

SALT LAKE COMMUNITY COLLEGE
TERMINATION OF DOMESTIC PARTNERSHIP

I declare that we, _____ (Employee's Name) and
_____ (Former Partner's Name) are no longer domestic partners. I
submit this Termination of Domestic Partnership in order to cancel the Affidavit of Domestic Partnership
filed by me with Salt Lake Community College on _____ (date).

Employee Signature

Date

Employee Printed Name

S ID#

Employee's Mailing Address:

Former Partner's Signature

Date

Failure to obtain the Former Partner's approval does not negate this termination action. In the absence
of a signature, a certified letter will be sent to the address below, which will constitute notification of
the Former Partner.

Former Partner's Printed Name

Date

Former Partner's Mailing Address:

A copy of this form will be mailed to the former domestic partner's address as indicated above. Return
completed form to the Salt Lake Community College Office of Human Resources within thirty (30)
calendar days from the date the domestic partnership was terminated.