

FORCE MAJEURE LEAVE APPLICATION FORM (HR-GEN-007-F)

An employee who takes force majeure leave as soon as is reasonably practicable after the leave is taken must complete this form.

Name of Employee: _____ **Department:** _____

Employee Number: _____

Name and address of injured/ill person during force majeure leave:

Name: _____

Address: _____

Injured or ill

Nature of injury/illness (Details): _____

Relationship of injured/ill person to employee: _____

(The persons referred to in section 13(2) of the Act are: child, adopted child or a person in relation to whom the employee is in loco parentis; spouse or person with whom the employee is living as husband or wife; brother or sister; parent or guardian)

Date of force majeure leave: ___/___/___

DECLARATION

I confirm that I have availed of force majeure leave on the above-mentioned date for urgent family reasons, owing to the unforeseen injury / illness* of _____, my immediate presence at that person's address was indispensable.

*Delete as appropriate.

I declare that the information given above is true, accurate and complete.

Signed: _____
Employee

Date: _____

Recommended/Not Recommended: _____
(Delete as appropriate) Head of Department

Date: _____

Approved: _____
Head of HR & People Development/Director of Midwifery & Nursing

Date: _____