

**DEACTIVATE USER**

Complete the following fields to remove an authorized user's access to the Employer Self Service Website. This form must be completed by the Employer or authorized representative.  
FAX completed form to (510) 568-2089.

Name of Individual:	
Job Title:	
User Name (if known):	
Reason for removal:	

Employer's Certification

I, \_\_\_\_\_, authorize the removal of the above  
(PRINT First and Last Name)  
named individual from the Employer Self Service Website Authorized User Roster on  
file with the Carpenter Funds Administrative Office.

\_\_\_\_\_  
PRINT: Employer Name

\_\_\_\_\_  
Carpenter Funds Account Number

\_\_\_\_\_  
PRINT: Name of Authorized Representative

\_\_\_\_\_  
Title (RME, RMO, Partner, Owner, etc.)

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date Signed                      Effective Date