



An Bord Oideachais agus Oiliúna Chathair Bhaile Átha Cliath
City of Dublin Education and Training Board

APPLICATION FOR FORCE MAJEURE LEAVE (CL17-99)
TO BE COMPLETED BY STAFF MEMBER

TO THE MANAGEMENT AUTHORITY

I _____ (STATE NAME)

PPSN *: _____ Staff Number: _____

Centre: _____ Centre Number: _____

Hereby apply for Force Majeure Leave for the following reason:

from: _____ **to:** _____

I declare that the details supplied above are true and complete and that I have not exceeded my entitlement to Force Majeure Leave as outlined in Circular 17/99.

Signature of Applicant: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

*PPSN stands for Personal Public Service Number formerly referred to as an RSI number.