



Application Type:

New

Change

1. Employee Information:

CSUB ID:

Student

Name: _____

Department: _____

Job Title: _____

Phone Ext: _____

Email: _____

2. Access Type Requested: (Choose One)

ADMIN-

CSHR-Cashier

SUPV-Supervisor

INQ-Inquiry

LEAD-Lead Cashier

3. Department Code (Choose One)

CMP-Stateside

BKSPA-Auxiliary

ATF-Athletics Foundation

FDN-Foundation

ATH-Athletics

CMPAV-AV Campus

EUD-Extended University

PRT-Printshop

4. Provide Reason for Access: _____

5. Signatures:

Applicant Signature

(By signing this form, I am agreeing that the above information is true and correct) Date

Supervisor/Director Signature:

(By signing this form, I am agreeing that the above information is true and correct) Date

University Cashier Office Use Only

Has Employee received CASHNet Training?

Yes

No

Student Financial Supervisor Approval:

Date

Lead Cashier (Sign once applicant is programmed):

Date

****Submission instructions: through Adobe Sign to Julie Oberlies (Student Financial Supervisor), then CashiersOffice@csub.edu or paper copy delivered to the Cashier's Office.**