



**CALIFORNIA STATE UNIVERSITY, FULLERTON  
CASHNet (Cashiering System)  
CODE OF RESPONSIBILITY**

The security and confidentiality of student records are matters of concern to all CSUF employees. Those employees with access to the CASHNet System are in a unique position of trust in maintaining the security and confidentiality of financial/credit information. Each system user is expected to adhere to the following code:

1. Unauthorized use of or access to financial/credit information is prohibited.
2. System users are prohibited from exhibiting or divulging the contents of any record or report to any person except in the execution of normal duties and responsibilities.
3. System users are prohibited from personally benefiting or allowing others to benefit by knowledge of any confidential information gained by virtue of their work assignment.
4. Systems users may not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry.
5. No official record or report, or copy thereof, may be removed from the office where it is maintained except in the performance of duties.
6. System users agree not to leave a terminal unattended without exiting from the system.
7. No one is to aid, abet, or act in conspiracy with another to violate any part of this code.

*Please send original completed form to CP-300*

**Action Requested:**

- New Access To CASHNet (All Sections)
- Change Access CASHNet ID: \_\_\_\_\_ (All Sections)
- Delete Access CASHNet ID: \_\_\_\_\_ (Sections A & D)
- Annual Recertification CASHNet ID: \_\_\_\_\_ (All Sections)

Comment \_\_\_\_\_

**(A) User Information** *Please print or type the following information*

Name: \_\_\_\_\_ Status: (Choose One):  Student/Grad. Asst.  
 Perm. Staff  
 Temp. Staff (End Date): \_\_\_\_\_  
 Technical Support  
 Faculty

Position Number: \_\_\_\_\_

Department/Office: \_\_\_\_\_ E-mail: \_\_\_\_\_

Location of Computer (Bldg/Rm): \_\_\_\_\_ Room: \_\_\_\_\_ Phone Extension: \_\_\_\_\_

Do you share access to a computer with other CASHNet users?: \_\_\_\_\_ Type of Computer: \_\_\_\_\_

Do you need training on CASHNet?: \_\_\_\_\_ If yes, with whom?: \_\_\_\_\_

**(B) I Need Access to CASHNet:** *Please check one of the following options:*

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| INQUIRY           | CASHIER   | LEAD (CASHIER)   | SUPERVISOR   |
|-------------------|---|--|--|
| Perform Inquiries | Perform Cashiering                                  | Perform Cashiering   | Perform Cashiering   |
| Run Reports       | Perform Inquiries                                   | Perform Inquiries  | Perform Inquiries  |
|                   | Run Reports   | Run Reports  | Run Reports  |
|                   | Void Transactions (Own Only) (With Second Approval) | Void Transactions (Within Dept. Only) (With Second Approval) | Void Transactions (Within Dept. Only) (With Second Approval) |
|                   | Maintain Customers                                  | Maintain Customers   | Maintain Customers   |
|                   | Print Receipts                                      | Maintain Batches   | Maintain Batches   |
|                   |   | Access Users' Batches (Within Dept. Only)                    | Access Users' Batches (Within Dept. Only)                    |
|                   |   | Access Dept'l Deposits (Within Dept. Only)                   | Access Dept'l Deposits (Within Dept. Only)                   |
|                   |   | Print Receipts   | Print Receipts   |
|                   |   |  | Access Encrypted Information                                 |

SFS / UEE Credit Card Refund Ability

**(C)** I have received a copy of, read, understand and will comply with both the Code of Responsibility and the CSUF statement of students "Privacy Rights" dated 6/96 (provided for your records - do not return). I understand that if I am given a CASHNet login ID and password to access the system, I will be required to change my password on a monthly basis and I will not reveal my ID or password to any other person. I will maintain physical security by not leaving my computer unattended while I am logged into this system. I will maintain data security by not disclosing personal or confidential data available via this system. I understand that misuse of an ID or password, or violation of either the Code of Responsibility or the Privacy Rights of Students may lead to disciplinary actions as provided by relevant university policies.

Operator Signature: \_\_\_\_\_ Date \_\_\_\_\_

Operator Printed / Typed Name: \_\_\_\_\_

**(D)** I authorized the operator above to have the Access Option indicated for the dept./organization specified. I understand the Access Option indicated includes access to personal or confidential data.

Department Head Signature: \_\_\_\_\_ Date \_\_\_\_\_

Department Head Printed / Typed Name: \_\_\_\_\_

**Internal Use Only**

CASHNet ID:  Dept.:  Access Notification Date:  Completed By:   
 SFS Reviewed By: