

Maynooth University Force Majeure Leave Scheme Application Form

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, 1998-2019, that 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 or 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.

All applications for Force Majeure Leave must be made in accordance with the University's Force Majeure Leave policy, available here.

An employee seeking to avail of Force Majeure Leave will be required to apply for the leave not later than 4 weeks after the date of leave. A copy of the approved application must be forwarded to the Human Resources Office, Riverstown Lodge, South Campus.

Application

Employee: _____ **Staff No:** _____

Department: _____ **Extension No:** _____

Name and Address of Injured / Ill Member of the Employee's Immediate Family during Force Majeure Leave: _____

Relationship of Immediate Family Member of Employee, to Employee: _____

Nature of emergency necessitating Force Majeure Leave: _____

Date(s) of Force Majeure Leave: _____

Medical Certificate Attached (Optional): _____

I confirm that I have taken Force Majeure Leave on the above-mentioned date(s) because of urgent family reasons as a result of the injury / 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. I confirm that I have read and understood the University's Force Majeure policy.

Signature of Employee: _____ **Date:** _____

Signature of Head of Department: _____ **Date:** _____