



## AUTHORIZATION TO HANDLE CASH/CHECK/PAYMENT CARD RECEIPTS FISCAL YEAR \_\_\_\_\_

I certify that I have been authorized to handle cash/check and/or payment card (credit/debit) receipts as noted below. If applicable, I certify that I have been authorized to serve as custodian of the change fund noted below and hereby acknowledge receipt of such change fund.

I have received, read and agree to adhere to the policies and procedures regarding cash handling. These policies and procedures include: UHV Policy B-6, [Cash Funds and Cash Handling](#), UHV Policy B-7, [Change Funds](#), and UHV Policy A-10, [Donation Reports](#). I agree to complete the required training for my designated cash responsibilities, as noted below. I further agree to comply with Payment Card Industry (PCI) Compliance practices described in the Credit Card Processing and Credit Card Data Security training modules.

I also understand and agree to accept responsibility for the accounting and control of the cash and payment card information in accordance with the policies and procedures. If cash handling is a new responsibility, I understand that a 5 year criminal history background check is required.

I agree to never store customer credit card numbers on my computer or in my files. I understand my responsibilities to protect personally identifiable information belonging to students, staff, or instructors. I agree to immediately report irregularities or suspected fraud to my supervisor or MySafeCampus in accordance with UHV procedures at [http://www.uhv.edu/Compliance/fraud\\_reporting.aspx](http://www.uhv.edu/Compliance/fraud_reporting.aspx).

Type of Cash Responsibility (Check all that apply)

- Cash/Check Receipts                       Change Fund Custodian; Amount of Fund \$ \_\_\_\_\_
- Payment Card Receipts                      Fund Cost Center Number \_\_\_\_\_
- Other \_\_\_\_\_  
(i.e. transportation of deposits)

Department: \_\_\_\_\_

Name of Cash Handler/Custodian: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Signature of Cash Handler/Custodian \_\_\_\_\_ Date: \_\_\_\_\_

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

**PLEASE RETURN COMPLETED FORM TO FINANCE DEPARTMENT  
OR EMAIL TO FINANCE CASHIER MAILBOX AT: [FinanceCashier@uhv.edu](mailto:FinanceCashier@uhv.edu)**

<p>Received By: (Finance Use):</p> <p>Signature: _____ Date _____</p>
<p>Criminal History Check Verified By: (HR Use):</p> <p><input type="checkbox"/> 5 Year Criminal History Check (Only if new employee or new in cash handling role)</p> <p>Signature: _____ Date _____</p>
<p>Training Completion Verified By: (Training Use):</p> <p><input type="checkbox"/> Cash Handling (All)                      <input type="checkbox"/> Credit Card Processing (Only if Payment Card Receipts)</p> <p style="text-align: right;"><input type="checkbox"/> Credit Card Data Security (Only if Payment Card Receipts)</p> <p>Signature: _____ Date _____</p>

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