THE OHIO STATE UNIVERSITY

Office of Human Resources

Affidavit of Domestic Partnership

For Sick, and Family and Medical Leave

We, _____ **, and** _____
Name of faculty/staff member – print Name of domestic partner – print

_____
Faculty/staff member Ohio State employee ID number (required) SSDP Ohio State employee ID number (if employed at Ohio State)

Certify that:

1. We share a permanent residence (unless residing in different cities, states, or countries on a temporary basis).
2. We are in a long-term committed relationship.
3. We are each other's sole domestic partner and are responsible for each other's common welfare.
4. We are at least eighteen (18) years of age.
5. We are not legally married to anyone under either statutory or common law.
6. We are not related by blood to a degree of closeness that would prohibit marriage in the state in which we legally reside.
7. We are mentally competent to consent to contract.
8. I understand that another Affidavit of Domestic Partnership cannot be filed until six (6) months after the most recent domestic partnership has been terminated. I also understand that an Affidavit of Termination of Domestic Partner Status must be filed with the Office of Human Resources and also mailed to the previous domestic partner.

University faculty and staff and their domestic partners may be eligible for:

Child Care Program	Children of faculty and staff and their domestic partner are eligible for enrollment at the university's Child Care Program
Employee Discount Programs	Events coordinated through the Office of Human Resources, Special Events
Family and Medical Leave (FML) and Sick Leave	Faculty and staff who are eligible for FML and sick leave may apply to use for situations affecting their domestic partner and any dependents. Refer to Policy 6.05 Family and Medical Leave (hr.osu.edu/policy/policy 605.pdf)
Ohio State Employee Assistance Program (EAP)	Confidential, free counseling service is available to domestic partners of university faculty and staff as well as any dependents

We provide the information in this affidavit to be used by the university for the sole purpose of determining our eligibility for domestic partnership benefits. This information will be treated as strictly confidential insofar as Ohio law allows and will be used solely for the administration of these benefits and filed within the Office of Human Resources. We understand that availability of these benefits is based on eligibility requirements and subject to any future changes in program provisions.

_____
Signature of faculty/staff member Date Date of birth

_____
Daytime phone # E-mail

_____
Signature of domestic partner Date Date of birth

_____
Signature of witness Date

Return completed form to: The Ohio State University, Office of Human Resources, Benefits Processing/Partnership, 1590 N. High Street, Suite 300, Columbus, OH 43201-2190, or fax to 614-292-7813.

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