

FAMILY PARTNER DESIGNATION FORM

I, _____
EMPLOYEE NAME (PLEASE PRINT OR TYPE)

am an unmarried City employee and, as such, wish to designate

FAMILY PARTNER NAME (PLEASE PRINT OR TYPE)

as my family partner in accordance with Section 3.32(13)(a)2.g of the Madison General Ordinances and Mayor’s Administrative Procedures Memorandum No. 2-14.

We both currently reside at _____

COMPLETE ADDRESS (PLEASE PRINT OR TYPE)

I understand that I must remain unmarried and that we both must continue to reside together in order for this designation to remain in force.

EMPLOYEE SIGNATURE

DATE

HUMAN RESOURCES DIRECTOR SIGNATURE

DATE

NOTE: This designation may be withdrawn by filing a written notification with the Human Resources Director. One copy of this form will be filed in the Human Resources Department and one copy will be returned to the employee for his/her records.

Original from APM 2-14 dated: 11/15/1988
Form Revised: 05/09/2007, 07/02/2008