

**CORRECTIVE ACTION PLAN**

**NAME OF DISTRICT** Union **COUNTY** Union  
**TYPE OF AUDIT** Single Audit Fiscal Year Ending June 30, 2012  
**DATE OF BOARD MEETING** December 18, 2012  
**CONTACT PERSON** Manuel E. Vieira, S.B.A.  
**TELEPHONE NUMBER** 908-851-6419

<b>REC. #</b>	<b>CORRECTION ACTION APPROVED BY BOARD</b>	<b>METHOD OF IMPLEMENTATION</b>	<b>PERSON RESPONSIBLE FOR IMPLEMENTATION</b>	<b>COMPLETION DATE</b>
	NONE			

\_\_\_\_\_  
**CHIEF SCHOOL ADMINISTRATOR**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**BOARD SECRETARY/SCHOOL BUSINESS ADMINISTRATOR DATE**