



## Merchant Employee Change Form

**Purpose:** To notify the Controller's Office of any changes in personnel, additions and/or deletions, so Merchant Services can update its records. To also confirm that the necessary steps have been taken for any new hires and so access can be granted to the PCI Training course in Canvas, which includes the required Security Awareness Training.

**Instructions:** Complete form and submit to the University Payment Card Coordinator in the Controller's Office via email, information directly below.

**Help:** For assistance or questions, please contact Curt Caito, Payment Card Coordinator at 850-644-9475 ([ccaито@fsu.edu](mailto:ccaито@fsu.edu)).

Date:	<input type="text"/>	Department:	<input type="text"/>	Location:	<input type="text"/>
Supervisor:	<input type="text"/>			Phone:	<input type="text"/>
Title:	<input type="text"/>			Email:	<input type="text"/>

### Select the Reason for Change:

<input type="radio"/> New Hire	<input type="radio"/> No Longer with Dept or University
<input type="radio"/> Current Emp / New Job Assignment	<input type="radio"/> Other
<input type="radio"/> Current Emp / No Longer Assigned	

Employee:	<input type="text"/>	Phone:	<input type="text"/>	Date of Change:	<input type="text"/>
Title:	<input type="text"/>	Email:	<input type="text"/>		

### Check all that apply for employee who is assigned to payment card responsibilities:

<input type="checkbox"/>	Reviewed FSU Payment Card Policy	<input type="checkbox"/>	Date:	<input type="text"/>
<input type="checkbox"/>	Reviewed FSU Confidentiality Policy	<input type="checkbox"/>	Date:	<input type="text"/>
<input type="checkbox"/>	Background check has been conducted	<input type="checkbox"/>	Date:	<input type="text"/>
<input type="checkbox"/>	Signed Appendix V, Acknowledgement of Understanding	<input type="checkbox"/>	Date:	<input type="text"/>
<input type="checkbox"/>	Has completed PCI DSS Security Awareness Training	<input type="checkbox"/>	Date:	<input type="text"/>