



This form shall be completed annually by CSU faculty and staff requiring CASHNet access.

GENERAL INFORMATION NEW ACCESS ANNUAL RENEWAL DISABLE ACCESS

Name: _____ Operator ID (renewal only): _____
First Name Last Name

Employee ID#: _____ Employee Email: _____ Phone Ext: _____

Job Title: _____ Supervisor: _____

REQUESTED ROLE/PURPOSE **Select one:** STAFF STUDENT
Select one: CASHIER LEAD INQUIRY

Reason for Access: _____

APPLICANT AUTHORIZATION

I agree that my position requires access to the CASHNet system to perform my job duties.
 I agree to follow CSU required procedures for handling of cash and cash equivalent assets. Cash Management Procedures may be found online at <https://www.csuchico.edu/fin/resources/policies.shtml>
 I agree that the above information is true and correct.

Applicant: _____
Print Name Signature Date

SUPERVISOR AUTHORIZATION

I agree to follow CSU required procedures for handling of cash and cash equivalent assets. Cash Management Procedures may be found online at <https://www.csuchico.edu/fin/resources/policies.shtml>
 I agree that the above information is true and correct.

Supervisor: _____
Print Name Signature Date

STUDENT FINANCIAL SERVICES/CASHIERING USE ONLY

I approve this request and will provide requested training for this location.

Cashiering Lead: _____
Print Name Signature Date

I approve and grant this request

Director: _____
Print Name Signature Date