



# CASHNet Access Application for Employees

Bayramian Hall Lobby  
Phone: (818) 677-8000 Option 3  
Fax: (818) 677-4911  
Mail Code: 8214

**Application Type:**    New                      Disable                      Change                      *(Your CSUN ID is a 9-digit number)*

**I.EMPLOYEE INFORMATION:** *(all fields mandatory)*

CSUN ID: \_\_\_\_\_ Status: *(Choose One)*                      Student: \_\_\_\_\_                      Staff: \_\_\_\_\_  
Name: *(Last, First, MI)* \_\_\_\_\_  
Department: \_\_\_\_\_ Job Title: \_\_\_\_\_  
DeptID: \_\_\_\_\_ Location/Bldg/Rm: \_\_\_\_\_ Ext: \_\_\_\_\_  
Email: \_\_\_\_\_@csun.edu                      Mail Drop: \_\_\_\_\_

**II.GROUP CODE:** *(Choose One)*

ADMIN-Functional Admin:                      ADMIN- System Admin:                      ADMIN-eMarket Admin:  
CSHR-Cashier:                      INQ-Inquiry:                      LEAD-Lead Cashier:                      SUPV-Supervisor:

**III.DEPARTMENT CODE:** *(Choose One)*

EXTLRN-Ext Learning:                      MAIN-Main Campus Cashier Dept:                      PARKING-Parking:  
QC-Quick Copies:                      SHC-Student Health Center:                      UCS-UCS Back Office:

**IV.PROVIDE REASON FOR ACCESS:** \_\_\_\_\_

**V.REVIEW CASH HANDLING PROCEDURES:**

Submit signed [Quick Reference Guide & Acknowledgment](#) form to your College/Department Financial Manager.

Date: \_\_\_\_\_

**VI.SIGNATURES:**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Supervisor/Financial Mgr/Director Signature: \_\_\_\_\_ Date \_\_\_\_\_

*(Return the completed & signed application to **University Cash Services, Mail Drop 8214**)*

**University Cash Services Use Only:**

Has employee received CASHNet training?    Yes                      No

Comments : \_\_\_\_\_

Cash Operations Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

UCS Assistant Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_