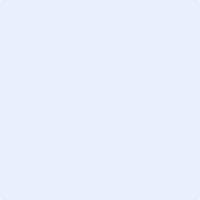
**Application for Force Majeure Leave (Under the Parental Leave Act 1998)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Employee: | Click or tap here to enter text. | Staff Number: | Click or tap here to enter text. |
| Home Address: | Click or tap here to enter text. |  |  |
| Department: | Click or tap here to enter text. | Dept. Phone: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |  | |

|  |  |
| --- | --- |
| Name and address of injured / ill member of the Employee’s Immediate Family during Emergency Family Leave: | Click or tap here to enter text. |
| Relationship of Immediate Family Member to Employee: | Click or tap here to enter text. |
| Nature and Details of Injury / Illness of Immediate Family Member of Employee Concerned (Applications are assessed on the information given. Please provide full details): | Click or tap here to enter text. |
| Date(s) of Emergency Family Leave: | Click or tap here to enter text. |

I confirm that I have taken Force Majeure Leave on the above-mentioned date(s) because of urgent family reasons as a result of 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 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 liable to appropriate disciplinary action.

|  |  |
| --- | --- |
| Signature of Employee | |
| Date | Click or tap to enter a date. |
| Signature of Head of School/Area |  |
| Please Print/Type Name | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

Note: 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/civil partner /partner, the brother/sister, or parent/grandparent of the employee.

Application should be made by the Head of School/Area and returned to: HR Service Centre, Human Resources, Trinity Central,152-160 Pearse Street, Trinity College, Dublin 2.

Tel: 8963333 E-mail: [hr@tcd.ie](mailto:hr@tcd.ie)