

Force Majeure Leave

HR Policy Document Record	
Reference Number	HRP025
Policy Owner	Human Resources
Approval Body	President's Group
Creation Date	July 2019
Revision Date(s)	
Notes	

1. POLICY

- 1.1 This policy is governed by Parental Leave legislation which provides for Emergency Family (otherwise known as Force Majeure) leave.
- 1.2 The policy entitles a staff member to take a limited number of days of paid leave when, due to the unforeseen **injury or illness** of certain close relatives, their **immediate presence** is required at the place where the ill or injured person is situated. By definition, the injury or illness cannot be predicted in advance.
- 1.3 For the purpose of Force Majeure Leave, a close relative is defined as a child, spouse, partner or civil partner, parent, sibling, grandparent, grandchild, step parent, step sibling, a person with whom the staff member is in "loco parentis" or if the individual is living in the same house as the staff member.
- 1.4 The "**injury**" must be of a substantial nature to require the immediate and indispensable presence of the staff member concerned. Routine and minor injuries which invariably occur are not covered.
- 1.5 The "**illness**" must be significant so as to require the immediate and indispensable presence of the staff member concerned. Routine illnesses which invariably occur are not covered. Neither the magnitude nor the severity of an illness in itself warrants Force Majeure Leave.
- 1.6 Ultimately it is the unforeseen and sudden nature of the "injury" or "illness" which will influence the decision that the staff member is entitled to Force Majeure Leave.
- 1.7 Force Majeure Leave may be taken for a maximum of 3 days leave in any 12 month period or 5 days in any 36 month period. Absence for part of a day is counted as 1 day's Force Majeure Leave.
- 1.8 The first day only is considered as Force Majeure and any subsequent days will normally require the staff member to use other forms of leave. In exceptional circumstances subsequent days may be considered as Force Majeure provided the staff member can demonstrate that the illness/injury of the family member has worsened thus necessitating the immediate presence of the staff member.
- 1.9 Employment rights are unaffected during a period of Force Majeure Leave.
- 1.10 Human Resources will retain all data relating to Force Majeure Leave in as confidential a manner as is practical.
- 1.11 Confidentiality will be observed in matters connected with Force Majeure Leave in so far as practical.

2. APPLICATION PROCEDURE

- 2.1 Due to the very nature of Force Majeure Leave, prior notice cannot be given however the staff member is required to contact their manager on the first day of their absence as soon as it is reasonably practicable.
- 2.2 Immediately on return to work a staff member wishing to apply for Force Majeure Leave must complete the **Force Majeure Leave Application Form** which can be found at the end of this policy.
- 2.3 The completed **Force Majeure Leave Application Form** must then be submitted to Human Resources for approval. If approved, Human Resources will confirm the leave in writing to the staff member and their manager. If not approved, Human Resources will confirm in writing the

reasons(s) why in writing to the staff member and their manager. The University may seek evidence from the staff member to justify or support an application for Force Majeure Leave.

- 2.4 Where an application is not approved by the relevant line manager, this decision may be appealed in writing by the staff member to the next level of manager. Human Resources will have the final decision on an application.

3. QUERIES

Contact: Leave and Benefits Team

E-Mail: Leaveandbenefits@tudublin.ie

FORCE MAJEURE LEAVE APPLICATION FORM

This Form should be submitted to Human Resources immediately on return to work.

Human Resources will retain all data relating to Force Majeure Leave in as confidential a manner as is practical.

To be completed by the Applicant

Name (in print): _____

Staff No.: _____

Function/School: _____

Home/Mobile Contact No: _____

Relationship of the staff member with the family member: _____

Nature and details of the injury / illness concerned:

Date(s of Force Majeure Leave: _____

It is a condition of Force Majeure Leave that it is used for the care of a family member or of an individual who as outlined in section 1 of the policy. I understand that if it is not used for this purpose I may be denied this leave and that HR may request further information to support this application. Abuse of this policy may lead to disciplinary action if found to be in breach of same.

I have read and understand the TU Dublin policy for Force Majeure Leave. I fully accept and agree to comply with same.

Signature of Applicant: _____ **Date:** _____

To be completed by Relevant Line Management (i.e. Head of School/Department/Function as appropriate)

I recommend that this application is approved / not approved in accordance with the TU Dublin Force Majeure Leave policy.

Signature: _____ **Date:** _____

To be completed by HR

This application is approved / not approved in accordance with the TU Dublin Force Majeure Leave policy.

Signature of Head of HR or nominee / HR Manager: _____

Date: _____