CALIFORNIA STATE UNIVERSITY
BAKERSFIELD

CASHNet Access Application

Application Type: New   Disable   Change

1. Employee Information:

CSUB ID: _____   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

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.