



I, \_\_\_\_\_, certify that:

- I have reviewed the Cash Handling Training PowerPoint.
- I understand I am required to follow all policies listed in the training or any changes that may be made in the future.
- I understand what is expected of me as a Certified Cash Handler.
- I will adhere to all policies and procedures per campus policy.

Employee Name	Employee Department	Date
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\_\_\_\_\_  
Employee Signature

Main Cashiering	Date
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**\*\*Once you have signed your certificate, please forward to [cashiersoffice@csub.edu](mailto:cashiersoffice@csub.edu). After it is signed off, you will receive the completed form for your records. Please attach the certificate when signing the departmental packet initiated by your MPP that will be routed via Adobe Sign.\*\***

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**Student Financial Services**

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