Syracuse University
Human Resources

SEIU Bargaining Unit
Statement of Termination of
Opposite-Sex Domestic Partnership

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

I, (print name) _____ previously completed an Affidavit of Domestic Partnership with (print name) _____ on (date) _____ , for purposes of funeral leave.

My domestic partnership with this person is/has been terminated effective (date) _____ .

_____ _____
Signature of employee Date

SU ID Number _____