**Notice to Employer of Force Majeure Leave (Emergency Family Leave)**

This form must be completed and returned to the Personnel Office by all employees who avail of Force Majeure Leave as soon as reasonably practical after taking such leave.

1. Entitlement to Force Majeure Leave arises where for urgent family reasons, due to an injury or the illness of a member of an employee’s immediate family as defined in Section 13 (2) of the Parental Leave Act, 1998, that employees immediate presence is indispensable in the place where that member of their immediate family is at the time.
2. The members of an employee’s immediate family covered under Section 13 (2) of the Act are a child (natural, adoptive or over which the employee is acting in loco parentis) spouse / partner, brother / sister / parent / grandparent of the employee.
3. Force Majeure Leave cannot exceed three working days in any twelve consecutive months or five working days in any thirty six consecutive months.
4. Any dispute concerning Force Majeure Leave between employer and employee may be referred by either party to a Rights Commissioner in the first instance.

**APPLICATION FOR FORCE MAJEURE LEAVE**

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| --- | --- |
| **Name of Employee:** |  |
| **Address of Employee :** |  |
| **Employee ID number :** |  |
| **Name and address of injured/ ill member of the employee’s family** |  |
|  |
| **Relationship of Immediate**  **Family Member to Employee:** |  |
| **Nature and Details of Injury / Illness of Immediate Family**  **Member of Employee**  **Concerned :** |  |
|  |
| **Date(s) of Force Majeure**  **Leave :** |  |

I confirm that I have taken Force Majeure Leave on the above-mentioned date(s) and because of above urgent family reasons

**- DECLARATION -**

I declare that the information given by me above is true, accurate and complete in all respects and I both understand and accept that if that is not the case, whether knowingly on my part or otherwise, following due investigation by my employer, I may be denied Force Majeure Leave and / or liable to appropriate disciplinary action.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Signature:** |  | **Date:** |  |
| **Manager Signature:** |  | **Date:** |  |

(Note : Force Majeure Leave of less than one day is counted as a full day’s leave)