



Parental Leave Act 1998

Notice to Employer of *Force Majeure* Leave

To be completed by an employee who takes *force majeure* leave, as soon as is reasonably practicable after the leave is taken, pursuant to Section 13(3) of the Act.

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.

Name of employee	
PPS number	
Name of injured*/ill person	
Address of injured*ill* person	
Relationship to employee	
Nature of injury*/illness*, please be specific	
Number of days applied for	
Dates of force majeure leave	

I confirm that I have taken *force majeure* leave on the above mentioned dates because of urgent family reasons, owing to the injury to*/illness* of the person specified above, my immediate presence at that person's address was indispensable.

*Delete as appropriate

DECLARATION

I declare that the information given above is true and complete.

Signature of employee _____

Date _____

Please forward this form to the Human Resources Department.

Approved by _____

Date _____