1. **Purpose**

To set out the University’s policy on Force Majeure Leave and to define the implementation of this leave under the Parental Leave Act 1998.

2. **Scope**

Force Majeure Leave is paid leave which is granted to staff where “for urgent family reasons, owing to an injury to or the illness of [an immediate family member – see below], the immediate presence of the employee at the place where the person is, whether at his or her home or elsewhere, is indispensable.” (Parental Leave Act, 1998)

Force Majeure leave only relates to a situation which is not foreseeable or otherwise not generally predictable. Routine minor and predictable illnesses to children or other family members which invariably occur are not covered.

A. **Eligibility**

1. All Staff employed in the University are entitled to apply for Force Majeure Leave under the Parental Leave Act 1998.

2. Those cases, which fall under the definition, as described above will be eligible for Force Majeure Leave.

3. “Immediate family” includes parent, grandparent, brother, sister, spouse/civil partner or a person with whom the staff member is living as husband, wife, civil partner, child / adoptive child, or a person to whom the staff member is in loco parentis.
B. Entitlement

(1) Force Majeure leave is paid leave and consists of one or more days.

(2) Should a staff member be approved for Force Majeure Leave on the day a University holiday falls, both the Force Majeure Leave and the University Holiday will be deemed to have been discharged.

(3) The maximum leave available is three days in any twelve consecutive months or five days in any period of thirty six consecutive months.

(4) If a staff member is absent from work for part of a day for reasons of Force Majeure, this leave will be considered as one full day’s leave.

3. Procedure

3.1 Application for Force Majeure leave should be made by, and have the approval of, the Head of School/Area.

3.2 Application must be made to Human Resources as soon as is reasonably practicable on the prescribed form available from Human Resources on page 3 of this policy.

3.3 A written response shall be issued to the Head of School/Area.

4. Relevant Legislation

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

Name of Employee: .......................................................... Staff Number: ..........................................................
Home Address: .............................................................. ..........................................................
Department: ................................................................. Dept. Phone: ..........................................................
Email Address: ............................................................. ..........................................................

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

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: ______________________

Signature of Head of School/Area: ______________________ Date: ______________________

Please Print Name: ______________________

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, House 4, College.

Tel: 8963333 E-mail: hr@tcd.ie