



This is to certify that effective _____, **I:** _____
 (name of employee)
am no longer claiming my domestic partner, _____ **as my**
 (name domestic partner)
tax dependent for the _____ tax year.

I understand that if this tax situation changes during _____, I will notify my benefits/payroll department immediately in order to make the appropriate changes in my benefit deductions. I further understand that it is my responsibility to re-certify my domestic partner's tax dependent status no later than April 15th for each subsequent tax year by presenting appropriate tax documents.

Employee Signature

Employee SSN

Campus

Date Signed

Office Use Only

Telephone Number

Campus Representative Signature

Date

Mail this form to: State Controller's Office
 Attention: Mr. Tom Parker
 PPSD – PMAB – 10th Floor
 300 Capitol Mall – P.O. Box 942850
 Sacramento, CA 94250-5878

cc: Employee
 Payroll Department
 Personnel File

CSU –10/2000