis, application implementation, and integration of numerous vendor applications.
- ES Steering Committee created to assist in coordination of application portfolio from a university-wide perspective. Aligning ES resources for a broader portfolio is an evolving discussion. Today everyone could be an ES stakeholder.

Next-gen Enterprise IT – A Higher Education Industry Perspective

What does next-gen enterprise IT mean to you?

Administrative systems no longer simply provide transactional services limited in scope and ability. New technologies are enabling colleges and universities to greatly expand their offerings while at the same time providing incredibly important information in the form of analytics. **Today’s modern systems make it possible to integrate a myriad of “micro best-of-breed” solutions that cover practically every possible function of a modern institution in very tailored ways.** Everything—from personality matching of roommates to specific applications to help enable student success—is now possible. And because these solutions are almost always located in the cloud, they can be deployed without overly burdening IT staff. Further, through data-integration efforts, the resulting analytics generated by these applications can then be funneled back into predictive analysis for student success. **It is a different world, one that requires a rethinking of what the traditional college/university administrative support unit should do and be. However, the rewards can be amazing!**

Excerpt from Educause interview with various IT leaders in Higher Education: William E. Morse, Jr. Vice President and CIO, Pomona College

Reinitz, Betsy Tippens, “Enterprise IT Perspectives on the 2017 Top 10 IT Issues”, Educause Review, vol. 52, no. 1, (January/February 2017)

Enterprise Systems Projects Completed Summer 2017 (partial list)

- **Advancement information management system** – The Advancement information management system implementation of Blackbaud CRM is a state-of-the-art constituent management system designed around advancement industry best practices that enables strategic, data-driven fundraising, alumni relations and engagement efforts.
 - July 2017 implementation, Vendor application, On Premise deployment, ES services included business analysis, project management, and integration.
- **OneCampus services storefront** – OneCampus is a university-wide gateway and appstore interface for VT services. OneCampus uses a search-based interface to catalogue services for VT and provide a storefront for the myriad of VT web apps.
 - August 2017 implementation, Vendor application, Cloud deployment, ES services included business analysis, application configuration, and content management.
- **AcademicWorks scholarship administration system** – AcademicWorks is a centralized system for the administration of scholarship application and awarding. The solution enhances the branding and visibility of all Virginia Tech scholarships for students and their families.
 - August 2017 implementation, Vendor application, Cloud deployment, ES services included business analysis and application integration.
- **Graduate contract management phase 1** – Graduate contract management is designed to automate and integrate numerous disparate processes required to offer and administer graduate contracts across various university systems and offices.
 - July 2017 implementation, ES developed, On premise deployment, ES services included business analysis, application development, and deployment.
- **Sunapsis international student system** – The Sunapsis system manages international student regulatory compliance and integration with the federal mandated reporting for the Federal SEVIS system.
 - August 2017 implementation, Vendor application, On premise deployment, ES services included configuration, integration, testing, and deployment.

Enterprise Systems Projects Currently in Progress (partial list)

- **Banner 9 ERP upgrade phase 1 administrative pages** - The Banner 9 upgrade phase 1 includes transformation of VT modifications from Oracle forms technology to transformed admin pages. The project plan includes development of local pages, implementation of baseline Banner 9 pages, training, testing and other activities for 2018 deployment.
 - March 2018 planned deployment, Combination vendor and ES development, On premise deployment, ES services include business analysis, development, application configuration, and deployment.
- **Banner 9 ERP upgrade phase 2 web applications** - The Banner 9 upgrade phase 2 transitions self-service Banner (HokieSPA) from PL/SQL technology to lightweight web applications. As part of this effort, VT has developed numerous web apps that will need to be replaced either by new vendor applications or by rewriting the applications. The project plan for Phase 2 is still being analyzed.
 - Deployment schedule to be determined, Combination ES development and multi-vendor applications, ES services to be determined.
- **VT Carilion School of Medicine migration to VT college** - VTCSOM will become a VT College in 2018. To support this migration, the project plan includes admissions processes, course catalog and timetable configuration, academic history, transcripts and other processes.
 - 2018 deployment, Vendor application and ES development, On premise deployment, ES services include development, conversion, business process analysis, testing, and implementation.
- **Data integration technology solution implementation** - The data integration technology solution project is to provide ES with a more effective architecture for data and process integration that supports emerging technologies for structured and unstructured data.
 - Deployment schedule to be determined, ES services include analysis, procurement, and implementation.

Enterprise Administrative Systems Challenges

- **Talent Management**
 - Evolving skills to address changing environment
 - Fostering business knowledge in conjunction with technology expertise
 - Recruiting for today and tomorrow
- **Prioritization of Diverse Needs**
 - Myriad of requests across the institution
 - Responsiveness to university timelines
 - Increasing compliance requirements
- **Data Management, Technologies, and Analytics**
 - Diversity of data sources and types of data
 - Data governance
 - How can Enterprise Systems best assist in “Enabling our data-driven university”
- **Integration Complexity and Standardization**
 - Building a more resilient architecture for the future



Human Resources in Higher Education

A National Perspective and Planning for the Future

Scott Nostaja
Senior Vice President

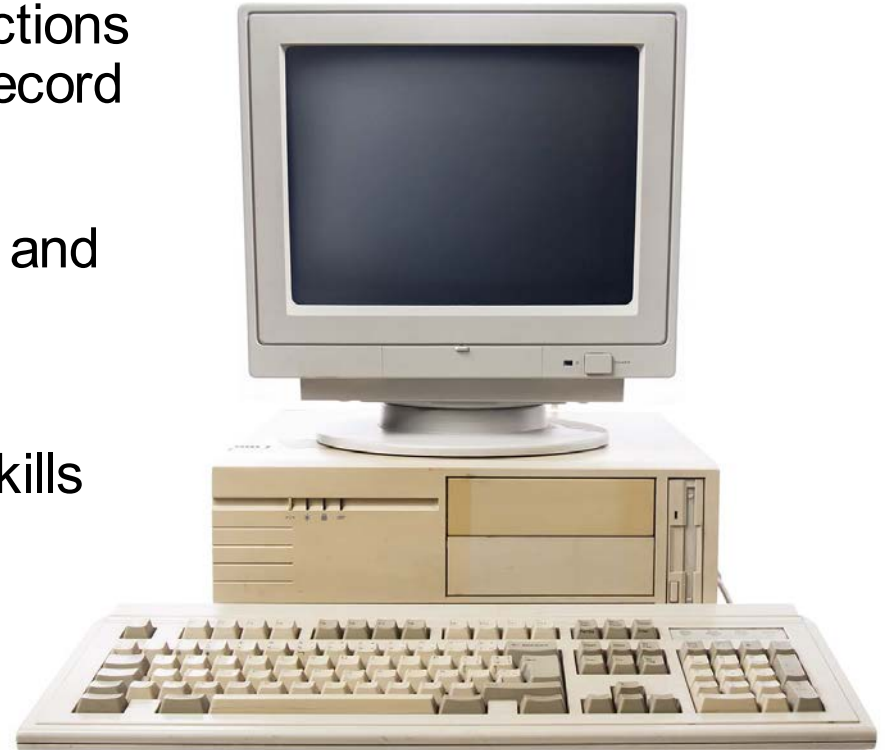
 Sibson Consulting

The State of Human Resources in Higher Education

- Largely transactional organizations with very few strategic services or programs
- Often seen as a resource or function in support of “staff” and not faculty
- Typically supported by manual/paper-based processes with high error rates and slow turnaround times

The State of Human Resources in Higher Education

- Seen as providing low or marginal value to the University other than basic transactions like payroll, benefits administration, record keeping and compliance
- Inadequate investment in technology and insufficient automation of processes
- Limited investment in developing professional HR competencies and skills



The State of Human Resources in Higher Education

- Poor use of employee data and analytics to help the university make informed decisions relative to recruiting, retention, compensation, benefits, etc.
- At most large public research universities HR delivery models historically organized as follows:
 - A central HR transactional unit
 - A highly distributed network of individuals at the college / school / department / unit level responsible for delivering and administering HR policies and processes
 - Often lacking the skills, knowledge and competencies necessary for delivering effective HR services

Resulting Impacts

Inequities In Employment Practices

- Different standards and criteria for recruitment and hiring
- Inequities in pay practices
- Uneven job titling
- Differences in promotion criteria
- Unequal application of HR policies



- **Increased risk of compliance claims and litigation**
- **Negative impacts on morale**

Inability to Address Strategic Needs of the Current and Future Workforce

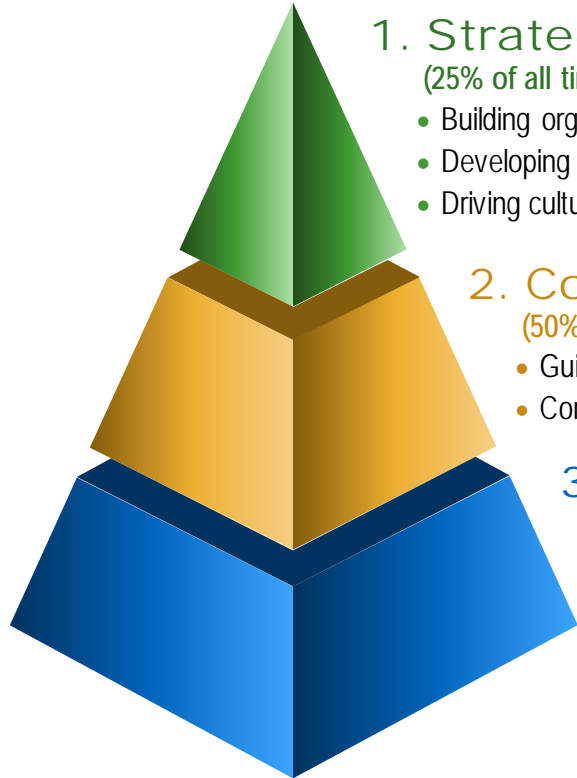
- Limited focus on workforce planning
- Little to no succession planning
- Risk of not meeting the future capacity and competency needs of the university
- Underdeveloped professional development programs
- Not addressing issues of culture, retention and employee engagement



- **Critical gaps in workforce skills**
- **Unprepared for baby boomer retirements and emergence of millennial workforce**
- **Loss of intellectual capital**

Common Characteristics in Higher Ed HR

Three primary ways HR creates value for the Institution



1. Strategic Value and Leadership

(25% of all time and investments)

- Building organizational competencies
- Developing and delivering effective retention, succession and recruiting strategies
- Driving culture and leading change

2. Consultative Value

(50% of all time and investments)

- Guiding and supporting leaders and managers on workplace needs and issues
- Consulting with employees on workplace needs and issues

3. Administrative Value

(25% of all time and investments)

- Payroll and Benefits Administration
- Record Keeping
- Compliance

Central

Local

Shared
Services

Common Characteristics in Higher Ed HR

HR at Virginia Tech

- **Administrative, Rather Than Strategic:** The current HR function is focused on transactional and administrative activities rather than adding strategic value
- **Inconsistent, Decentralized HR Services:** The level and quality of HR services across the institution is highly varied
- **Inequity in Pay and Other Employment Terms:** Policies are broad or ill-defined at Central HR and units have made their own decisions and policies to fit their needs, resulting in differing pay and other practices across the institution

Common Characteristics in Higher Ed HR

HR at Virginia Tech

- **Disjointed Approach to Compensation:** Different areas of the institution pay differently for similar work. As a result, employees are constantly moving to new positions to improve their pay
- **HR Underperformance:** Not fully leveraging industry and HR best practices
- **Inefficient Processes and Systems:** Multiple handoffs, approvals and paper based processes

Common Characteristics in Higher Ed HR

HR at Virginia Tech

- **Risk Aversion:** Greater focus on avoiding risk than on strategic growth and improvement.
- **Ineffective, Inconsistent Performance Management:** Managers do not often provide their direct reports with regular feedback, and the performance management program is not sufficiently focused on professional development

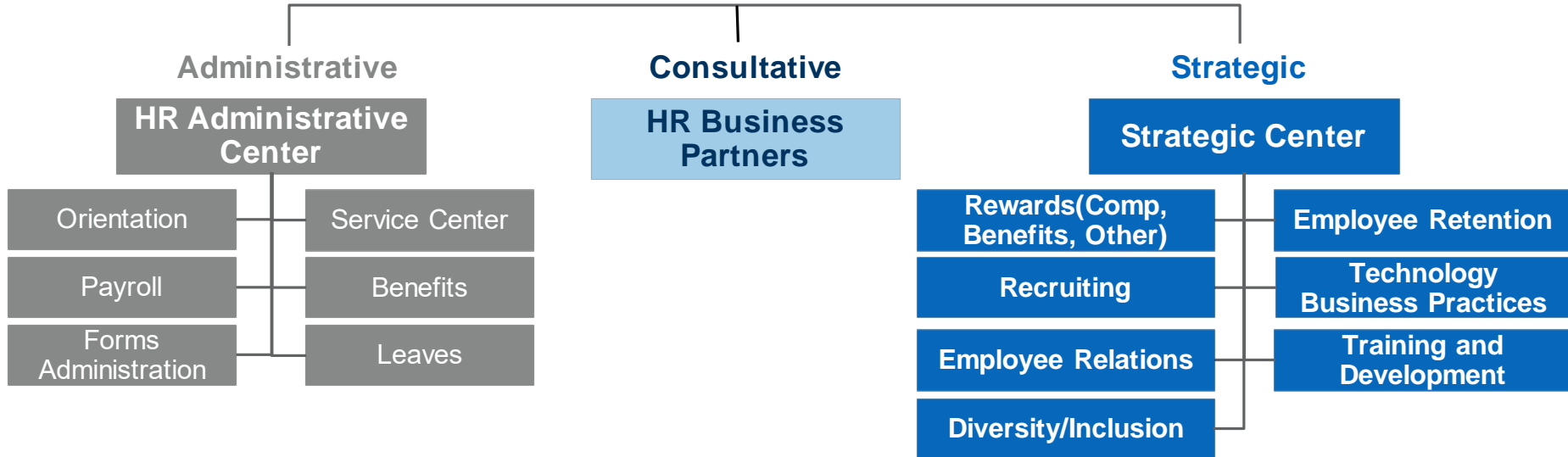
The Need for Change

Virginia Tech HR Service Distribution



Emerging HR Model at Virginia Tech

HR University Leader



- Business Partners aligned to each major academic and administrative Division
 - Reports to University HR leader
- Newly added focus on strategic HR services and programs
- Enhanced efficiencies and delivery of administrative services

Benefits of the Emerging Model

- Consistency and equity in compensation and other HR policies
 - Fair and consistent pay practices
 - Improved retention strategies and activities
 - Reduced risk of employment related claims or litigation



Benefits of the Emerging Model

Proactively identifying and addressing the University's HR's needs to ensure that it has the right people and talent to achieve its future goals.

- On-going assessment of the VT workforce with accompanying plans to address staffing needs, enhance skills, and build high performing cultures
- Targeted training and development activities



Benefits of the Emerging Model

- Professional development and career framework opportunities that align with the current and future business needs and strategy of the institution
- Integrated performance management and employee development



Benefits of the Emerging Model

- Support for strengthening morale and employee engagement
- More consultation and support on strategic recruiting needs



Benefits of the Emerging Model

- Faster and simpler HR processes that are aligned to the demands of the University.
 - Streamlined recruiting tools and hiring processes, eliminating current bureaucracies
 - Improved onboarding experience for all new hires
 - Learning Management System to facilitate value-added professional development

