Health & Safety Leave Form

**EMPLOYEE DETAILS**

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

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

The employee named above has advised the company that:

* she is pregnant
* she has recently given birth
* she is breastfeeding

Is employee employed under a fixed-term contract? Yes No

If ‘Yes' state date contract ends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION OF RISK**

Please complete either (a)— workplace risk **or** (b) nightwork risk

( a ) The following risk(s) to the employee named above has/have been identified arising from a risk assessment undertaken in accordance with Regulations under the Safety, Health and Welfare at Work Act, 2005.

List risk(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Specify the reasons why it is not possible to eliminate the risk(s):

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

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

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

( b ) The employee named above is required to perform nightwork (i.e. work between the hours of 11 pm and 6 am where the employee normally works at least three hours in the said period or at least 25% of her monthly working time in that period) and the medical registered practitioner named below has certified that the performance of night work poses a risk to the employee's health/safety and furthermore it is not feasible to transfer the employee to daywork.

Name of registered medical practitioner:

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

**CERTIFICATION OF NON-FEASIBILITY OF OTHER WORK AND THE GRANTING OF LEAVE**

As a result of the risk(s) identified above and, arising from Regulations on Safety, Health and Welfare at Work (Pregnant Employees, etc.) ( S.I. No. 446 of 1994 ) and the Maternity Protection Act, 1994 for the reason(s) indicated as applying below the employee has been granted leave on health and safety grounds of:

1. it is not technically or objectively feasible to move the employee
2. such a move cannot be required on duly substantiated grounds
3. the other work proposed for the employee is not suitable for her

**SUPPLEMENTARY INFORMATION**

Date of commencement of leave on health and safety grounds:

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

Scheduled Due Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last day of 21 days health and safety leave during which payment by employer applies

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

**DECLARATION**

I/We declare that the details I/we have given above are true and complete.

I/We undertake to inform the Department of Social Welfare immediately in the event of notifying the employee to return to work where:

* the risk to the employee no longer exists
* other work becomes available for the employee

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of the Employer

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYER'S OFFICIAL STAMP