



**State System Termination of Same-Sex Domestic Partnership  
For Faculty, Coaches and Non-Represented Employees**

I, \_\_\_\_\_, certify that as of \_\_\_\_\_  
Print Employee Name Date

my Domestic Partner relationship ended with \_\_\_\_\_.  
Print Domestic Partner Name

**I understand that this will result in termination of Domestic Partner benefits.**

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

\_\_\_\_\_  
Date

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the affiant, who being duly sworn, affirms that the facts contained therein are true and correct.

\_\_\_\_\_  
Notary Public

Received by: \_\_\_\_\_  
University Human Resource Office

\_\_\_\_\_  
Date