

BANNER Cashier Privilege Request Form



Name (printed):			
MCTC ID#:		Phone #:	
MCTCNet Username:		Department:	

Requestor's Signature:		Date:	
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BANNER Access Type:	<input type="checkbox"/> Restricted User	<input type="checkbox"/> Supervisor
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BANNER Category Code Access:

Restricted User

Identify the categories to which the individual will need access:

Select the **CHARGE (C)** access if the user should be able to initiate charges in this category.

Select **PAYMENT (P)** access if the user should be able to enter payments in this category.

Select **BOTH (B)** if the user should be able to initiate charges and enter payments in this category.

Supervisor

Identify the Cashier username(s) to be assigned to the supervisor.

Code:		<input type="radio"/> C <input type="radio"/> P <input type="radio"/> B	Username:	
Code:		<input type="radio"/> C <input type="radio"/> P <input type="radio"/> B	Username:	
Code:		<input type="radio"/> C <input type="radio"/> P <input type="radio"/> B	Username:	
Code:		<input type="radio"/> C <input type="radio"/> P <input type="radio"/> B	Username:	

Supervisor Name:			
Signature:		Date:	

Dean's Name:			
Signature:		Date:	

Business Services Name:			
Signature:		Date:	

Questions about this form should be directed to Information Services at 710-3472.

After completing this form, please forward to the office of Information Services.