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| Employee Name | Empl ID# |
| Email | Daytime Phone |

DOMESTIC PARTNERSHIP CERTIFICATION

The University of Utah provides access to certain benefits for domestic partners of employees and allows employees in benefit-eligible positions to use accrued sick leave for the care of the employee's domestic partner or domestic partner's child with an illness, injury, or serious health condition.

University Policy defines a Domestic Partner as a person with whom the employee meets the following criteria:

1. They are both over the age of eighteen (18);
2. They reside together in a permanent residence and have done so for at least six months and will remain members of the same household for the period in question;
3. They have a serious and committed relationship which they intend to continue indefinitely;
4. They are emotionally committed to one another and jointly responsible for the common welfare and financial obligations of their household or one is chiefly dependent upon the other for financial assistance;
5. They are not related in any way that would prohibit legal marriage; and
6. Neither is legally married to anyone else or the domestic partner of anyone else.

I have read and understand requirements above and certify that my Domestic Partner, _____ (Name), and I meet the criteria listed above. I understand that if we no longer meet the criteria listed above, my partner is no longer eligible for coverage through the University and that I may not take sick leave to care for my partner and/or my partner's children.

I understand that a court or other adjudicative agency may require the University of Utah to make the records of my partnership public under the Freedom of Information Act or other applicable law.

I will provide evidence that the eligibility requirements have been met and/or verification of my joint responsibility and shared financial obligations with my Partner upon request by the University of Utah.

Dated this ____ day of _____, 20__.

Employee Signature