**Force Majeure Leave**

**Application Form**



**Force Majeure Application Form**

All employees who want to take force majeure leave must complete the below form as notice to taking force majeure leave.

**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.

|  |  |
| --- | --- |
| **Name of employee** |  |
| **Department** |  |
| **Name and address of injured/ill member of the employee’s immediate family** |  |
| **Relationship of employee’s immediate family member to employee** |  |
| **Nature of injury/illness of immediate family member** |  |
| **Dates of emergency family (force majeure) leave** |  |

I confirm that I am applying for force majeure leave on the above-mentioned date(s) because of urgent family reasons, as a result of the injury to /illness of the member of my immediate family stated above and per details stated, as a result of which my immediate presence with that family member 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 I not the case, whether knowingly on my part or otherwise, then, following due investigation by my employer, I may denied force majeure leave and/or liable to appropriate disciplinary action.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Employee)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Employer)

It is a requirement the employer determines that the leave is in fact force majeure before granting the employee this leave. The below form and questions can be used in order to make this determination. Please see the force majeure policy on the next page.

**Force Majeure Eligibility Form**

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Department** |  |
| **Date Application Received:** |  |

**Checklist to be completed in consideration of granting force majeure leave:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Questions** | **Yes** | **No** |
| **1** | Are the facts presented in the application adequate and to your satisfaction? |  |  |
| **2** | Is the injured/ill person covered by the policy? |  |  |
| **3** | Was the incident giving rise to the application an emergency? i.e. a situation requiring urgent and immediate assistance |  |  |
| **4** | Was the incident of substantial nature? i.e. routine and/or predictable illnesses such as flu do not qualify |  |  |
| **5** | Are you satisfied that the applicant could not have anticipated the likely occurrence of the incident in advance? i.e. unforeseen/unplanned |  |  |
| **6** | Was the employee’s presence indispensable to the ill/injured person? i.e. arrangements to take care of incidents involving routine and predictable problems amongst family members to not qualify |  |  |
| **7** | Was the employee physically present at the place where the injured/ill person was situated? |  |  |
| **8** | Under the circumstances was it reasonable to expect the employee to stay off work for the full period stated in the application? |  |  |
| **9** | Does the employee have a force majeure leave credit? (i.e. may not exceed 5 days force majeure leave in any 36 month period of which a maximum of 3 days is permissible in any 12 month period) |  |  |

In consideration of the above is force majeure leave granted? Yes No

If no, give reason for decision and indicate how the unauthorised leave application is to be dealt with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Manager)