



Employee Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

### DOMESTIC PARTNERSHIP CERTIFICATION

The University of Utah allows benefit-eligible employees to use accrued sick leave for an employee's own illness, injury, or serious health condition or for the care of the employee's spouse, domestic partner or child with an illness, injury, or serious health condition. Employees may also enroll an eligible domestic partner in benefits.

I hereby certify that \_\_\_\_\_ and I meet the domestic partnership requirements defined in University Rule 5-200A because we meet the following criteria:

1. We are both over the age of eighteen (18);
2. We share 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. We have a serious and committed relationship which we intend to continue indefinitely;
4. We are emotionally committed to one another and jointly responsible for the common welfare and financial obligations of our household or one is chiefly dependent upon the other for financial assistance;
5. We 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 certify we have the following children:

*Select the child's relationship to you in the drop-down box below.*

Name	Date of Birth	Child's Relationship

### University Human Resource Management

250 East 200 South, Suite 125, Salt Lake City, Utah 84111

Email: [AskHR@utah.edu](mailto:AskHR@utah.edu) / Phone: (801) 581-7447 / Web: [benefits.utah.edu](http://benefits.utah.edu)

UBenefits: <https://ubenefits.app.utah.edu/>

I have read and understand requirements above and certify that my domestic partner and I meet the criteria listed above. I understand that if we no longer meet the criteria listed above, I may not take sick leave to care for them and they and their children are no longer eligible for enrollment in the University benefits including the health care plan. I acknowledge that taking sick leave for a reason not eligible under University Policy or covering an individual who is not eligible under the health plan may be grounds for corrective action up to and including termination of employment.

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 \_\_\_\_.

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Employee Signature