

Affidavit of Domestic Partnership For Sick and Family & Medical Leave

We, _____, and _____
(Name of Faculty/Staff Member – Print) (Name of Domestic Partner – Print)

OSU Employee ID Number (required): (Faculty/Staff Member)

(Same-Sex Domestic Partner, 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 or older.
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)
Financial Planning Series	Specific sessions have been created to address domestic partnership issues
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 # _____
Email

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 North High Street, Suite 300, Columbus, OH 43201-2190, or fax to (614) 292-7813.