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| **UNIVERSITY COLLEGE DUBLIN**  **Force Majeure Leave Application Form** |

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| 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 employee's 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/cohabitant, brother/sister/sibling, parent/grandparent, person who resides with the employee in a relationship of domestic dependency.*** 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. ***An employee may be required to produce relevant evidence such as a medical certification or evidence as may be reasonably required in order to show that the employee's immediate presence is indispensable in the place where that member of their immediate family is at the time*** |

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| **To be completed by the employee applying for Force Majeure Leave** | |
| Name: | Personnel No: P |
| School/ Unit: | Approver: |
| Name of injured/ill member of the employee's immediate family requiring urgent care: | |
| Relationship of employee to immediate family member: | |
| Nature and details of injury/illness of immediate family member: | |
| Date(s) of Force Majeure Leave: | Number of days to be taken: |

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| *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/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 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, then, following due investigation by my employer, I may be denied Force Majeure Leave and/or be liable to appropriate disciplinary action.* | | | |
| **Signature of Employee:** |  | **Date:** |  |

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| *I have checked that the start and end dates specified comply with requirements and that the overall period indicated does not exceed that which is allowed under this leave. I have examined the documentation and information provided and confirm that the leave approved complies with the relevant HR policy.* | | | |
| **Signature of Manager:** |  | **Date:** |  |