



**DUNDALK INSTITUTE OF TECHNOLOGY**  
**Application for Emergency Family Leave**  
**(Force Majeure)**

- 1. Entitlement to Emergency Family Leave arises where for urgent family reasons, due to an injury or the illness of a member of an employee's immediate family as defined in [Section 13 \(2\)](#) of the [Parental Leave Act, 1998](#), that employee's immediate presence is indispensable in the place where that member of their immediate family is at the time.*
- 2. The members of an employee's immediate family covered under section 13 (2) of the Act are a child (natural, adoptive or over which the employee is acting in loco parentis), spouse/partner, brother/sister, or parent/grandparent of the employee.*
- 3. Emergency Family Leave cannot exceed three working days in any twelve consecutive months or five working days in any thirty-six consecutive months.*
- 4. An employee will be required to produce, not later than 4 weeks after the date of leave, a doctor's certificate detailing the nature, length or expected length, of illness/injury by the person concerned. A copy of the required certificate must also be forwarded to the Human Resources Office.*

*This form should be completed and returned to the Human Resources Office*

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

Payroll No: \_\_\_\_\_

School/Department: \_\_\_\_\_

Name and Address of Injured/Ill Member of the Employee's Immediate Family during Emergency Family Leave: \_\_\_\_\_

Relationship of Immediate Family Member of Employee, to Employee: \_\_\_\_\_

Nature and details of Injury/Illness of Immediate Family Member of Employee concerned: \_\_\_\_\_

Date(s) of Emergency Family Leave: \_\_\_\_\_

Medical Certificate Attached: \_\_\_\_\_

*I confirm that I have taken Emergency Family Leave on the above-mentioned date(s) because of urgent family reasons as a result of the injury/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.*

**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 Emergency Family Leave and/or liable to appropriate disciplinary action.*

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

Signature of Employee: \_\_\_\_\_

Signature of Head of School/Department: \_\_\_\_\_