Syracuse University
Human Resources

Termination of Domestic Partnership

hrservice@syr.edu

Name of Syracuse University Employee: _____

Employee's SUID: _____

Name of Domestic Partner: _____

I hereby attest that as of _____ the eligibility criteria listed in the Syracuse University Benefits Eligibility Policy are no longer satisfied, and therefore the partnership is dissolved.

(mm/dd/yyyy)

_____ _____

Signature of Employee Date

Return this form to:
HR Shared Services
hrservice@syr.edu
Phone: 315.443.4042 Fax: 315.443.1063
621 Skytop Road, Suite 1001, Syracuse, New York 13244