

### **Domestic Partner Declaration and Partnership Certification for a Leave of Absence**

We, \_\_\_\_\_ (Employee) and \_\_\_\_\_ (Domestic Partner), certify to the University of Central Florida (UCF) that we are domestic partners in accordance with the following criteria and have continually fulfilled such criteria during the preceding six (6) months. We make this declaration for the purpose of requesting a leave of absence.

#### **CRITERIA**

We declare that:

1. we are each other's sole domestic partner and intend to remain so indefinitely
2. we are both of the same sex
3. we are not related to each other
4. we would marry or establish a legally recognized domestic partnership if state laws permitted
5. we share joint responsibilities for our common welfare and are jointly responsible for each other's financial obligations as demonstrated by the certification of domestic partnership
6. we each are at least 18 years of age and are mentally competent to consent to a contract
7. neither partner is legally married to another person

#### **REQUIRED PROOF**

The employee must show proof of joint responsibility for each partner's common welfare and shared financial obligations which could be demonstrated upon request by providing proof of the existence of at least three (3) of the following items:

- joint ownership of real property
- mutual designation as attorney in a durable power of attorney document
- joint ownership of personal property or assets, such as automobiles or stock
- designation of health care surrogate
- joint bank account
- driver's license or tax documents showing the same address
- legal documentation demonstrating joint adoption or legal guardianship of any dependents, whether children or adults
- joint consumer or bank loan
- joint credit cards
- joint lease
- designation of beneficiary for life insurance, retirement plan, and/or last will and testament

**ACKNOWLEDGEMENTS**

By signing this declaration, I acknowledge I have been informed that:

1. UCF reserves the right to request proof my domestic partnership meets the joint residency and financial interdependency eligibility criteria, and I agree to provide supporting documents when requested to do so.
2. At least six (6) months must elapse from the effective date of the termination of the current domestic partnership before benefits for another domestic partner may be approved.
3. The information provided in this Declaration is for use by Human Resources for the purpose of requesting a medical or parental leave of absence.
4. An employee who makes false statements about satisfying the eligibility criteria or fails to notify Human Resources-Benefits of a change in status may be subject to disciplinary action.

\_\_\_\_\_  
Print Employee Name\_\_\_\_\_  
Employee ID\_\_\_\_\_  
Employee's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Print Domestic Partner Name\_\_\_\_\_  
Name of Employer (if applicable)\_\_\_\_\_  
Domestic Partner's Signature\_\_\_\_\_  
Date

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature and Seal