



FOR CASHIER'S PURPOSES ONLY

Date Received:

Date Entered into Cashnet:

PSU Cashnet Access Application for Employees

Application Type: **New:** **Disable:** **Change:**

Employee Information: Please remember that all fields are mandatory in order to process request

PSU ID #: _____ *Name:* _____

PSU Email: _____ *Extension :* _____

Job Title: _____ *Department/Mail Code:* _____

Group Code: Please Circle the Access Group that applies

<i>Departmental Depositor</i>	<i>Inquiry</i>
<i>Departmental Deposit Supervisor</i>	<i>Store Owner</i>
<i>Departmental Cashier</i>	
<i>Departmental Cashier Supervisor</i>	

Please Provide Reason for Access and List any Modifications Needed for Access Group if Necessary:

Applicant Signature: _____ *Date:* _____

Has Employee received Cashnet Training? **Yes** **No**

I certify that the above applicant has had the necessary training on Cashnet

Supervisor Signature: _____ *Date:* _____

FOR CASHIERS PURPOSES ONLY:

Cashier Supervisor Signature: _____ *Date* : _____

Cashnet Processor Signature: _____ *Date:* _____

If you have any questions regarding the process of employee access approvals please do not hesitate to contact us through email at cashiers@pdx.edu.