

Division/Department Name _____

Application _____

User Inventory

Name	Position/Title	CSUS ID #	Start Date	End Date	Signed Confidentiality form on file	Security Awareness/PCI Annual Completion on file	Signed Access Request form on file

Name	Date	Brief Description for Change Log / Annual Review

Please complete, sign, and upload to your department's PCI SharePoint folder:

Assigned User (Print name) _____

Responsible Administrator (Print name) _____

Responsible Administrator Signature (Wet only) _____

Date _____