

FORCE MAJEURE
Application For Force Majeure Leave

Parental Leave Act, 1998
Force Majeure/Emergency Family Leave

Notice to employer of Force Majeure (Emergency Family) Leave

1. Entitlement to Force Majeure (Emergency Family) Leave arises where for urgent family reasons, due to an **injury or the illness** of a member of a colleague's immediate family as defined in Section 13 (2) of the Parental Leave Act 1998, that colleagues **immediate presence is indispensable** in the place where that member of the immediate family is at the time.
2. The members of a colleague's immediate family covered under Section 13 (2) of the Act, are a child (natural, adoptive, or over which the colleague is acting in loco parentis) spouse/partner, the brother/sister, or parent / grandparent of the colleague.
3. Force Majeure Leave cannot exceed three working days in any twelve consecutive months or five working days in any thirty six consecutive months.

Application for Force Majeure Leave

A) Name of the colleague:	_____
B) PPS Number:	_____
C) Name and Address of Employer:	_____

D) Name and address of Injured/ Member of the Colleague's immediate Family during Emergency family Leave:	_____

E) Relationship of Immediate Family Member of Colleague to Colleague:	_____

F) Nature and Details of Injury/ illness of immediate family member of colleague concerned:	_____

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G) Date(s) of emergency family leave: _____

I confirm that I have taken Force Majeure Leave on the above mentioned date(s) because of urgent family reasons as a result of the injury to /illness of the member of my immediate family stated above and per details stated given as a result of which my immediate presence at that member of my immediate family's address was indispensable.

Declaration

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

Date; _____

Signature of Colleague: _____