CALIFORNIA STATE UNIVERSITY BAKERSFIELD

Transact Payments/ CASHNet Access Form

Application Type   New   Disable   Change

1. Employee Information:

CSUB ID: Status: (Choose One)   STAFF   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

Director-Student Financial Services Approval:
_____
                                                                                  Date

Lead Cashier (Sign once applicant is programmed):
_____
                                                                                  Date