



Human Resource Management Support Services

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**APPLICATION FOR FORCE MAJEURE LEAVE**

**This form must be completed by employees requesting force majeure leave under the Parental Leave Acts 1998 & 2006. The form must be issued to the employee's immediate manager/supervisor not later than 1 week after returning to work.**

Name of Employee: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

RSI Number: \_\_\_\_\_

Designated Person: \_\_\_\_\_  
*(for whom the employee needed the leave)*

Address of Designated Person: \_\_\_\_\_  
\_\_\_\_\_

Relationship to the Employee: \_\_\_\_\_

Reason for the Care: \_\_\_\_\_  
\_\_\_\_\_

Date Leave Commenced: \_\_\_\_\_

Duration of the Leave: \_\_\_\_\_

Date of Return to Work: \_\_\_\_\_

***I have read and understand the terms of this force majeure leave. I declare that the information provided is accurate and that I required this leave for urgent family reasons as stated above. I also confirm that my immediate presence with the designated person at the address as stated above was indispensable.***

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employer Confirmation**

Employer Authorisation: \_\_\_\_\_ Date: \_\_\_\_\_