

Appendix C - Application for Force Majeure Leave/Illness in Family Leave

The Application Form should be fully completed and submitted to the employer as soon as is reasonably practicable after the absence.

PART 1A – TEACHER APPLICATION

Teacher's Name: _____ Contact No: _____

Home Address: _____

E-mail Address: _____

PPSN: _____

School Name: _____ Roll No: _____

PART 1B – LEAVE DETAILS

Leave Type applied for (please tick relevant box)

Force Majeure Leave ☐ Illness in Family Leave ☐

Start date: _____ End date: _____ Duration (Days) _____

No. of days Force Majeure taken in past (a) 12 months: ____ (b) 36 months: ____

No. of days Illness in Family Leave taken in school year to date: _____

I hereby apply for Force Majeure Leave/Illness in Family Leave for the following reason:-

For Illness in Family Leave please tick relevant box to indicate relationship:

Immediate Relative: ☐ Near Relative: - ☐

Declaration

I wish to apply for Force Majeure Leave/Illness in Family Leave in accordance with Circular 0058/2023. I confirm that the information provided in the application is true and accurate.

I have not exceeded my entitlement to Force Majeure Leave/Illness in Family Leave, as detailed in Circular 0058/2023.

Signature of Teacher: _____ Date: _____

Data Protection Privacy Statement

The main purpose for which the Department requires you to provide this personal data to your employer is to enable your Force Majeure/Illness in Family Leave application to be processed. Your employer will retain your application form and accompanying documents in accordance with their Data Protection policy. Further information in relation to this policy is available on request from your employer.

The Privacy Notice outlining further information in relation to this Application Form can be found on gov.ie. Full details of the Department's Data Protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available on gov.ie. Details of this policy are also available in hard copy from Teacher/SNA Terms & Conditions Section, Department of Education, Cornamaddy, Athlone, Co. Westmeath, N37 X659, or teachersna@education.gov.ie, upon request.

PART 2– EMPLOYER DECISION

I certify that I have approved/refused (delete as appropriate) the Force Majeure/Illness in Family Leave in accordance with Circular 0058/2023. The following documents have been retained on file for audit purposes:

1) Application for Force Majeure Leave/Illness in Family Leave under Circular 0058/2023 ☐

2) Copy of Decision Notice issued to teacher ☐

Approved Force Majeure/Illness in Family Leave has been recorded on the OLCS/relevant ETB system ☐

Signature: _____ Date: _____
(Employer)

Application Form/Supporting Documentation should NOT be submitted to the Department of Education. They should be retained in the school/ETB with any other relevant documentation for record and audit purposes with the relevant personnel records.