



**Application Form for Force Majeure Leave**

Employees who availed of Force Majeure Leave at the time of an emergency must complete this form, obtain Head of Unit/School approval, and submit to Employee Relations, HR as soon as possible after leave.

*In Accordance with the Parental Leave Act, 1998, and Parental Leave (Amendment) Act, 2006*

**Part 1 Applicant Details**

Name: \_\_\_\_\_

Staff ID: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Unit School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Part 2 Details of Leave**

Reason(s) for Force Majeure Leave:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Total Days taken in this leave period: \_\_\_\_\_

Total Days taken in previous 12 month period: \_\_\_\_\_

Total Days taken in previous 36 month period: \_\_\_\_\_

**Declaration:**

**I declare that the details above are true and complete, and that I have not exceeded the statutory entitlement to Force Majeure Leave, pursuant to the Parental Leave Acts (i.e. 3 days in 12 months, 5 days in 36 months).**

**'I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS OF THE FORCE MAJEURE LEAVE POLICY'**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Employee*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Head of School/Unit* **PRINT NAME**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
*Employee Relations Manager*