Force Majeure Policy

**Introduction**

Force Majeure is a protected category of leave that is provided under the Parental Leave Acts of 1998 & 2006. Force Majeure is available on occasions whereby for urgent family reasons, the immediate presence of the employee is indispensable owing to an injury or illness of a close family member.

**Policy Scope**

The policy applies to all employees of **COMPANY NAME** and applies with regards to an immediate family member defined as:

* A child/adoptive child of the employee
* A spouse or person with whom an employee is living as husband and wife
* A person to whom the employee is in loco parentis
* A brother or sister of the employee
* A parent or grandparent of the employee
* A person who resides with the employee in a relationship of domestic dependency

**Notification Requirements**

Force Majeure cannot be scheduled leave. Any employee wishing to avail of this leave needs to notify their manager of their position before leaving work. Upon the employees return they will be required to complete a Form Majeure request form – enclosed below

**Medical Certification**

You must submit an original medical certificate to **JOB TITLE**, upon your return to work. Certification should be for the relevant person and clarify the reason for the absence.

**Qualifying Criteria**

1. The employee’s immediate presence is urgently required for an immediate family member
2. The employee’s immediate presence is urgently required owing to the illness or injury of an immediate family member
3. The employee’s immediate presence is required as they are indispensable to the circumstance that has presented.

**Leave Entitlements**

Force Majeure leave shall not exceed 3 days in a period of 12 consecutive months or 5 days in 36 months.

Each day of Force Majeure will be considered separately. Where part of a day is taken as Force Majeure under legislation this will count as a full day regardless of the time in which the employee leaves.

**Returning to Work**

Upon your return to work you must report to your Line Manager to allow for a Return to Work discussion to take place.

**Request Authorisation**

Requests for Force Majeure must meet the criteria outlined in the act. **POSITION** will review the request on its own merit and determine if the criteria have been met. In the event that an employees request is declined, an appeal can be made in writing to **POSITION** (Managing Director / General Manager / CEO - as appropriate).

**Exclusions**

Force Majeure does not apply in the event of a bereavement.

**Policy Breaches**

Breaches of this policy will be dealt with in line with the normal company Disciplinary procedure.

Where the company is given any reason to suspect that an absence may not be genuine a full investigation will take place and appropriate disciplinary action may be taken. Intentional misuse of this policy may be considered to be an act of Gross Misconduct.

Associated Policies

* Disciplinary Policy
* Maternity Leave Policy
* Grievance Policy

FORCE MAJEURE LEAVE

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 & 2006, that an employee’s immediate presence is indispensable in the place where that member of their immediate family is at the time.

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.

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

 Name of Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PPS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Family member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Family member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Injury / Illness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I apply for 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.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_