

Force Majeure Leave Assessment Form

Employee Name:

Employee Number:

Department:

Date Application Received:

| Check list to be completed in consideration of granting force majeure leave: | Yes | No |
|--|------------|-----------|
| 1. Are the facts presented in the application adequate and to your satisfaction? | | |
| 2. Is the injured/ill person an immediate member of the employee's family? | | |
| 3. Was the incident giving rise to the application an emergency? {ie a situation requiring urgent and immediate assistance}? | | |
| 4. Was the incident of substantial nature? {ie routine and/or predictable illnesses such as flu do not qualify}? | | |
| 5. Are you satisfied that the applicant could not have anticipated the likely occurrence of the incident in advance? {ie unforeseen/unplanned}? | | |
| 6. Was the employee's presence indispensable to the ill/injured person? {ie arrangements to take care of incidents involving routine and predictable problems amongst family members do not qualify}? | | |
| 7. Was the employee physically present at the place where the injured/ill person was situated? | | |
| 8. Under the circumstances was it reasonable to expect the employee to stay off work for the full period stated in the application? | | |
| 9. Does the employee have a force majeure leave credit? {ie may not exceed five days force majeure leave in any 36 month period of which a maximum of three days is permissible in any twelve month period}? | | |
| In consideration of the above force majeure leave granted? | Yes | No |
| If yes, confirm dates and the number of days approved: | | |
| If no, give reason for decision and indicate how the unauthorised leave application is to be dealt with: | | |
| Leave Approved By: | | |
| Date: | | |