

Force Majeure Leave Notification Form – HR 108 (f)

This form must be completed by an employee who takes Force Majeure Leave as soon as reasonably practicable after the leave is taken.

Under the Parental Leave Act, an employee is entitled to force majeure leave where for urgent family reasons, owing to an injury to or the illness of a person referred to in section 13(2) of the Act, the employee's immediate presence is indispensable at the place where the person is.

The persons referred to in section 13(2) of the Act are:

- a person of whom the employee is the parent or adoptive parent;
- the spouse of the employee or a person with whom the employee is living as husband and wife;
- a person to whom the employee is *in loco parentis*;
- a brother or sister of the employee; and
- a parent or grandparent of the employee.

Force majeure leave must not exceed **3 working days** in any period of 12 consecutive months or **5 working days** in any period of 36 consecutive months. Please complete form in Block Capitals/Tick appropriate boxes.
Format Date fields as DDMMYYYY

Section 1. To be completed by the employee																	
Surname:					First Name:												
Grade:					Personnel No:												
Location:					PPS. No:												
Names injured/ill* person																	
Address of injured/ill* person																	
Relationship to employee:																	
Nature of injury/illness*																	
No of days applied for?																	
Date(s) of force majeure leave																	
From										To							
Section 2. Confirmation																	
I confirm that I have taken force majeure leave on the above mentioned date(s) because for urgent family reasons, owing to the injury to/illness* of the person specified above, my immediate presence at that person's address was indispensable.																	
I declare that the information given above is true and complete.																	
Signature:					Date												

If faxing please ensure Employee's Name and Personnel Number are included on each page of form

Name: _____ Personnel No _____

Section 3. To be completed by the Line Manager

I have checked that the start and end dates specified comply with requirements and that the overall period indicated does not exceed that which is allowed under this leave. I have examined the documentation provided and confirm that the leave approved complies with the relevant HR policy.

Application Approved

Application Refused

Comments (if application is refused, state reason)

Signature

Date

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Name (Capitals)

Grade

Contact Phone No:

Mobile No:

e-mail address

Section 4. To be completed by Human Resources Personnel Administration

System Updated By:

Date

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Section 5. Circulation List

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