

**DEPARTMENTAL
AFFIDAVIT OF DOMESTIC PARTNERSHIP**

Pima County Personnel Policies 8-106 and 8-108

SECTION I

I, _____, certify that:
Name of Employee (Print)

_____ and I are domestic partners and have been since:
Name of Domestic Partner (Print)

_____ and we:
Date of Partnership

1. share the same permanent residence, AND
2. have a close personal relationship, AND
3. are jointly responsible for basic living expenses, AND
4. are single or divorced, AND
5. are eighteen (18) years of age or older, AND
6. are not related by blood, AND
7. are each other's sole domestic partner and are responsible for each other's common welfare.

SECTION II

A. I understand that this affidavit shall be terminated upon the death of my domestic partner or by a change of circumstance attested to in this affidavit.

I agree to notify my personnel representative if there is any change of circumstances attested to in this affidavit within thirty (30) days of change by filing a Statement of Termination of Domestic Partnership.

B. After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed until ninety (90) days after a Statement of Termination of Domestic Partnership has been filed with my benefits/personnel representative, unless such termination is due to the death of my domestic partner.

C. I understand that this Affidavit expires at the end of each calendar year and that I will have to sign a new Affidavit each year to a) be eligible to use sick leave for any illness or death of my domestic partner and/or my domestic partner's dependent(s) pursuant to 8-106 D, and b) Humanitarian Leave, pursuant to 8-108 F.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

State of _____

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County of _____

Subscribed and sworn (affirmed) before me on this _____ day of _____, 20_____.

My Commission expires:

Notary Public

[SEAL]

BENEFITS/PERSONNEL REPRESENTATIVE: _____ **PHONE:** _____