



Acknowledgment of Training

This form must be signed by the trainee and a supervisor. Send to Income Accounting & Student Loan Services, Attention: Brenda Borg. Interoffice mail: 165 SSB, or by fax 585-3898.

Access will be granted upon receipt, within 2 business days. You will be notified via email when access has been granted.

Trainee:

I acknowledge that I have completed the Online Training for Departmental Deposits.

Print Name: _____ Signature: _____

U Employee ID: _____ Org ID: _____ Dept Name: _____

Phone: _____ Email: _____

Supervisor:

I grant permission for the person above to receive access to the Departmental Deposit System the Campus Information System. I am aware that the employee has completed the online training provided by Income Accounting.

Print Name: _____ Signature: _____

Title: _____ Date: _____