

Policy Name: Force Majeure Leave

Policy Title:	Force Majeure Leave Policy
Description:	To set out the Marino Institute of Education policy on Force Majeure Leave and to define the implementation of this leave under the Parental Leave Acts, 1998-2019
Author (Position):	Human Resources
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Approved By:	MIE Governing Body
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Date of Next Policy Review:	June 2027 (or as necessary)

Force Majeure Leave Policy

1. Context

Marino Institute of Education (MIE) wishes to ensure that it maintains the highest possible standards in all its activities. This policy document aims to set out in easy-to-follow terms how to apply for Force Majeure Leave and to provide guidelines on timelines.

2. Purpose

To set out the MIE policy on Force Majeure Leave and to define the implementation of this leave under the Parental Leave Acts [1998-2019](#).

3. Benefits

All staff will have a clear understanding of the process and timeframes involved in requesting Force Majeure Leave.

4. Principles

- 4.1. Force Majeure Leave is paid leave which is granted to staff where “for urgent family reasons, owing to an injury to or the illness of [an immediate family member – see below], the immediate presence of the employee at the place where the person is, whether at his or her home or elsewhere, is indispensable.” ([Parental Leave Act, 1998](#))
- 4.2. Force Majeure leave only relates to a situation which is not foreseeable or otherwise not generally predictable. Routine minor and predictable illnesses to children or other family members which invariably occur are not covered¹.

5. Definitions

5.1. Eligibility

- i. All Staff employed in MIE are entitled to apply for Force Majeure Leave under the Parental Leave Acts [1998-2019](#).
- ii. Those cases, which fall under the definition, as described above, will be eligible for Force Majeure Leave.
- iii. “Immediate family” includes parent, grandparent, brother, sister, spouse/civil partner or a person with whom the staff member is living as husband, wife, civil

¹ See [Parental Leave Policy](#) and [Illness Policy](#)

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partner, child/adoptive child, or a person to whom the staff member is in loco parentis².

5.2. Entitlement

- i. Force Majeure Leave is paid leave and consists of one or more days.
- ii. The maximum leave available is three days in any 12 consecutive months or five days in any period of 36 consecutive months.
- iii. If a staff member is absent from work for part of a day for reasons of Force Majeure, this leave will be considered as one full day's leave.

6. Policy

- 6.1. Application for Force Majeure Leave should be made by, and have the approval of, the relevant Head of Department.
- 6.2. Application must be made to Human Resources (HR) as soon as is reasonably practicable on the prescribed form available from HR in [Appendix 1](#) of this policy.

7. Responsibility

The responsibility for maintenance of this policy rests with HR.

8. Related Documents

- 8.1. [Parental Leave Policy](#)
- 8.2. [Carer's Leave Policy](#)
- 8.3. [Illness Policy](#)
- 8.4. [Adoptive Leave](#)
- 8.5. [Disciplinary Policy](#)

² See [Parental Leave Policy](#), [Carer's Leave Policy](#) and [Adoptive Leave](#)

Appendix 1

Application for Force Majeure Leave (Under the Parental Leave Act, 1998)

Name of Employee:	Staff Number:
Home Address:
Department:	Phone:
Email Address:

Name and address of injured/ill member of the Employee's Immediate Family during
Emergency

Family Leave:

Relationship of Immediate Family Member to Employee:
.....

Nature and Details of Injury / Illness of Immediate Family Member of Employee Concerned
(Applications are assessed on the information given. Please provide full details):
.....

Date(s) of Emergency Family Leave:
.....

I confirm that I have taken Force Majeure Leave on the above-mentioned date(s) because of urgent family reasons as a result of injury to/illness of the member of my immediate family stated above and per details stated given as a result of which my immediate presence at that member of my immediate family's address was indispensable.

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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 that is not the case, whether knowingly on my part or otherwise, then, following due investigation by my employer, I may be denied Force Majeure Leave and/or liable to appropriate disciplinary action³.

Signature of Employee: _____

Date: _____

Signature of Head of Department:

_____ **Date:** _____

Please Print Name: _____

Note: The members of an employee's immediate family covered under [Section 13\(2\) of the Parental Leave 1998, Act](#) are a child (natural, adoptive or over which the employee is acting in loco parentis) spouse/civil partner/partner, the brother/sister, or parent/grandparent of the employee.

Application should be made by the Head of Department and returned to them with a copy to HR.

³ See [Disciplinary Policy](#)