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HR Service Center  
hrservic@syr.edu  
Phone 315.443.4042 Fax 315.443.1063  
Skytop Office Bldg., Suite 101, Syracuse, NY 13244

1. I, (print name) \_\_\_\_\_ and \_\_\_\_\_  
reside together at (address) \_\_\_\_\_  
and intend to do so indefinitely and share the common necessities of life.
2. I provide the information in this Affidavit to be used by the Employer for the sole purpose of determining my eligibility for the domestic partnership benefit of Funeral Leave. I understand that this information will be held confidential.
3. Each of us affirms that the effective date of this domestic partnership is \_\_\_\_\_ and that this domestic partnership has been in existence for a period of (number) \_\_\_\_\_ consecutive months prior to the date of this Affidavit.  
We understand that documentation may be required.
4. Neither of us is married to anyone.
5. Each of us is the other's sole domestic partner and we intend to remain so indefinitely.
6. I agree to immediately notify the employer if there is any change of circumstances attested to in this Affidavit by filing a Statement of Termination of Domestic Partnership. Such termination statement shall be on a form provided by the employer and shall affirm that the domestic partnership is terminated.
7. I understand that another Affidavit of Domestic Partnership cannot be filed until six (6) months after a Statement of Termination of the previous partnership has been filed with the Employee Benefits office.
8. I declare under penalty of perjury that the assertions in this Affidavit are true and correct to the best of my knowledge.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

SU ID Number \_\_\_\_\_