

1.0 AIM OF THE POLICY

- 1.1 LauraLynn, Ireland's Children's Hospice (which incorporates both the hospice and disability services and hereafter referred to as "LauraLynn") acknowledges that occasions may arise where, for urgent family reasons, owing to the injury or illness of immediate family member(s), the immediate presence of an employee is indispensable at the place where the ill/injured person is located.

2.0 SCOPE

- 2.1 All eligible LauraLynn staff, irrespective of their length of service, are entitled to paid force majeure leave.

3.0 DEFINITIONS

- 3.1 Force Majeure Leave is defined as emergency leave for urgent family reasons, owing to the injury or illness of immediate family members, where the immediate presence of an employee is indispensable at the place where the ill/injured person is located. Force majeure leave is short-term paid leave that staff members can avail of to enable them to deal with unforeseen family emergencies once certain conditions have been met.
- 3.2 Force majeure leave may be granted when a staff member must be absent from work due to a family/domestic crisis or emergency, i.e. if a child has a serious fall and the parent needs to be with them at home/hospital, in this case no one else can stand in for them. If a family member has a hospital appointment for a future date, when the appointment date arrives this leave cannot be taken as force majeure leave as the appointment was planned in advance.
- 3.3 Immediate family members are defined as:
- A son or daughter / adopted son or daughter of the employee
 - A brother or sister of the employee
 - The spouse/registered civil partner or long term partner of the employee
 - A person to whom the employee is in loco parentis (legal guardian)
 - A parent or grandparent of the employee

4.0 POLICY

- 4.1 Force majeure leave, is covered by the Parental Leave Acts 1998-2019. All eligible staff, irrespective of their length of service, are entitled to force majeure leave with pay.
- 4.2 The illness for which the force majeure leave is being taken must be so significant that it requires the immediate and indispensable presence of the employee concerned. Routine and predictable illnesses of immediate family members WILL NOT be covered by force majeure leave. Due to the nature of force majeure leave, prior notice cannot be given. i.e. there was no time to make alternative arrangements.

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5.0 ENTITLEMENTS

5.1 A staff member is entitled to a maximum of **three days leave in any 12 consecutive month period or five days in any 36 consecutive month period**. Absence for part of a day is counted as one day for the purposes of force majeure leave.

5.2 A staff member's employment rights will remain unaffected whilst on force majeure leave.

6.0 PROCEDURES

If a staff member is availing of force majeure leave:

6.1 The staff member must contact their line manager as soon as possible and advise them of the situation regarding their immediate presence at the place where the person is.

6.2 Immediately on return to work the staff member must complete and submit a force majeure leave form (see appendix 1) to their Head of Department.

6.3 In completing the form the staff member must ensure that the following information is given: date(s), family member and relationship to that person and the details regarding the situation that required the unforeseen immediate absence.

6.4 The Human Resources (HR) Department will advise the staff member whether his/her application for force majeure leave has been granted or not.

6.5 Force majeure leave applications must be made within 4 weeks of the incident/accident taking place.

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Appendix 1

REQUEST TO EMPLOYER OF EMERGENCY FAMILY (FORCE MAJEURE) LEAVE

To be completed by an employee who has taken leave and wishes to request that it be taken as *force majeure* leave. This request should be submitted to the Head of Department as soon as is reasonably practicable after the leave is taken.

Employee Name: _____ Position: _____

Department/Apartment: _____ PPS (RSI) Number: _____

Details regarding injured / ill member of the employee's immediate family during emergency family (Force Majeure) leave:

Name: _____

Address: _____

Relationship to employee: _____

Nature of injury / illness of immediate family member concerned:

Date(s) of emergency family (*force majeure*) leave: _____

Total number of Force Majeure days requested: _____

Total number of Force Majeure Leave days taken to date: _____

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I confirm that I am requesting *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 given as a result of which my immediate presence at that member of my 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 *force majeure* leave and / or liable to appropriate disciplinary action.

Signature of Staff Member: _____

Date: _____

Force Majeure Leave Granted

Hours Granted: _____

Signed (Head of Dept.) _____

Date: _____

Force Majeure Leave Denied

Signed (Head of Dept.) _____

Date: _____

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