



Minooka CCSD 201
305 W. Church Street
Minooka, Illinois 60447

Domestic Partner Declaration Form

The District and the MEEA Association recognize the importance of family, and as such, the 2026-2030 MEEA collective bargaining agreement expanded sick leave to include the serious illness or death of a domestic partner. Full details of the language regarding the inclusion of Domestic Partners can be found within the [MEEA contract](#) in Article 3, Section A on page 10.

If you wish to designate a domestic partner for the purposes of sick leave usage, please review the terms below and complete this form.

Definitions

- **Immediate Family:** Includes parents, spouse, domestic partner, brothers, sisters, children, grandparents, grandchildren, parents-in-law, brothers-in-law, sisters-in-law, step-family of these same family members, and legal guardians.
- **Domestic Partner:** Defined as an unmarried adult person who is in a committed, personal relationship with the employee.

Designation Guidelines

- **Requirement:** To utilize sick leave for a domestic partner, the individual must be formally designated to the District via this document on file with the Human Resources Department.
- **Limitations:** An employee may designate only one domestic partner at any given time.
- **Updates:** An employee may not change their domestic partner designation more than once per rolling 12-month period.

**Please complete and return this form to
Dr. Sarah Massey, Director of Human Resources.**

In accordance with Article 3, Section A of the Minooka District 201 Bargaining Agreement, I wish to make the following formal designation regarding my immediate family leave benefits:

Name of Designated Domestic Partner: _____

☐ **YES, I wish to designate the individual named above as my domestic partner.** I confirm that this individual is an unmarried adult with whom I am in a committed, personal relationship. I understand that I may only designate one partner at a time and cannot change this designation more than once per rolling 12-month period.

Employee Signature: _____ **Date:** _____