



CASHNET TRAINING INFORMATION

To be given access to CASHNet, you must complete the online training as stated below according to your responsibilities. To access the training database:

1. Login to "Route Y" by going to "myBYU" (the tab in the upper right hand corner of the BYU page). Under the "Work" tab select "YTrain".
2. Once the site opens, click on the "Catalogs" tab and then click on "Financial Services".

For Department Deposit Users:

- Click on "Department Cash Handling Training & Assessment" to enroll.

For Cashiers:

- Click on "Cash & Check Handling Training & Assessment" to enroll.
- Click on "CASHNet Cashiering Training & Assessment" to enroll.

Supervisors: Click on "PCI Cashier Supervisor Training" (next page) to enroll.

Cashiers: Click on "PCI Cashier Training" (next page) to enroll.

****Please note: Cashiers must retake the PCI training each year within one month of their hire anniversary date.**

For Signature Card Only Users:

- Click on "CASHNet Cashiering Training & Assessment" to enroll.

3. To view the training, at the home page of YTrain, click on "Current Enrollments" (gray tab) then the desired course under "Enrollments". A window will open in the "Knowledge Center". Click on the "Launch" button to view the desired training option. Please take the assessment by following the same path. You **MUST** pass all required assessments before submitting the request for access.

CASHNET USAGE AGREEMENT

By signing, you certify that you agree to and will abide by the following statements:

- ✓ I have taken all required training modules and have passed each assessment.
- ✓ I will **NEVER share** my operator id or password with another individual.
- ✓ I will only use CASHNet for University approved transactions.

Employee Name		Phone	
Employee Signature		Date	
Supervisor Name		Phone	
Supervisor Signature		Date	
Supervisor eMail			

[Supervisor's: email of this completed form to the University Cashiering Administrator signifies compliance.]

Employee: Please complete this form, sign it, and submit the form to your supervisor.

Supervisor: Please sign this form and email a scanned copy of this completed form to cashieroperators@byu.edu.



Instructions:

Please fill in the appropriate information in the spaces provided below. Once you have completed this authorization form and the agreement (separate page), please email a scanned copy of both pages to cashieroperators@byu.edu.

If you have any questions, please call Terry Freek at 422-4759 or Steve Morley at 422-76484.

CASHNET ACCESS AUTHORIZATION FORM

Department			
First Name		BYU Net ID	
Last Name		Work Address [Rm, Bldg]	
Personal eMail		Work Phone #	

<i>Please select one of the options below and provide the required information to the right.</i>		
<input type="checkbox"/>	Replace an existing employee who has the same access	Name of person being replaced _____ Net ID of person being replaced _____ Date to remove access _____/_____/____
<input type="checkbox"/>	Copy the access rights of an existing employee	Name of person to be copied _____ Net ID of person to be copied _____
<input type="checkbox"/>	Specify employee's rights	_____ _____

Please complete the agreement on the attached sheet.