Syracuse University Human Resources

Termination of Domestic Partnership

hrservic@syr.edu

| Name of Syracuse University Employee: _ | |
|---|---|
| Employee's SUID: | |
| Name of Domestic Partner: | |
| I hereby attest that as of | |
| | and therefore the partnership is dissolved. |
| | |
| | |
| Signature of Employee | Date |

HR109 Rev. 2/17