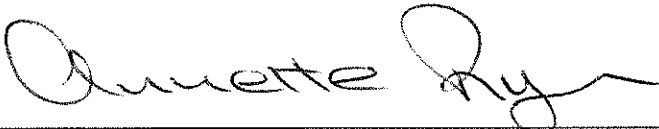




Aurora

Enriching lives, Enriching Communities

Force Majeure Leave Policy

Policy Number	Policy Developed by	Date Developed
11	HR Manager	October 2016
Version	Amendments	
2	4.2.1 Complete HR108 (F) Form 4.2.2 Evidence will not be required when applying for Force Majeure leave	
Reviewed by		Review completed
Aine Forde, HR Manager		22.08.2024
CEO signature		Next Review Date
		22.08.2026

Mission Statement

Enable people with complex needs to experience the same rights as every other citizen and as equal members of the community.

1. Policy Statement

The Parental Leave Acts 1998 - 2019 you are entitled to include a provision for limited paid leave (Force Majeure) which enables employees to deal with immediate family emergencies.

2. Scope

This policy is relevant to all employees of Aurora, Kilkenny.

3. Responsibilities

3.1 Responsibility of the Employee

To abide by this policy.

3.2 Responsibility of Line Manager

Line Managers have responsibility for the effective implementation of this policy and to follow up directly with employees when they are not following the policy or to refer to HR for advice.

3.3 Responsibility of Human Resources

HR will support management with the implementation of this policy by providing recommendations and providing advice. HR will be responsible to ensure all employees are made aware of the Policy.

4. Policy

Force majeure leave is short-term paid leave that employees can avail of to enable them to deal with urgent family reasons where your immediate presence is required owing to an injury or illness of a family member.

4.1 Entitlement

4.1.1 An employee is entitled to paid leave owing to the urgent illness or injury of:

- a child (natural or adopted);
- a spouse/partner;
- a person to whom he or she is in loco parentis;
- a brother/sister;
- a parent/grandparent;
- a domestic dependent.

4.1.2 This entitlement applies only when the immediate presence of an employee is indispensable, at the place where the ill/injured person is located.

4.1.3 The entitlement to force majeure leave is limited to three (3) days in any 12 consecutive months or five days (5) in any 36 consecutive months. There is no service requirement for an employee to avail of force majeure leave.

4.2 Applying for the leave

- 4.2.1 Due to the nature of force majeure leave, prior notice cannot be given. However, you are required to inform Aurora as soon as possible on the first day of absence. On return to work, you will need to discuss the reasons for taking the leave. You must complete the attached application form HR 108 (f) for force majeure leave on return to work.
- 4.2.2 Your Line Manager will conduct a review of the application and will confirm whether or not the leave will be treated as force majeure leave.
- 4.2.3 Part days are regarded as full days for the purpose of the maximum number of days allowed.
- 4.2.4 Medical appointments for which your presence is necessary and for which you have prior knowledge will not be deemed eligible for force majeure leave.

4.3 Notes on Leave

- 4.3.1 The nature of force majeure leave cannot, by definition, be forecast or predicted in advance. In other words, such leave must be taken in response to the injury or illness of an immediate family member that is not foreseeable or otherwise generally predictable.
- 4.3.2 In general terms, "injury" must be of a substantial nature to require the immediate and indispensable presence of the employee concerned. Routine minor injuries are clearly not covered by force majeure leave entitlement.
- 4.3.3 The term "illness" must be an illness so significant that it requires the immediate and indispensable presence of the employee concerned. Therefore, routine and predictable illnesses will not generally be covered by force majeure leave entitlement.
- 4.3.4 Ultimately, it is the unforeseen and sudden nature of the illness or condition that will dictate the right to such leave.
- 4.3.5 It is the employee's responsibility to have in place appropriate arrangements to take care of instances involving routine and predictable illness among immediate family members, childminders, appointments, hospital visits etc.
- 4.3.6 The following three levels of criteria are used to assess whether an employee's situation entitles him or her to a period of force majeure leave, is the employee's presence:
 - urgent;
 - immediate;
 - indispensable.
- 4.3.7 Therefore, for example, if an employee who has prior knowledge of a

family member's doctor/hospital appointment, which will require his or her presence, will be in a position to provide notice to the employer, and so would not be entitled to force majeure leave. In these circumstances, either annual or unpaid leave may be offered and made available to the employee concerned.

- 4.3.8 Where, subsequent to an emergency a child has an immediate follow-up hospital appointment or a further hospital appointment (at a future date), leave from work for such appointment cannot be taken as Force Majeure Leave. Also, if the crèche/childminder won't take a child because of illness and the parent has to stay at home, this cannot be taken as Force Majeure leave unless the illness is of a serious nature, and requires immediate medical attention or hospitalisation. Similarly, Force Majeure leave will not be granted when a child minder is unable to mind the child/children.

- 4.3.9 In the case of schools or crèches closing, for example due to inclement weather, an emergency leave situation may result for some employees. This does not fall under the legal definition of force majeure leave. Where the employee is unable to make alternative arrangements, annual leave or unpaid leave could be considered on a case-by-case basis.

- 5.0 Appendix 1 HR Application form HR108 (F)



Force Majeure Leave Notification Form – HR 108 (f)

This form should only be used to apply for force majeure leave where ESS/MSS is not available

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.

Section 1. To be completed by the employee

Surname:	First Name:																																								
Grade:	Personnel No: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																																								
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Address of injured/ill* person																																									
Relationship to employee:																																									
Nature of injury/illness*																																									
No of days applied for?																																									
Date(s) of force majeure leave																																									
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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: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																				

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
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Contact Phone No:	Mobile No:
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e-mail address