



AUTHORIZATION: All documented information (Quality Objectives, procedures, opportunities and risk register for Human Resource Department are issued under the authority of:	
MANAGEMENT REPRESENTATIVE	
Signature:	
Date:	 240 MAY 2018
PROCESS OWNER/HOD/DIVISIONAL HEAD	
Signature:	 HRM
Date:	15/8/2018 DEPUTY HUMAN RESOURCES MANAGER KENYA UTALII COLLEGE

DOCUMENT DETAILS

1.	Section A: Quality Objectives	
2.	Section B: Procedures	
		Title
		Purpose
		Scope
		Reference
		Terminology
		Responsibility
		Input
		Methods
		Output
		Records
		Key performance Indicators
		Appendices
		Flow chart-process map
3.	Section C: Opportunities	
4.	Section D: Risks	

SECTION A: QUALITY OBJECTIVES

OBJECTIVES	ACTIVITIES	RESOURCES	RESPONSIBILITY	TIME FRAME	KEY PERFORMANCE INDICATORS
To ensure optimal staffing levels by filling vacant positions within eighth (8) weeks after interviews.	Interviewing Appointing	Budget provision Trained manpower	HRAM	8 Weeks	Appointment letter
To undertake staff performance reviews once a year.	Undertake performance appraisals Preparation of performance report	Budget Provision Trained manpower	HRAM	Once a year (End of FY)	Appraisal report
To ensure all staff are trained for at least 5 days per year.	Implement approved training program Carry out a training impact assessment	Budget provision Trained manpower	HRAM	Continuous	Trained staff Training evaluation
To ensure 60% automation in service delivery at the end of FY 2021/2022.	Automate HR modules	Budget provision HR Information system Trained manpower	HRAM	Continuous	Effective and Efficient operations
To ensure disciplinary process is initiated within 5 working days from the date of receiving a complaint.	Preparation of show cause/ warning/ disciplinary letters	Trained manpower Labour laws Constitution HR Policy & Procedures Manual	HRAM	1 Month	Disciplinary report Positive change in behaviour

SECTION B: PROCEDURES

1. PROCEDURE FOR LEAVE MANAGEMENT

2. Purpose

To provide guidelines for effective management of leave.

3. Scope

This applies to all leave applications for the Kenya Utalii College.

4. References

The Human Resource Manual, Policy.

The New Labour Laws 2007

5. Terms, abbreviations, Definitions

HRAM Human Resource & Administration Manager

HOD Head of Department

PCA Pay Change Advice

6. Responsibility

CEO is responsible for approval of Divisional Heads leaves

HOD's provides the first level approvals of employee's leave

HR completes the leave approval process

Employees make individual online leave application

7. Inputs

HRIS (ERP)

Online leave application form

8. Key Performance Indicators

No of leaves processed

Leave reports

9. Method

9.1. Employees shall fill the online leave application form according to the leave request.

9.2. The duly filled online leave application shall be forwarded to the Head of Department/Division for approval.

9.3 HOD/Head of Division shall approve and the application is forwarded to Human Resources Registry for final processing.

Note: Maternity leave form shall have the Doctors certificate/birth notification indicating expected due date attached. Paternity leave shall be evidenced by a birth notification.

10. Outputs

Approved leave application notification via email

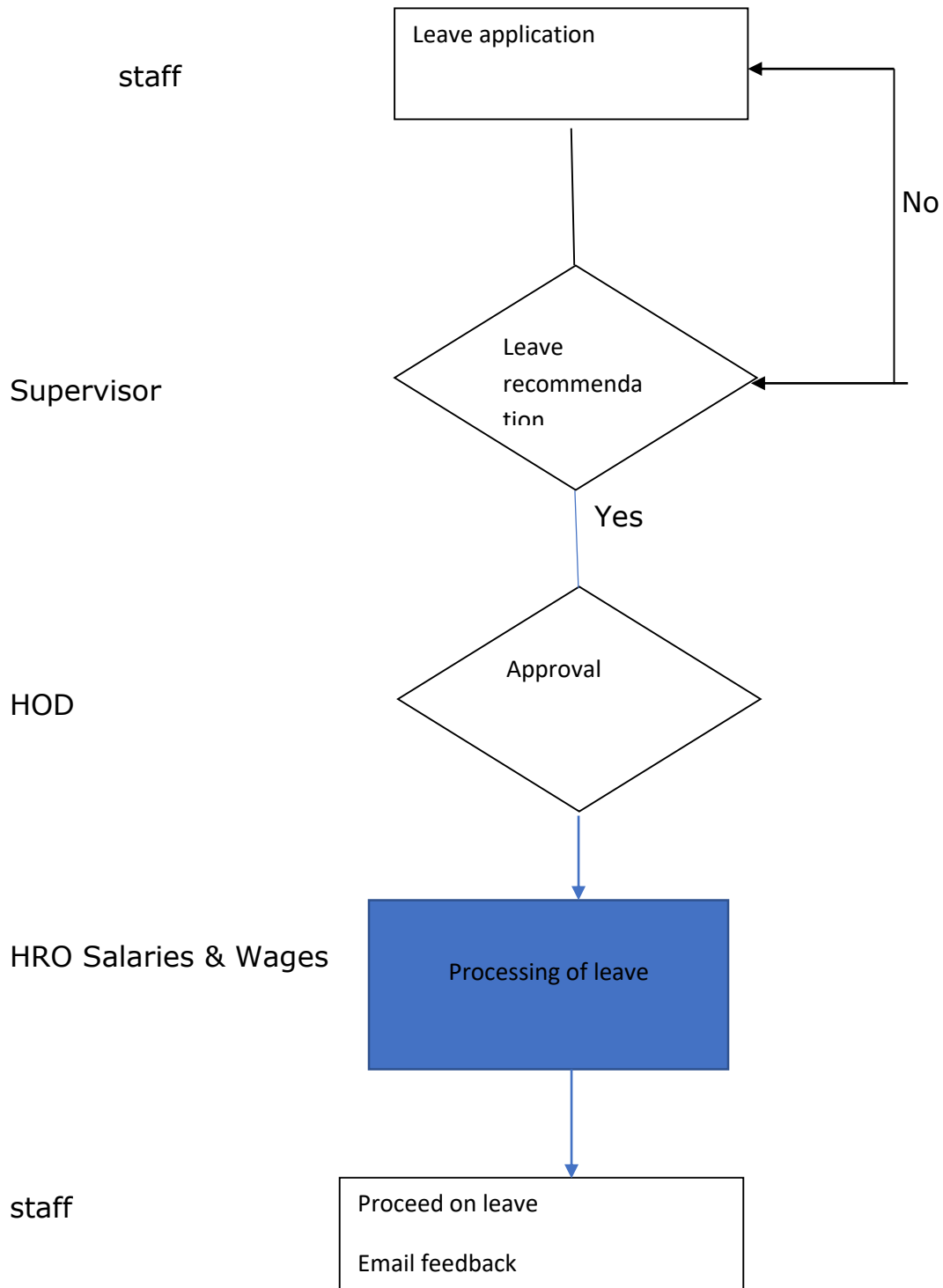
Leave reports

11. Records

Online leave records

12. Appendices

12.1 Flow charts



1. PAYROLL MANAGEMENT

2. Purpose

To provide guidelines for effective and efficient management of payroll operations.

3. Scope

This applies to all payments in terms of salaries and wages, overtime, night duty allowance, medical locum claim, staff loans (salary advance and furniture).

4. References

The HR Policy & Procedures Manual.
The Labour Laws 2007

5. Terms, Abbreviations, Definitions

HRAM	Human Resources and Admin. Manager
HOD	Head of Department
PCA	Pay Change Advice

6. Responsibility

CEO is responsible for final approval and payment
HRAM approves eligibility of the payment
HOD initiates first recommendation/approval.
Employee makes the individual application

7. Inputs

Appropriate application form
Personal File
Payroll changes file
Competent Personnel

8. Key Performance Indicators

Timely approval for various payments
Individual payments

9. Method

9.1 Salaries Processing

9.1.1 Preparation of Pay Change Advice (PCAs) as per received change requests approvals.

9.1.2 The PCA follows the necessary approvals.

9.1.3 The HRO Salaries and Wages effects the necessary changes as per approved PCAs and other related documents.

9.1.4 The HRO Salaries and wages closes the payroll by 24th of every month.

9.1.5 The HRO Salaries and wages forwards the payroll to the HRAM for approval after verification by the PHRO.

9.1.6 Upon approval, the HRO Salaries and wages forwards the approved payroll to accounts for payment with the necessary documents.

9.1.7 The HRO S&W generates the pay slips for ease access by staff.

9.1.8 In case of payroll queries, the employee shall fill in the payroll queries form; KUC/ADMIN/R/024 and attach the pay slip in question.

9.1.9. The HRO salaries and Wages shall forward the payroll queries form to HRAM for necessary approval.

9.1.10 The HRAM shall forward the approved recommendations to HRO Salaries for necessary action.

9.2 Casual Wages/Part-time/Locum Payments

9.2.1. The employee shall complete the appropriate claim forms; KUC/ADMIN/R/067; KUC/ADMIN/R/036 and KUC/ADMIN/R/144 respectively.

9.2.2. The dully-filled form shall be forwarded to the Head of Department through supervisors for approval with the necessary attached document.

9.2.3 The HOD shall forward the form to HRO (Salaries and Wages) for processing of payments.

9.2.3. The HRO S&W shall forward the processed forms/reports to the HRAM through the PHRO for verification and approval.

9.2.4 The HRO S&W shall forward to Accounts for payment.

9.3 Overtime payments

9.3.1 The HOD shall apply for Authority to engage employees to work on overtime by filing Overtime Authority Form; KUC/ADMIN/R/078.

9.3.2 The HRAM shall forward the request with comments to the Principal & CEO for approval.

9.3.3 Upon approval of the overtime request by the Principal, the HOD shall fill in the overtime record form; KUC/ADMIN/R/074. ,

9.3.4 The staff shall fill in the overtime claim form; KUC/ADMIN/R/081 which shall be approved by the HOD and forwarded to HRO S&W for payment processing.

9.6. Staff Loans (Salary Advance and Furniture Loan)

9.6.1. Employees shall fill the salary advance application forms KUC/ADMIN/R/069 or KUC/ADMIN/R/075 for furniture loan.

9.6.2. Employee shall attach a duly filled guarantors form; KUC/ADMIN/R/070 to the application.

9.6.3 The HOD shall recommend and forward to HRO S&W for processing and onward submission for approvals by HRAM and Principal.

9.6.4. The PCA shall be raised for payment using form; KUC/ADMIN/R/023.

9.6.6. Copies of the PCA shall be dispatched as follows; White-Accounts for payment processing, Blue-Personal file and Yellow-staff.

9.6.7 A PCA copy shall be filed in the current payroll changes file for input into the payroll.

10. Appendices



KENYA UTALII COLLEGE

KUC/ADMIN/R/024

PAYROLL QUERIES

Date: _____

Name: _____ Staff No: _____

Department: _____

Nature of Problem /Query

Signature of employee: _____

Comments of Payroll Officer:

Name: _____ Sign: _____ Date: _____

Recommendation of HR Officer

Name: _____ Sign: _____ Date: _____

HRAM'S COMMENTS

NAME: _____ SIGN: _____ DATE: _____



KENYA UTALII COLLEGE

KUC/ADMIN/R/036

PART TIME /GUEST LECTURER'S CLAIM FORM

NAME: _____ SECTION: _____

DESIGNATION: _____ ID NO _____

DATE	CLASS	NO. HOURS	@KSH.	AMOUNT	REMARKS
TOTAL HOURS/AMOUNT					

SIGNATURE OF CLAIMANT: _____ DATE: _____

HEAD OF DEPARTMENT

I confirm that the above information is correct and the claim is in order

Stamp & Signature: _____

Date: _____

HUMAN RESOURCES (SALARIES AND WAGES)

Payment Recommended

Payment Not Recommended Reasons: _____

Name: _____ Signature: _____ Date: _____

HUMAN RESOURCE MANAGER

Approved for Payment

Stamp & Signature: _____ Date: _____



KENYA UTALII COLLEGE

KUC/ADMIN/R/144

LOCUM CLAIM FORM

NAME: _____ **SECTION:** _____

DESIGNATION: _____ **ID NO:** _____

DATE	SECTION	RATE (PER DAY)	REMARKS
TOTAL			

SIGNATURE OF CLAIMANT: _____ DATE: _____

HEAD OF DEPARTMENT

I confirm that the above information is correct and the claim is in order

Stamp & Signature: _____ Date: _____

HUMAN RESOURCES (SALARIES AND WAGES)

Payment Recommended

Payment Not Recommended Reasons: _____

Name: _____ Signature: _____ Date: _____

HUMAN RESOURCE MANAGER

Approved for Payment

Stamp & Signature: _____ Date: _____



Kenya Utalii College

KUC / ADMIN / R / 078

APPLICATION FOR AUTHORITY TO WORK OVERTIME**

I _____ Head of _____ Department
 Hereby request the Principal / Head of _____ Division to approve the working of overtime
 by the under mentioned member (s) of staff in my department.

NAME	S / NO	GRADE	POSITION	ESTIMATION DURATION OF OVERTIME			
				DATE	FROM	TO	HRS
				DATE:			
				TIME:			
				DATE:			
				TIME:			
				DATE:			
				TIME:			
				DATE:			
				TIME:			
				DATE:			
				TIME:			

WORK TO BE DONE : _____

REASONS AS TO WHY COMPENSATION THROUGH TIME OFF IS NOT POSSIBLE: _____

STAMP & SIGNATURE: _____ DATE: _____

HEAD OF DIVISION

STAMP & SIGNATURE: _____ DATE: _____

I endorse / do not endorse the above application in its entirety because : _____

DECISION OF THE PRINCIPAL: Application approved/ not approved because : _____

STAMP & SIGNATURE : _____ DATE : _____

Note: * Head of Division to authorize the working of overtime in case of emergency only
 ** To be completed in duplicate



Kenya Utalii College

KUC/ADMIN/1/069

APPLICATION FOR SALARY ADVANCE	
I, _____ Staff No. _____ Term: Permanent / Contract / Temporary Designation: _____ Grade _____ Department _____ Regularly apply for a salary Advance of Kshs. _____ (or) Do not receive from my salary in _____ (and alternative) at a rate of Kshs. _____ per month. Reason for this request: _____ _____	
Previous salary advance (s) during the current calendar year: Yes <input type="checkbox"/> No <input type="checkbox"/> Date advance received: _____ Amount given: Kshs. _____ Reason (s) for the previous request: _____	
Salary advance outstanding to date? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount: Kshs. _____ Evidence in support of this application is / not attached. If not state reasons: _____ _____	
Signature: _____ Date: _____	
COMMENTS OF THE HEAD OF DEPARTMENT: _____ _____ Signature & Rubber Stamp: _____ Date: _____	
COMMENTS OF THE HUMAN RESOURCES OFFICER: <input type="checkbox"/> Application recommended <input type="checkbox"/> Application not recommended because _____ _____ Signature & Rubber stamp: _____ Date: _____	
COMMENTS OF THE HEAD OF DIVISIONAL / PRINCIPAL: <input type="checkbox"/> Application approved <input type="checkbox"/> Application not approved because: _____ _____ _____ Signature & Rubber Stamp: _____ Date: _____ Distribution: Originals to Accounts Department (White) Duplicate to Human Resource (Blue)	



Kenya utalii college

KUC/ADMIN/R/070

GUARANTORS FOR SALARY ADVANCE

TERMS : PERMANENT/CONTRACT/ TEMPORARY (TICK APPROPRIATE)

1 S/No Department

2S/No Department

We hereby guarantee Mr/Mrs/Ms/Miss

S/No Department for a salary Advance of
Kshs (Amount in words Kshs

.....) recoverable in Installments, with
effect from

We undertake to pay the salary advance to the College if he / she fails to pay
it for any reason whatsoever.

1. Signature Date

2. Signature Date

DISTRIBUTION

Original - Accounts (White)

Duplicate - Human Resources Department (Salaries) (Blue)

Kenya Utalii College**PAY CHANGE ADVICE**

KUC / ADMIN / M/025

Name :		Staff No :	Present Department	
Job Title :	Grade	Date Employed		Terms of Service :
New Employment :	<input type="text"/>	Yearly Increment :		<input type="text"/>
Acting Allowance :	<input type="text"/>	Extraordinary Allowance :		<input type="text"/>
Promotion :	<input type="text"/>	House Rent Deductions:		<input type="text"/>
Salary Advance :	<input type="text"/>	Leave Allowance :		<input type="text"/>
Upgrading :	<input type="text"/>	Contract Renewal		<input type="text"/>
Resignation :	<input type="text"/>	House allowance		<input type="text"/>
Salary - in Advance :	<input type="text"/>	Termination :		<input type="text"/>
Suspension :	<input type="text"/>	Other (Specify) :		<input type="text"/>
New Department :	<input type="text"/>	Present Pay scale :		<input type="text"/>
New Job Title :	<input type="text"/>	New Pay Scale :		<input type="text"/>
New staff No :	<input type="text"/>	New Grade :		<input type="text"/>
Remarks :				
Prepared by : Signature & Stamp	Head of Department : Signature & Stamp		Certified by : Signature	
Date :	Date :	Date :		

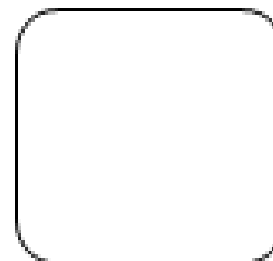
Distribution : - original to accounts (White)
 - Duplicate to Personal File (Blue)
 - Triplicate to Staff Member (Yellow)



Kenya utalii college

KDC/ADMIN/E/072

Kindly Insert your recently taken, within 3 months) coloured pas-sport size photograph



PERSONAL DETAILS

Name :

Department : Date of Employment :

Date of Confirmation: Staff No:

Gender : Marital status :

ID No: NSSF No :

NHIF: KRA PIN No.

DETAILS OF SPOUSE

Names In Full

National ID No.

.....

.....

.....

DETAILS OF CHILDREN

Name	Gender	Date of Birth	Birth Certificate No.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

I certify that the information given on this form is correct.

Signature : Date :



Kenya Utalii College KUC/ADMIN/R/081

OVER – TIME PAYMENT CLAIM FORM

TO: Human Resources Manager

I _____ Staff No. _____
Job Title: _____ Grade: _____
Department: _____ hereby apply to be paid
overtime as detailed below:-

DATE OVER - TIME WORKED	DURATION		TOTAL HOUR
	FROM	TO	
GRAND TOTAL			

SIGNATURE : _____ DATE; _____

HEAD OF DEPARTMENT

I confirm that the above information is correct and the claim is in order as the Principal's authority has already been obtained (vide the Original Appendix C attached).

STAMP AND SIGNATURE: _____ DATE: _____

- Payment approved
- Payment not approved because

STAMP & SIGNATURE: _____ DATE: _____



Kenya Utalii College

OVER – TIME RECORD

NAME: _____

DATE	REASON	OVERTIME	COMPENSATION	BALANCE

Note: overtime must be approved by Head of Department



Kenya Utalii College

KUC/ADMIN/R/069

APPLICATION FOR SALARY ADVANCE	
I, _____ Staff No. _____ Term: Permanent/Contract/Temporary Designation _____ Grade _____ Department _____ hereby apply for a salary Advance of Kshs. _____ to be recovered from my salary in _____ installments at a rate of Kshs. _____ per month. Reason for this request: _____ _____ _____	
Previous salary advance (s) during the current calendar year: Yes <input type="checkbox"/> No <input type="checkbox"/> Date advance received: _____ Amount given: Kshs. _____ Reason (s) for the previous request: _____	
Salary advance outstanding to date? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount: Kshs. _____ Evidence in support of this application is / not attached. If not state reasons: _____ _____	
Signature: _____ Date: _____	
COMMENTS OF THE HEAD OF DEPARTMENT: _____ _____ Signature & Rubber Stamp: _____ Date: _____	
COMMENTS OF THE HUMAN RESOURCE OFFICER: <input type="checkbox"/> Application recommended <input type="checkbox"/> Application not recommended because _____ _____ Signature & Rubber stamp: _____ Date: _____	
COMMENTS OF THE HEAD OF DIVISIONAL / PRINCIPAL: <input type="checkbox"/> Application approved <input type="checkbox"/> Application not approved because: _____ _____ _____ Signature & Rubber Stamp: _____ Date: _____ Distribution: Original to Accounts Department (White) Duplicate to Human Resource (Blue)	



Kenya utalii college

KUC/ADMIN/1070

GUARANTORS FOR SALARY ADVANCE

TERMS : PERMANENT/CONTRACT/ TEMPORARY (TICK APPROPRIATE)

1..... S/No Department

2.....S/No Department

We hereby guarantee Mr/Mrs/Ms/Miss

S/No Department for a salary Advance of
Kshs (Amount in words Kshs

.....) recoverable in Installments, with
effect from

We undertake to pay the salary advance to the College if he / she fails to pay
it for any reason whatsoever.

1. Signature..... Date

2. Signature Date

DISTRIBUTION

Original - Accounts (**White**)

Duplicate - Human Resources Department (Salaries) (**Blue**)



Kenya Utalii College

KUC/ADMIN/R/075

APPLICATION FOR CURTAIN AND FURNITURE LOAN

I, _____ Staff No. _____ Date Confirmed: _____
 Designation _____ Grade _____ Department _____ hereby
 Apply for curtain and furniture loan of Kshs. _____ (in words) _____
 _____ to be recovered from my salary

in _____ installment at a rate of Kshs. _____ per month.

Specify whether: Furniture Curtain or Both

Previous Curtain and furniture Loan (s) in the last three years: Yes No

Date Loan Received: _____ Amount given: _____

Furniture and Curtain Outstanding to – date? Yes No if yes, Amount Kshs. _____

Evidence in support of this application is/is not attached. If not, state reasons.

Signature: _____ Date: _____

COMMENT OF THE HEAD OF DEPARTMENT:

Signature & Rubber Stamp: _____ Date: _____

COMMENT OF THE SENIOR PERSONNEL OFFICER:

- Application recommended
 Application not recommended because:

Signature & Rubber stamp: _____ Date: _____

COMMENT OF THE HEAD OF DIVISION/PRINCIPAL

- Application approved as follows: Amount approved : Kshs _____ No. of installments
 Application not approved because:

Signature & Rubber Stamp _____ Date: _____



Kenya Utalii College

KUC/ADMIN/ R/088

From : _____ S/N _____

Address : _____

Date : _____

To: The Principal
Kenya Utalii College
P.O Box 31052
Nairobi

Dear sir,

RE: KENYA UTALII COLLEGE STAFF PENSION SCHEME, GROUP LIFE ASSURANCE SCHEME,
PERSONAL ACCIDENT INSURANCE COVER AND OTHER BENEFITS.

In connection with the benefits accruing on my death under the Kenya Utalii College Staff Pension Scheme, Group Life Assurance Scheme, Personal Accident Insurance Cover and any other benefits, I hereby appoint:

(NOTE: CROSS OUT AND INITIAL UNUSED PORTIONS)

1. Name in full _____
Age _____
Relationship _____
I/D Card No. _____
Birth Certificate No. _____
Address _____

2. Name in full _____
Age _____
Relationship _____
I/D Card NO. _____
Birth Certificate No. _____
Address _____

3. Name in full _____
Age _____
Relationship _____
I/D Card No. _____
Birth Certificate No. _____
Address _____

4. Name in full _____
Age _____
Relationship _____
I/D Card NO. _____
Birth Certificate No. _____
Address _____

5. Name in full _____
Age _____
Relationship _____
I/D Card No. _____
Birth Certificate No. _____
Address _____

6. Name in full _____
Age _____
Relationship _____
I/D Card NO. _____
Birth Certificate No. _____
Address _____

DOCUMENTED INFORMATION FOR HUMAN RESOURCES DEPARTMENT

7. Name in full _____

 Age _____
 Relationship _____
 I/D Card No. _____
 Birth Certificate No. _____
 Address _____

8. Name in full _____

 Age _____
 Relationship _____
 I/D Card No. _____
 Birth Certificate No. _____
 Address _____

9. Name in full _____

 Age _____
 Relationship _____
 I/D Card No. _____
 Birth Certificate No. _____
 Address _____

10. Name in full _____

 Age _____
 Relationship _____
 I/D Card No. _____
 Birth Certificate No. _____
 Address _____

To be my beneficiary/ beneficiaries * under the rules governing the said insurance scheme. I further require that the share of my beneficiary/ beneficiaries * by the proportion indicated below:

<u>Beneficiary</u>	<u>Proportion of share (in %)</u>
1. Full Name _____ _____	_____
2. Full Name _____ _____	_____
3. Full Name _____ _____	_____
4. Full Name _____ _____	_____
5. Full Name _____ _____	_____
6. Full Name _____ _____	_____
7. Full Name _____ _____	_____
8. Full Name _____ _____	_____
9. Full Name _____ _____	_____
10. Full Name _____ _____	_____

*Delete as appropriate

DOCUMENTED INFORMATION FOR HUMAN RESOURCES DEPARTMENT

(Any additional beneficiaries and the proportion of their shares may be indicated on separate sheet of paper signed, witnessed and attached)

Any additional information to facilitate the identification of and beneficiary/beneficiaries* may also be given on a separate sheet of paper and attached hereto.

The above appointment(s) cancel(s) and supersede(s) any previous appointment (s) made by myself concerning the said benefit scheme.

If at the time of my death any of the appointed beneficiary/ beneficiaries* is/are below the age of 18, I hereby appoint:

1. Name in full _____

2. Name in full _____

Relationship _____

Relationship _____

Address _____

Address _____

to RECEIVE AND HOLD the benefits accruing to such beneficiary /beneficiaries* and to APPLY the same in such a manner as the trustee(s) may deem fit for the benefit of my said beneficiary /beneficiaries*.

Instructions to trustee(s) if any: _____

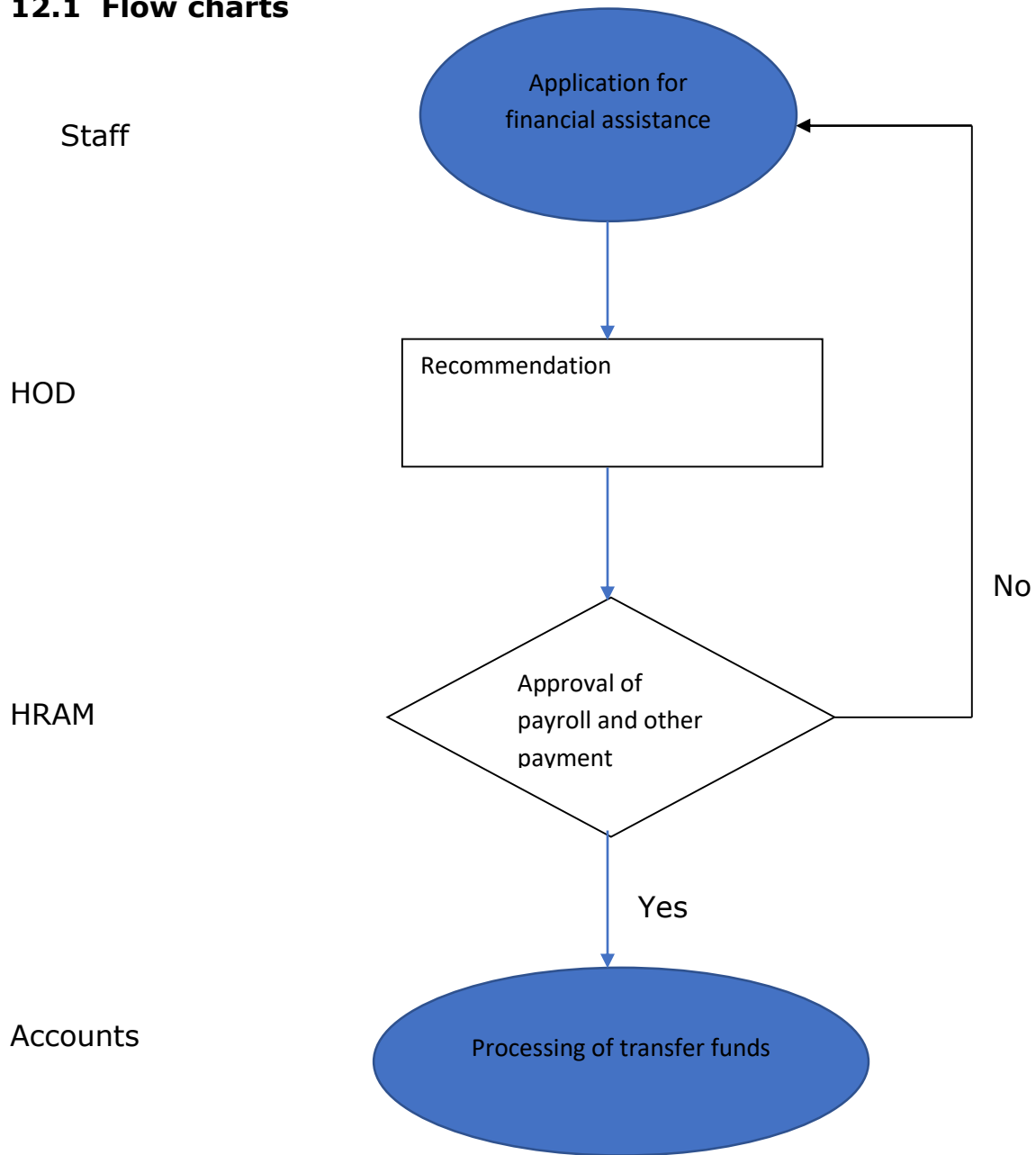
OR

to RECEIVE, HOLD AND INVEST the benefits accruing to such a beneficiary / beneficiaries* in the manner provided by law and to TRANSFER all the benefits accruing from such investment to the beneficiary /beneficiaries* attain(s) the age of 18.

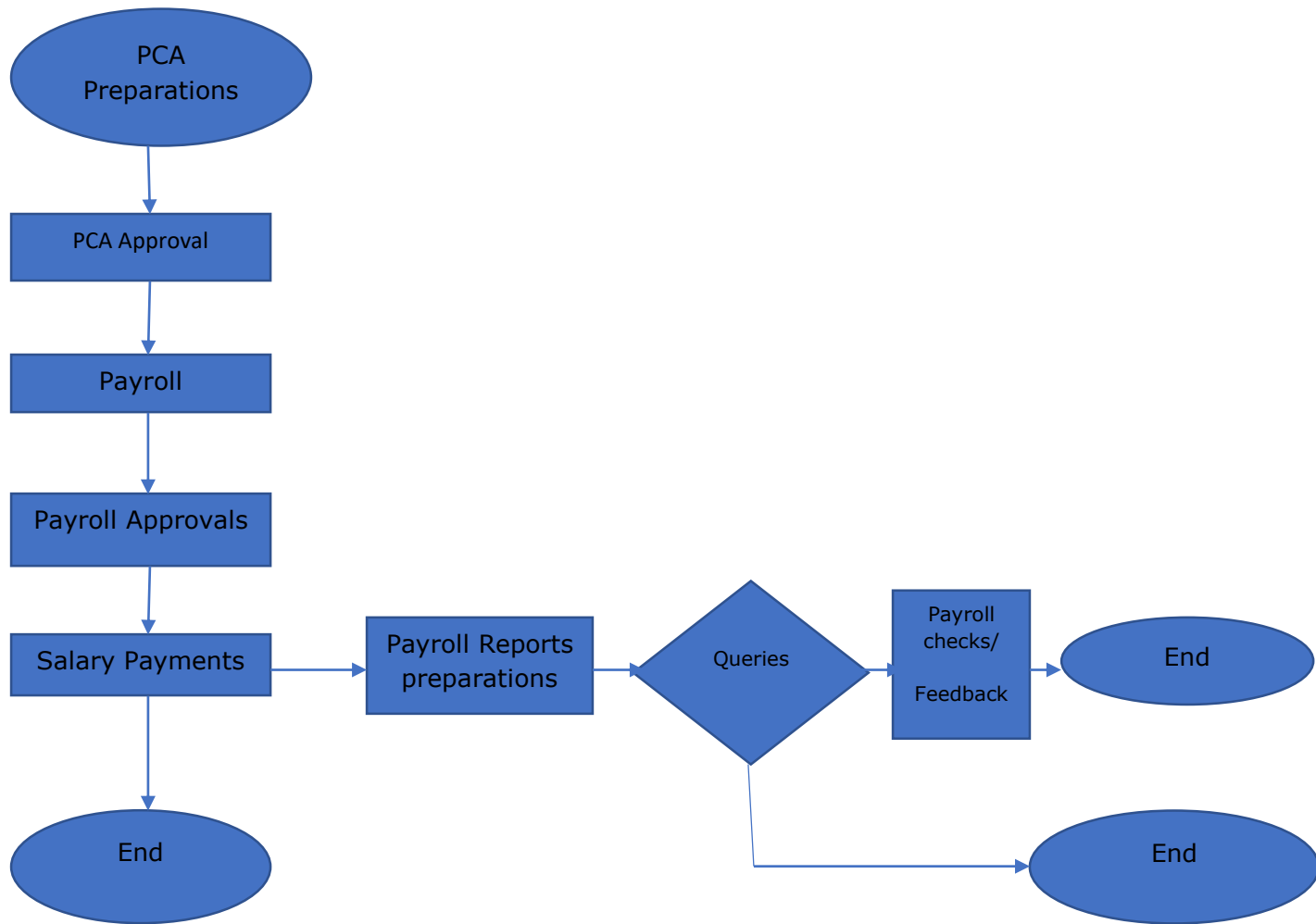
Any further directions _____

* Delete as appropriate

12.1 Flow charts



Flow Chart: Payroll Processing



1. PROCEDURE FOR RECRUITMENT, SELECTION AND INDUCTION

2. Purpose

To provide guidelines for recruitment of competent and adequate manpower in the College.

3. Scope

This applies to all recruitment, selection and induction of staff.

4. References

WSP Policy on recruitment, selection and induction
HR Policy and Procedures Manual
Quality Manual
Career guidelines

5. Terms, abbreviations, Definitions

HRAM- Human Resources Manager
HOD-Head of Department

6. Responsibility

- HOD comes up with request to fill vacant positions
- HRAM checks the availability within the staff establishment and seeks approval from the Principal/CEO to recruit.
- Principal/CEO approves the recruitment process to fill the vacant positions.

7. Inputs

Competent Personnel
Staff establishment

8. 11. Key Performance Indicators

Successful filling of vacant position

9. Method

- 9.1 The HOD of user department shall identify the need for recruitment based on approved staffing levels and work load analysis. The HOD makes a formal request through the Divisional Head.
- 9.2 HRAM checks the staff establishment to determine the availability of a vacancy and seeks approval from the Principal/CEO to commence the recruitment process.
- 9.3 HRAM shall source or advertise all vacant positions as per HR Policy and Procedures Manual. The HRAM shall ensure that the advert appears at least two weeks before the closing date for receiving application.

- 9.4 HRAM may engage the services of a consultant with the approval of the College Council/Principal & CEO where the college lacks expertise to competently recruit.
- 9.5 HRAM will receive applications through the mail management procedure or as indicated in the advert.
- 9.6 HRAM will longlist and shortlist as per job specifications within 3 weeks after the closing date.
- Note:** For job group D and above, the shortlisting shall be conducted by the Council.
- 9.7 The HRAM shall prepare a report of the shortlisted candidates for approval by the Principal/CEO.
- 9.8 The HRAM shall invite/contact successful shortlisted candidates for an interview according to details provided by the candidates at least 5 (five) working days prior.
- 9.8 HRAM shall constitute interview panels in consultation with the Principal/CEO and Communicate through a memorandum at least four days prior to the interview date.
- 9.9 The HRAM shall coordinate interviews within a day for each position advertised.
- 9.10 Interview panel shall conduct the interview using form KUC/ADMIN/R/145. The Chair of the panel shall present the results of the interview with recommendations to the appointing authority not later than five (5) working days after the interview.
- 9.10 The Chair of the Council or the Principal/CEO shall act on the report within ten (10) working days.
- Note:** In the event there is no suitable candidate for the position, the Chair of the Council/Principal & CEO shall make the necessary recommendations for implementation.
- 9.12 The HRAM shall process and send the letter/s of offer to the approved successful candidate/s within three working days. Letters of regret shall be sent to all unsuccessful candidates.
- 9.13 Upon receipt of a letter of acceptance within two (2) weeks

from the successful candidate, the HRAM shall commence the preparation of the new employee documentation (personal file).

- 9.14 Upon the expiry of the agreed reporting date with no response from the successful candidate, the HRAM shall make recommendations to the appointing authority to pick the second suitable ranked candidate to take up the position and prepare a letter of offer after approval.
- 9.15 Should the second suitable ranked candidate decline to take up the offer then the HRAM shall make recommendations to the appointing authority for re-advertisement of the position.
- 9.16 The HRAM shall open a personal file for the new employee containing employee personal details together with academic qualifications documentation. She/he shall draw and facilitate an orientation program in conjunction with the HOD for the new employee upon reporting.
- 9.17 Upon deployment the Head of Department shall conduct a job induction and issue a job description to the new employee in conjunction with HRAM.
- 9.18 The HRAM shall conduct reference checks within three (3) months.
- 9.19 The HOD shall prepare a performance report of the new employee through the HRAM who shall forward the same to the Principal/CEO for approval.
- 9.20 The HRAM shall seek approval from principal to confirm the candidate within six (6) months after successful probation.

Note: Failure to meet the performance expectations, the period shall be extended for another three (3) months but not exceeding six (6) months thereafter terminate the employee engagement.

10. Outputs

Filing the vacant position with competent person

11. Records

Advertisement

Interview report

Letter of offer

Appointment letters

Confirmation letters

Induction program

Updated personal file.



KENYA UTALII COLLEGE

INTERVIEW ASSESSEMENT FORM

Applicant: _____

Position : _____

Interview Date: _____ Time: _____

ATTRIBUTE	WEIGHT	SCORE	REMARK
Presentation	1		
Communication skills	3		
Confidence	1		
Clarity	1		
Competence Skills / Knowledge	4		
TOTAL	10		

Current Salary: Expected Salary:

Other comments:

Name of Panelist _____

Signature of panelist _____

KUC/ADM/R/145



KENYA UTALII COLLEGE

KUC/ADMIN/R/145

INTERVIEW ASSESSMENT FORM

Applicant: _____

Position : _____

Interview Date: _____ Time: _____

ATTRIBUTE	WEIGHT	SCORE	REMARK
Presentation	1		
Communication skills	3		
Confidence	1		
Clarity	1		
Competence Skills / Knowledge	4		
TOTAL	10		

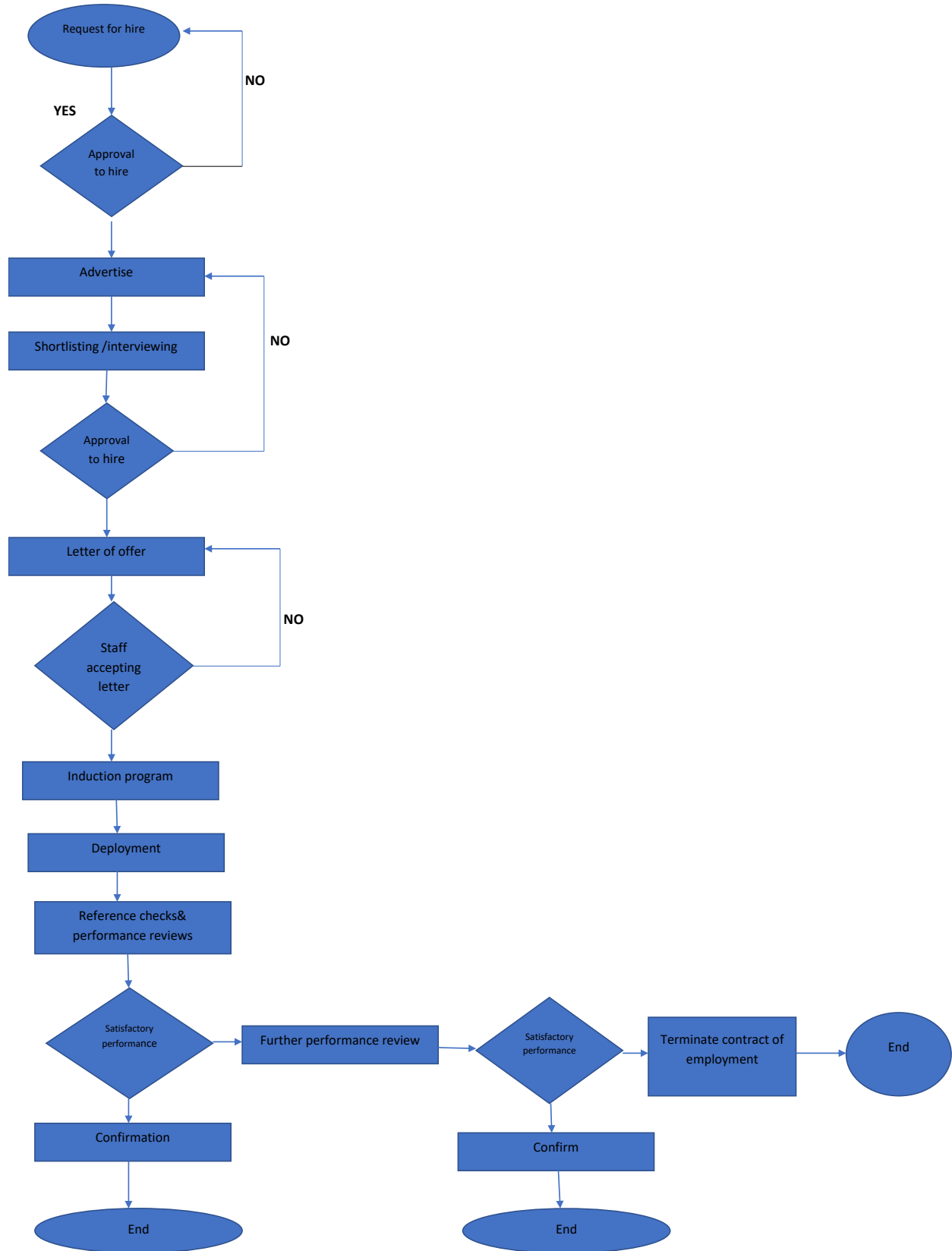
Current Salary: Expected Salary:

Other comments:

Name of Panelist

Signature of panelist

Flow Chart



1. PROCEDURE FOR STAFF PERFORMANCE APPRAISAL

2. Purpose

To establish a systemic employee performance appraisal to facilitate effective decision making on training and other employee's related issues.

3. Scope

This applies to all aspect of performance of any employee in a given work station

4. References

WSP Policy on performance appraisal
HR Policy and Procedures manual
Quality Manual
Career guidelines

5. Terms, abbreviations, Definitions

WSP – Written Standard procedures
HRAM – Human Resources and Administration Manager

6. Responsibility

HRAM implements the recommendations from performance appraisal process
HOD agrees on set targets and appraises the employee
Individual employee implements the set targets
The immediate supervisor facilitates smooth working environment

7. Inputs

Competent Human capital
Individual appraisal forms
Working tools
Capacity building

8. Key Performance Indicators

Successful implementation of appraisal recommendations
Targets met

9. Method

- 9.1 The HRAM initiates the process of target setting with various Divisional/Departmental heads in accordance with the PC, Strategic Plan and College Objectives.
- 9.2 The Divisional/Departmental heads shall communicate and agree on deliverable targets with staff in their respective areas before the commencement of the new Financial Year (FY).

- 9.3 Head of Department shall ensure employee appraisal is done once a year using serialized appraisal form. (See appendix 1)

Note: Continuous target review should be undertaken during the period under review.

Areas of performance improvement (training & development, coaching, mentorship, counseling) shall be identified during appraisal period.

- 9.3 The HRAM shall prepare an overall performance report for presentation to the Management and College Council for approval and implementation.
- 9.4 The HRAM implements the approved report and give feedback to employees within one month after approval.

10. Outputs

Appraisal report

Implementation of the appraisal report

Improved performance index

11. Records

Personal files

Appraisal forms

Updated appraisal records

KENYA UTALII COLLEGE, NAIROBI

Staff Performance Appraisal Report
(Revised January, 2009)

STAFF PERFORMANCE APPRAISAL REPORT

Period Under Review From: To:

SECTION 1: Personal Particulars. (*To be completed by the appraisee*)

(i)

Name	Staff No.
(Surname, First Name, Others)	

(ii)

Division	Department
Section.....	Duty Station

(iii)

Current Designation	Terms of Service
Job Grade	with effect from
Salary Scale.....	with effect from.....

(iv)

Acting Appointment/Special Duty (if any)
Job Grade With effect from

(v)

Supervisor's Name	Designation
-------------------------	-------------------

Section 2. Job and person profiles (*To be completed by the supervisor*)

a) Job description of the appraisee during the period of appraisal (in summary).

b) Job specifications (profile) (qualifications, skills and experience)

SECTION 3: Departmental Objectives (To be completed by the Appraisee as agreed with the Supervisor).

List the Departmental Priority Objectives from which Performance Targets will be derived.

1. _____
2. _____
3. _____
4. _____
5. _____

SECTION 4: Performance Rating and Targets

a) Rating Scale: The following rating should be used by the supervisor to indicate the level of performance by an Appraisee.

Achievement of Performance Targets	Score	Rating	Marks
All Performance Targets consistently exceeded	100% +	Excellent	5
All Performance Targets fully met	75 – 99 %	Very good	4
Some Performance Targets fully met	50 – 74%	Good	3
Performance Targets partially met	40 – 49%	Satisfactory	2
Performance Targets not met	0 - 39%	Poor	1

b) Performance Targets

Agreed Performance Targets. (To be completed by Appraisee as agreed with the Supervisor at the beginning of the Appraisal period	To be completed by the Supervisor at the end of the appraisal period	
	Performance Appraisal (Use rating scale in 4a (5-1)	Reasons
1.		
2.		
3.		
4.		
5.		
Total Score		
Mean Score		

SECTION 5: Staff Training and Development plan

Appraisee’s training and development needs (to be completed by the Appraisee as agreed with the Supervisor at the beginning of the Appraisal period)	Duration of Training including on the Job Training	Comments on staff training and development undertaken over the Appraisal period (To be completed at the end of the reporting period by both the appraisee and supervisor)	
		Comments by Appraisee	Comments by Supervisor

General Remarks by the supervisor

Does the officer require other non-training solutions . **Yes** **No**

If yes, provide details and course of action required.

.....

Appraisee’s Signature **Date**

Supervisor’s Signature **Date**

SECTION 6 (a): Mid Year Staff Performance Appraisal

This section should be completed by the Supervisor after discussion with the Appraisee. (Comment on the appraisee’s performance including achievement, milestones and any constraints experienced over the first half of the reporting period).

.....

6. (b) Targets changed or added

Targets Changed or Added as agreed during mid-year performance Appraisal	To be completed by supervisor at the end of the Appraisal period	
	Performance Appraisal by the Supervisor (Use rating scale in section 4a)	Reasons

SECTION 7: Value/Core Competencies Appraisal

This Section should be completed by the Supervisor after discussion with the Appraisee. The Supervisor should assess the Appraisee and indicate his/her views under the Appraisal column on values and core competencies against variables rated from 5 (Highest) to 1 (Lowest)

7(a): Values/Core competencies

	Appraisal					
	Excellent	Very good	Good	Satisfactory	Poor	
(i) Values						
Rating	5	4	3	2	1	Total
Integrity						
Respect for National Diversity/Gender						
Patriotism/Loyalty						
Demonstrates and upholds Public Service Values as stipulated in the Public Officer Ethics act.						
Total Score						
Mean Score						

DOCUMENTED INFORMATION FOR HUMAN RESOURCES DEPARTMENT

(ii)Core Competencies	Excellent	Very good	Good	Satisfactory	Poor	
Rating	5	4	3	2	1	Total
Professionalism/Knowledge of work						
Technical competency						
Communication						
Team work						
Ability to meet work deadlines/time management						
Creativity						
Continuous learning and performance improvement						
Customer/Citizen focus						
Attitude towards work						
Relationship with peers and subordinates						
Effective and quality of work/use of IT						
Personal grooming						
Punctuality						
Initiative and flexibility						
Promotion potential						
Total Score						
Mean score						

Overall rating (mean score)

5. Excellent 4. Very Good 3. Good 2. Satisfactory 1. Poor

Please indicate the overall rating in the box.

7 (b): Managerial and Supervisory Competencies

(This part applies to staff who have managerial and supervisory responsibilities and will be

Competency	Appraisals					
	Excellent	Very good	Good	Satisfactory	Poor	Total
	5	4	3	2	1	
Adheres to the Leadership/Management Accountability Framework						
Planning and Organizing						
Training and developing Staff						
Managing Resources and Accountability						
Anticipates risks and takes measures to mitigate against them						
Judgment and Objectivity						
Managing Performance						
Promoting use of Information Technology						
Delegation and control						
Relationship with peers						
Quality and quantity of work						
Leadership						
Decision making						
Attitude towards work						

rated by supervisors as section (6a)

Efficiency and quality of work						
Initiative and flexibility						
Personal grooming						
Punctuality						
Promoting use of IT						
Promotion potential						
						Total Score
						Mean Score

Overall rating (Mean Score)

5. Excellent 4. Very Good 3. Good 2. Satisfactory 1. Poor

Please indicate the overall rating in the box.

SECTION 8: Overall Appraisal

Overall appraisal by the Supervisor: *(Comment on the Appraisee's overall performance and any other strengths, skill or qualities which he/she has)*

.....

.....

.....

.....

Supervisors Name: _____ **Sign:** _____ **Date:** _____

SECTION 9 a): Appraisee's Comments on Appraisal by the Supervisor

(a)	Did performance related discussions take place during the reporting period with your Supervisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----	--	------------------------------	-----------------------------

(9 b). General Comments (if any), on your overall performance

.....

.....

.....

Appraisee's Signature **Date**

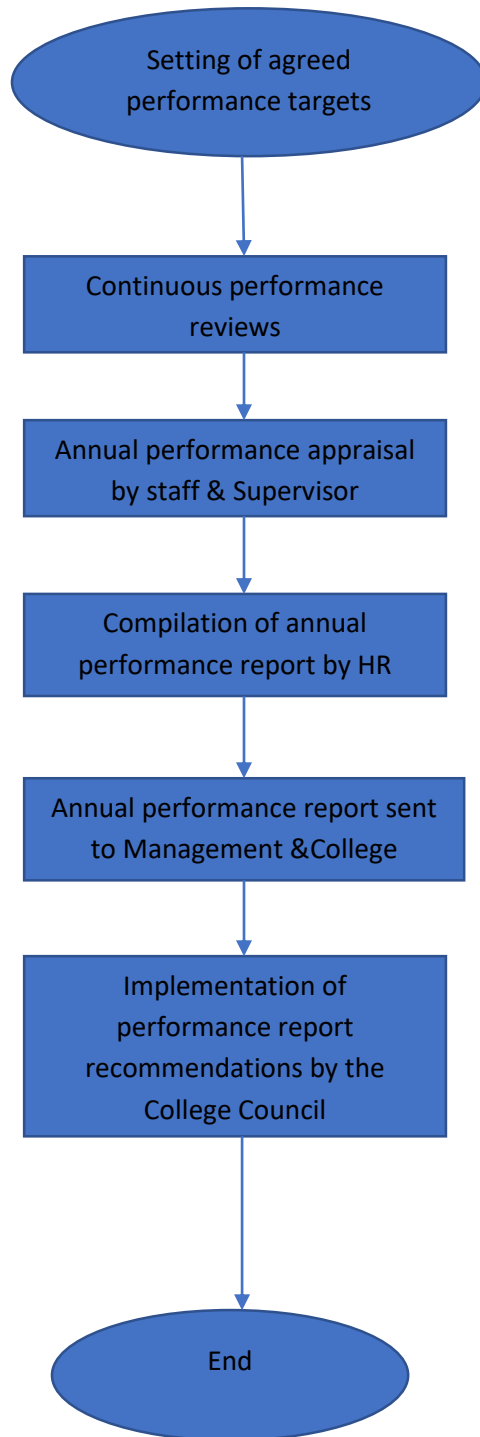
SECTION 10: Comments by the Supervisor

<p>Comments by the Second Supervisor</p> <p>Comments on the consistency and reasonableness of the comments given by the Supervisor and any significant statement(s) made by the Appraisee.</p>	
--	--

Second Supervisor's Name

Designation: Signature Date

12.1 Flow charts



1. PROCEDURE FOR TRAINING AND DEVELOPMENT

2. Purpose

To enhance employees capacity to achieve maximum competency and productivity through training and development.

3. Scope

Training and development shall cover short and long term exposures for predetermine performance improvement objectives.

4. References

WSP Policy on training and development
HR Policy and Procedures Manual
Training Report
Quality Manual
Career guidelines

5. Terms, abbreviations, Definitions

TNA – Training Needs Analysis
SDC – Staff Development Committee
ID – Identification card

6. Responsibility

- The HRAM undertakes a TNA through individual employees identification/application for training
- The HOD recommends individual training application
- The HRAM facilitates individual training requests for discussion by the SDC
- The Principal approves the minutes of SDC meeting

- HRAM facilitates implementation of approved training & development courses

7. Inputs

Competent Personnel
Individual training application forms
TNA report

8. Key Performance Indicators

Successful implementation of training programs
Training impact assessment

9. Method

9.1.The HRAM shall undertake a TNA through the heads of department in reference to TNA form; KUC/ADMIN/R/020.

9.2 HRAM shall compile the training and development projections from training needs identified through the TNA and performance appraisal then submit the report to SDC.

- 9.3 The SDC will discuss the training projection/plan with recommendations to the Principal/CEO.
- 9.4 The HRAM shall communicate to individual employees and implement the Principal/CEOs approval.
- 9.5 The employee fills an individual assistance form.
- 9.6 The HRAM submits individual financial assistance form; KUC/ADMIN/R/026 to Accounts for payment processing. The HRAM shall also submit any approved group trainings to Accounts for payment.
- 9.7 The employee(s) shall be notified at an appropriate time by HRAM to sign and commit to undertake the training program using form KUC/ADMIN/R/022.
- 9.8 HRAM shall maintain all training and development Participation records for all staff using form; KUC/ADMIN/R/148.
- 9.9 HRAM shall compile the training and development master plan using form; KUC/ADMIN/R/021 and submit the report to SDC.
- 9.10 The HRAM shall within a year initiate a training impact assessment/evaluation by the HOD on the effectiveness of training and development of the employee. The report should be forward to the HRAM for further action.
- 9.11 The HRAM shall prepare a training impact analysis report for the training and development carried out in the financial year.

9.2 ATTACHMENT/INTERNSHIP

ATTACHMENT

- 9.2 The student shall apply for attachment to the HRAM attaching the relevant documentation as indicated below;

1. Letter from Organization/Institution

2. Insurance Cover
3. National ID. Card (Copy)
4. Copies of Original Certificates
5. C.V
6. Certificate of good conduct

9.2.2 The HRAM shall consult HODs for vacancies available.

9.2.3 The HRAM shall accept or reject the application based on the available vacancies.

9.2.3 The attachees shall provide personal details to the HRAM by filling in form KUC/ADMIN/R/015

9.2.4 The HRAM shall issue the attachee with a Student attachment ID card.

9.2.5 Upon completion, the attachees' supervisor shall fill in form KUC/ADMIN/R/O76 and return to HRAM for preparation of a recommendation letter and filing.

INTERNSHIP

The one (1) year internship programme is being undertaken by the Public Service Commission (PSC).

9.2.6 The PSC requests the College to submit number of vacancies for the internship programmes.

9.2.7 The PSC deploys interns to the College as per received request.

9.2.8 The verifies the interns forms from PSC and files a copy and submit the originals to the PSC. A report to indicate the status of intern's deployment.

9.3.9 HRAM prepares an orientation programme for interns and deploys them to respective departments.

9.3.10 HRAM prepare quarterly and annual evaluation reports to be submitted to PSC.

Note: Any cases of disciplinary and exits are reported to PSC.

10.0 Outputs

Training and Development reports
SDC minutes
Attachment recommendation letter
Certificate of participation
Internship/ attachment reports

11. Records

Training application forms
Updated training records
Attachment applications
Attachment/Internship reports
Attachment recommendation letters

12. Appendices



Kenya Utalii College

KUC/ADMIN/R/028

TO: The Secretary,

Staff Development Programme

APPENDIX E

APPLICATION FOR FINANCIAL ASSISTANCE

(Please see notes overleaf)

Staff No. _____ Grade: _____

Date Employed _____ Job Title _____ Date Confirmed _____

Department _____ Hereby apply for the sum of Kshs. _____

(in words _____), as per the rules of this programme, being the financial assistance for the purpose detailed below:-

Name of the institution _____

Address _____ Telephone No. _____

Course/Seminar/other applied for _____

Full-time / part-time * _____ Duration _____

Previous Awards for the current Financial year (Specify: Institution, Amount Awarded Course /Seminar and dates)

SIGNATURE: _____ DATE: _____

COMMENTS BY HEAD OF DEPARTMENT

State in detail the relevance of the application given his / her current duties:

State in detail the demands on personnel in the department given the factors affecting the running of the department and also taking into account the duration of the Course / Seminar / Other*

RECOMMENDATION (S) OF THE HEAD OF DEPARTMENT:

NAME : _____ SIGNATURE: _____ DATE: _____

This Application is Approved / Not Approved*

CHAIRMAN'S SIGNATURE : _____ DATE : _____

*Delete as necessary

TRAINEE NOTIFICATION

HUMAN RESOURCES MANAGER

DATE: _____

Dear _____ Staff No: _____

The Staff development Committee held a meeting on _____ -
and examined your application dated _____ for the following
Course _____ to be offered
at _____ and arrived at a
conclusion to grant you a sum of Ksh. _____ amount in words

_____ at College participation towards the expenses.

You are therefore , requested to submit to the undersigned, receipts amounting to Ksh.
_____ of expenses incurred by you within a maximum of
three months from the date of this letter.

Please note that the management reserves the right to deduct the sum of award received
by you, from your salary in case of failure to comply with the conditions laid down in this
letter and the general rules and regulations governing the staff development programme.

By copy of this letter, the accounts department is instructed to effect the above mentioned
payment.

Yours sincerely,

Human Resources Manager

The undersigned accepts the conditions of the award.

Signed: _____ Date: _____

cc. Financial Controller

NAME: _____ **STAFF NO:** _____

DEPARTMENT: _____ **DESIGNATION:** _____

	Qualifications	COURSE INTENDING TO TAKE UP for Yr _____
ACADEMIC Qualifications	Tick you highest academic qualification and indicate specialisation. Doctorate _____ Masters _____ Degree _____ Diploma _____ Certificate _____ Other _____	
PROFESIONAL QUALIFICATIONS	Professional Trainings taken up last financial Year. (List)	
OTHER TRAININGS	Which Course did you attend last year: (Tick) Gender Mainstreaming HIV/AIDS Disability Corruption Prevention Substance and Drugs Abuse First Aid Environmental Health and safety	Which course do you wish to attend this year (Tick at least two) Gender Mainstreaming HIV/AIDS Disability Corruption Prevention Substance and Drugs Abuse First Aid Environmental Health and safety

Signed: _____ **Date:** _____

KENYA UTALII COLLEGE, NAIROBI **KUC/ADMIN/R/148**

TRAINING AND DEVELOPMENT COURSE/TRAINING PARTICIPATION FOR
 _____ **FINANCIAL YEAR**

DOCUMENTED INFORMATION FOR HUMAN RESOURCES DEPARTMENT

STAFF NAME	Staff No.	COURSE	COURSE	COURSE	COURSE	COURSE	COURSE	COURSE	COURSE	COURSE	TOTAL

KENYA UTALII COLLEGE, NAIROBI KUC/ADMIN/R/021

TRAINING & DEVELOPMENT MASTER PLAN FOR THE FINANCIAL YEAR

DOCUMENTED INFORMATION FOR HUMAN RESOURCES DEPARTMENT

No.	TRAINING	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													



KENYA UTALII COLLEGE KUC/ADMIN/R/ 015

ATTACHMENT PERSONAL RECORDS FORM

Name:

Address:

Email:.....Date of Birth:.....

Telephone No.....

Place of Birth:

Area:

County:Location.....Sub-location.....

Nationality:

I .d number:

Marital status: (a) Single.....

(b) Married.....

Health issues:

Name and telephone of person to be contacted in case of emergency.....

Relationship.....

NameDate.....

Signature

N/B: I declare the information provided above us true.

KENYA UTALII COLLEGE, NAIROBI

KUC/ADMIN/R/076

ATTACHMENT DETAILS FORM

NAME OF TRAINEE/INTERNS _____

INSTITUTION OF TRAINING: _____

PERIOD OF ATTACHMENT: _____ TO _____

DEPARTMENT ATTACHMENT TO: _____

AREA COVERED DURING ATTACHMENT:

SUPERVISOR'S NAME: _____ DESIGNATION: _____

COMMENTS:

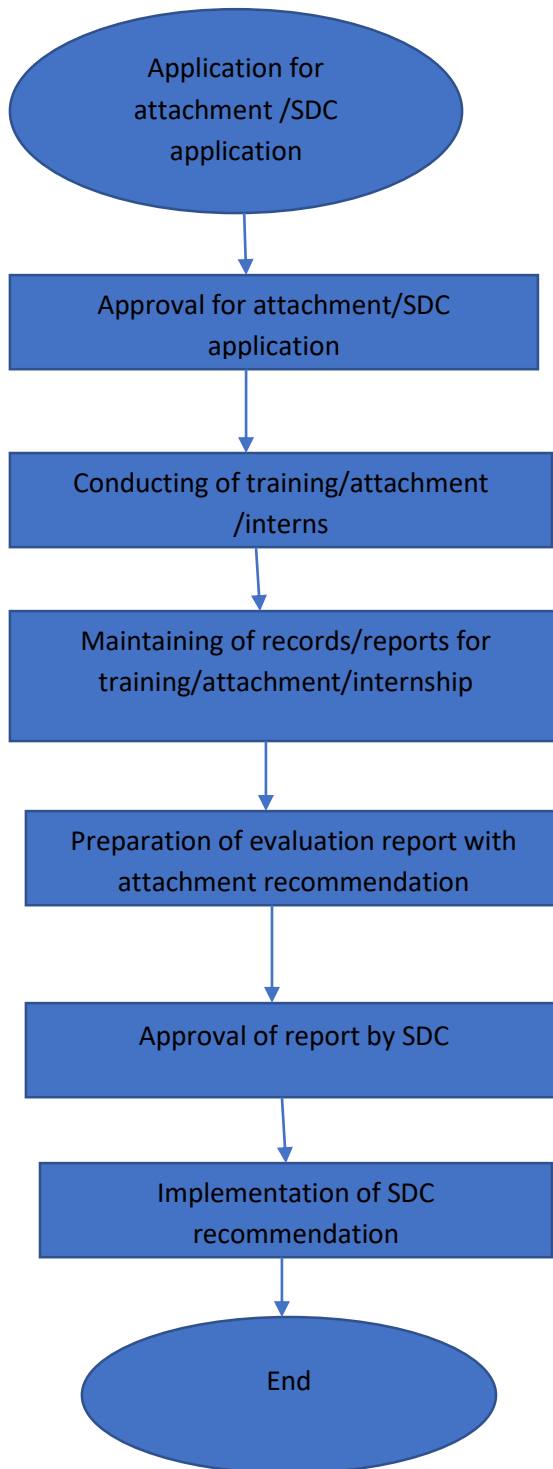
SIGNATURE: _____ DATE: _____

CERTIFIED HEAD OF DEPARTMENT

NAME: _____ SIGNATURE: _____

DATE: _____ STAMP _____

12.1 Flow charts



1. PROCEDURE FOR PROMOTION AND SUCCESSION

2. Purpose

To give guidelines for ensuring growth and development of employees, with smooth and effective transition in the organization.

To promote meritocracy in staff mobility based on both performance and Career guidelines.

3. Scope

Succession planning and execution of support staff, middle and senior management.

Promotion of deserving employees based on performance appraisal or performance contract.

4. References

Staff establishment

Quality Manual

Career guidance

Human Resource Policy and Procedures Manual

Succession Management Policy

5. Terms, Abbreviations, Definitions

TNA – Training Needs Analysis

6. Responsibility

Human Resource Manager

Principal/CEO

7. Inputs

Competent Personnel

Individual personal data

Promotion Criteria

Career Guideline

8. Key Performance Indicators

Filled vacant positions with competent personnel

9. Method

9.1 SUCCESSION MANAGEMENT

9.1.1 HRAM shall prepare career road map for feeding into the succession plan of organization.

9.1.2 HOD shall identify a suitable successor in confidence to HRAM for the position. The HRAM shall recommend the suitable successor to the Principal/CEO for approval and implementation within a period of three to six months.

9.1.3 The HRAM will communicate to the successor to work with the mentor for a period of at least three (3) months before leaving the

DOCUMENTED INFORMATION FOR HUMAN RESOURCES DEPARTMENT

institution.

9.1.4 HRAM considers employees' for capacity building in an appropriate course where necessary.

9.2 PROMOTION

9.2.1 Promotion within a common cadre will be guided by career guidelines.

Where there is need for employee promotion, the HRAM shall in conjunction with the HODs carry out an assessment for employee promotions.

9.2.2 HRAM shall prepare promotions report giving justification and submit it to management for deliberations.

9.2.3 The HRAM shall prepare a board paper to the College Council through the Principal/CEO containing proposals and recommendation for employee promotions.

9.2.4 The HRAM shall implement the recommendations of the College Council.

9.2.4 HRAM shall prepare and issues letters of promotion together with a new job description to the staff.

10 Outputs

Promotion of competent personnel

Successful filing of vacant position arising from succession

11.Records

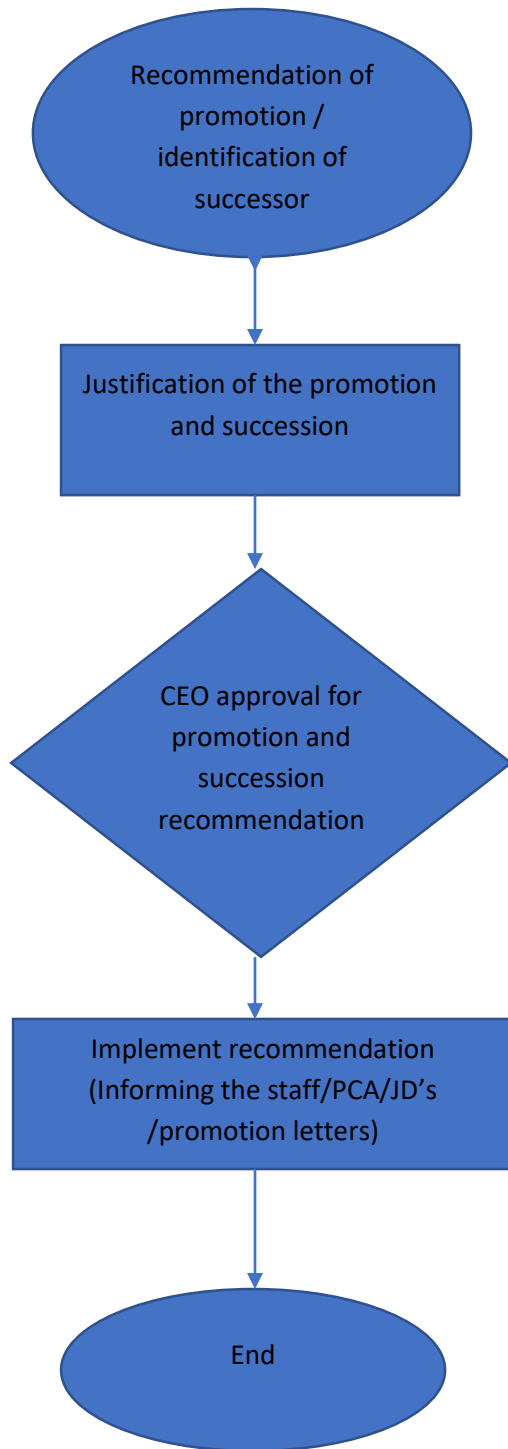
Promotion report

Updated personal file

DOCUMENTED INFORMATION FOR HUMAN RESOURCES DEPARTMENT

Minutes on discussion of succession planning

12.1 Flow charts



1. PROCEDURES FOR SEPARATION

2. Purpose

To outline how the College shall manage employee separation from employment

3. Scope

Separation shall cover both voluntary and involuntary exit of employees from the College

4. References

HR manual
Labour Laws, 2007

5. Terms, Abbreviations, Definitions

PCA – Pay change advice
HRAM – Human Resource Manager

6. Responsibility

HRAM prepares or acknowledges employees separation
Principal signs the final letter of separation

7. Inputs

Notification of exit
Competent Personnel to handle that process

8. Key Performance Indicators

Smooth exit
Separation letter

9. Method

9.1 RESIGNATION/EARLY RETIREMENT/RETIREMENT

9.1.2 The employee shall express his/ her intention to terminate services with the College in writing by giving the requisite notice or payment of equivalent salary in lieu of notice.

HRAM shall give notice of retirement to employees who will have attained the mandatory retirement age (60) at least one (1) year before.

9.1.3 The HRAM shall acknowledge the intention of the employee by writing a letter of acceptance upon approval by the Principal/CEO.

9.1.4 The employee shall be released by completing a staff Exit check list form KUC/ADMIN/R/065.

9.1.5 The HRAM shall process employee terminal dues as required.

9.2 DEATH

9.2.1 The death of an employee shall be reported to the College.

9.2.2 The HRAM shall contact the next of kin and facilitate organization of the burial.

9.2.3 The HRAM shall facilitate of employee terminal dues.

9.3 TERMINATION/SUMMARY DISMISSAL/FORFEITURE

9.3.1 The HRAM shall administer the appropriate letter to the employee.

9.3.2 The employee shall complete the staff Exit checklist KUC/ADMIN/R/065.

9.3.3 The HRAM shall facilitate processing of the employee terminal dues.

9 . Outputs

Letters of separation (resignation, retirement, termination, summary dismissal, forfeiture)

10. Records

Termination letters

Resignation letters

Resignation acceptance letter

Staff Exit checklist form

Final dues letter

Death notification

Retirement notices

DOCUMENTED INFORMATION FOR HUMAN RESOURCES DEPARTMENT



KENYA UTALII COLLEGE

CHIEF ACCOUNTANT

Car loan Cleared	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
Housing loan Cleared	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
Staff Advances cleared	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
Medical Advances cleared	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
Salary in Advance Cleared	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
Pledges Cleared	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
Overdrawn Salary Cleared	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
Debtors Cleared	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
Furniture/Curtain Loan Cleared	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
Imprest Cleared	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
Any Other deduction	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____

Remarks: _____

HUMAN RESOURCES MANAGER

House keys returned:	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
Electricity, water, Telephone bills cleared	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
Telephone Wireless returned	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
College furniture returned:	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
College ID returned	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
Retirement Benefits Withdrawal Form Filled	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
Pay Change Advice Form filled	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
Wealth Declaration	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
Bank Loan Balance	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____
Exit Form completed	Yes <input type="checkbox"/>	_____	No <input type="checkbox"/>	_____

Remarks: _____

Accounts authorised to pay dues: Yes _____ No _____

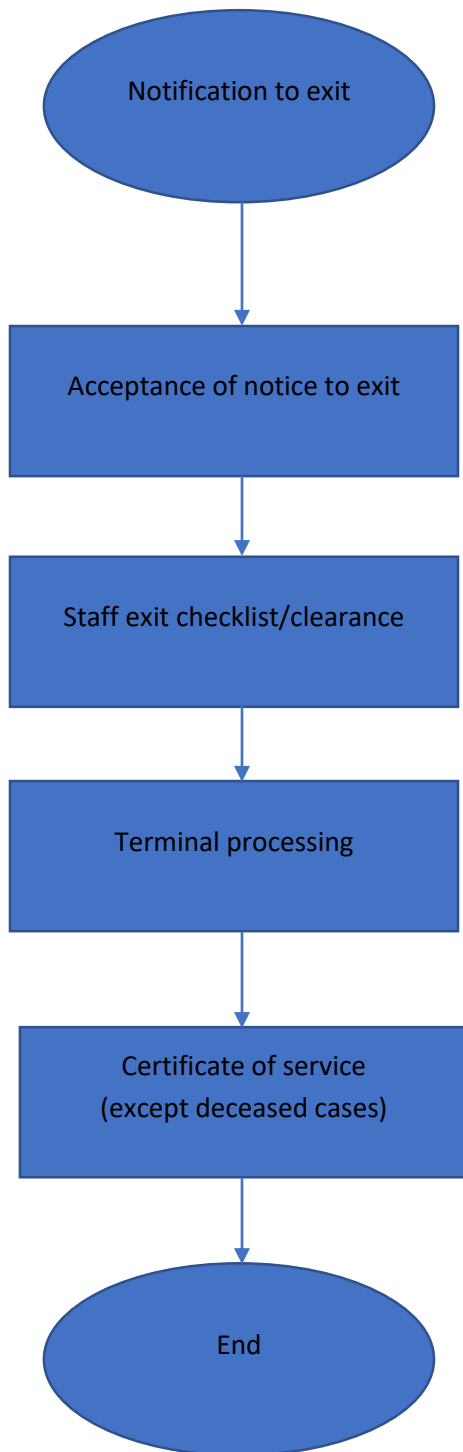
Signature by: _____ Date: _____

TO BE SIGNED BY STAFF:

I certify that what I have received is correct and that I have no further claim on Kenya Utalii College.

Signature by: _____ Date: _____

12.1 Flow charts



1. PROCEDURE FOR HOUSING

2. Purpose

To give guidelines for the allocation of staff houses

3. Scope

Promotion of decent housing for members of staff.

4. References

KUC Housing policy

5. Terms, Abbreviations, Definitions

HRAM - Human Resource and Admin Manager

6. Responsibility

Human Resource Manager
Principal/CEO

7. Inputs

Repaired houses

8. Key Performance Indicators

Occupation of vacant houses

9. Method

9.1 The HRAM shall advertise vacant houses through a memo to all staff to express interest, members of staff shall apply.

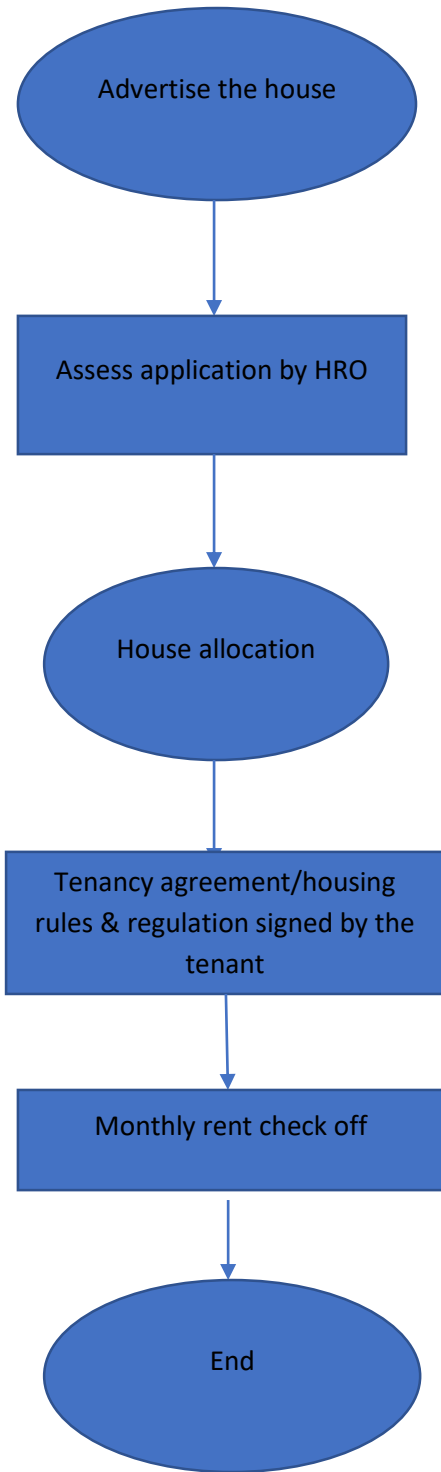
9.2 The HRO in charge of welfare shall assess the applications against housing criteria and forward a report with recommendations to the HRAM.

9.3 The HRAM shall communicate allocation of the house to the successful applicant.

9.4 The new tenant shall sign a housing checklist, rules and regulations and collect the house keys from Maintenance Department in conjunction with HR Welfare.

9.5 The HRAM shall institute rent deduction through a monthly check-off system.

10. Flow chart



1. PROCEDURE FOR DISCIPLINE

2. Purpose

To give guidelines for effective discipline management in the College

3. Scope

Promotion of good working relations amongst staff.

4. References

Labour Laws
HR Policy and Procedures Manual

5. Terms, Abbreviations, Definitions

HRAM – Human Resource and Admin. Manager

6. Responsibility

Human Resource Manager
Principal/CEO

7. Inputs

Personal file
Disciplinary manual
Competent Personnel

8. Key Performance Indicators

No of completed cases

9. Method

9.1 The supervisor will issue a memo to a staff member facing a disciplinary case and given an opportunity to explain.

9.2 A member of staff will respond to the supervisor memo with reasons why disciplinary action should not be taken against him/her.

9.3 The Supervisor will issue a verbal warning if the matter is minor and close the case.

Where the matter is weighty and complex in nature, it will be sent to the HRAM.

9.4 The HRAM will issue a show cause letter to the staff member facing disciplinary case giving reasons why a disciplinary action should not be taken against him/her. A reasonable timeline will be given to the accused.

9.5 The HRAM will issue an appropriate disciplinary letter

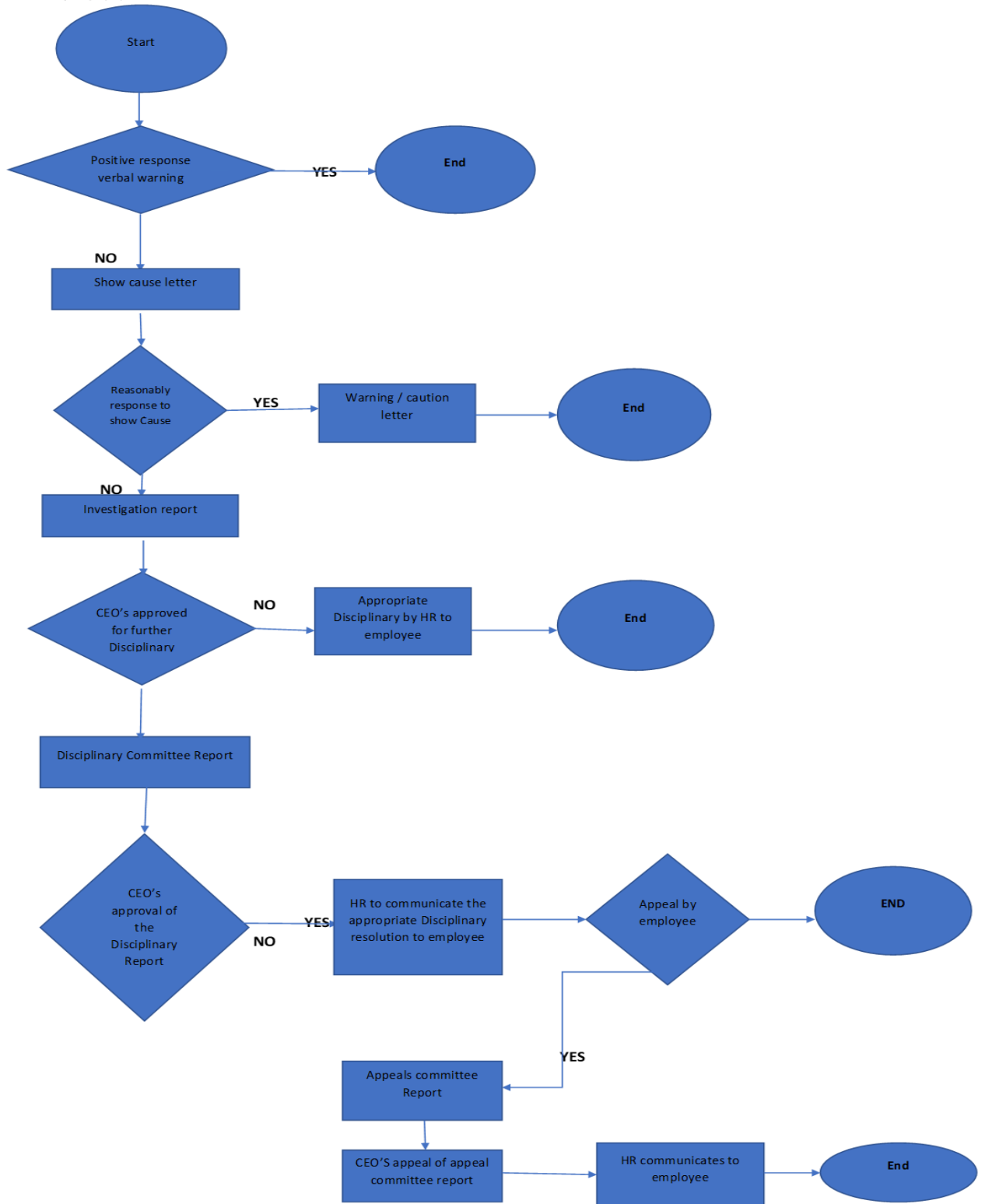
DOCUMENTED INFORMATION FOR HUMAN RESOURCES DEPARTMENT

depending on the outcome of the case.

- 9.6 Where the cases are complex in nature, the HRAM will recommend an investigation to be undertaken through the Principal/CEO.
- 9.7 The HRAM will form a Committee with approval of the Principal/CEO to undertake an investigation with clear TORs.
- 9.8 The Investigation Committee report will be presented to the Principal/CEO with recommendations through the HRAM.
- 9.9 The Principal/CEO will approve the report or give further direction on the matter to the HRAM.
- 9.10 In case of a further disciplinary action is recommended, a Disciplinary Committee will be formed with clear TORs.
- 9.11 The Disciplinary Committee report will be submitted to the Principal/CEO through the HRAM with recommendations.
- 9.12 The Principal/CEO will approve the report or give further direction on the matter to the HRM.
- 9.13 The HRAM will prepare an appropriate disciplinary letter as recommended and approved by the CEO to the employee.
- 9.14 The employee has a right to appeal the disciplinary decision within 14 days from the receipt of the letter.
- 9.15 The Principal/CEO shall constitute an Appeals Committee to review the case.
- 9.16 The Appeals Committee shall review the case on its own merit and forward their recommendations to the Principal/CEO.
- 9.17 The Principal/CEO will act on the Appeals Committee recommendation and forward the same to HRAM for implementation.
- 9.18 The HRAM shall communicate the final decision on the disciplinary appeal to the concerned employee.

DOCUMENTED INFORMATION FOR HUMAN RESOURCES DEPARTMENT

Flow chart



1. PROCEDURE FOR PENSION SCHEME RESIGNATION/TERMINATION AND DEATH

2. Purpose

To give guidelines for effective pension scheme management

3. Scope

Promotion of good pension scheme management

4. References

Employment Act

RBA Act

Trust Deed

5. Terms, Abbreviations, Definitions

RBA – Retirement Benefit Authority

HRAM – Human Resource and Admin Management

6. Responsibility

Human Resource and Admin. Manager

7. Inputs

Personal file

Competent Personnel

8. Key Performance Indicators

No of staff retired staff

Payment of pension benefits

9. Method

Applicable to Permanent and Pensionable:

9.1 The member fills a Pension Withdrawal Notification Form assisted by HRO Welfare.

9.2 The trustees will approve the withdrawal notification form.

9.3 The duly signed withdrawal notification form will be submitted to the Pension Scheme Administrator.

9.4. The Pension Scheme Administrator will verify the withdrawal notification form against other necessary documents.

9.4 The Pension Scheme Administrator will prepare a discharge form (Calculation sheet and custody letter) to be submitted to the KUC trustees.

9.5 The KUC trustees shall approve the discharge form and sign

DOCUMENTED INFORMATION FOR HUMAN RESOURCES DEPARTMENT

instruction to custody to be sent to the pension scheme administrator.

- 9.6 The pension scheme administrator shall forward instructions to the fund manager and a copy to the custodian for processing of pension benefits.
- 9.7 The scheme custodian shall effect the payment to the retired employee's account.

(Applicable to: Deceased Cases)

9.2.1 The trustees process death pension benefits upon receipt of death certificates.

9.2.2 The trustee shall approve the resolutions and fill the withdrawal notification form attaching the following copies of documents; ID, KRA PIN & bank details of the beneficiaries and submit to the pension scheme administrator.

9.2.3. The pension administrators shall cross check the completeness of forms and prepare the discharge form, calculation sheet and custody letter for onward submission to the KUC trustees.

9.2.5 The KUC Trustees shall approve the discharge forms and sign instruction to custody and submit to the pension scheme administrator.

9.2.6 The Pension Scheme administrator shall forward instructions to the Fund Manager & custodian for payment processing.

9.2.7 The Scheme Custodian shall effect the pension benefits to the beneficiaries.

10. Outputs

Payment of the Death Benefits

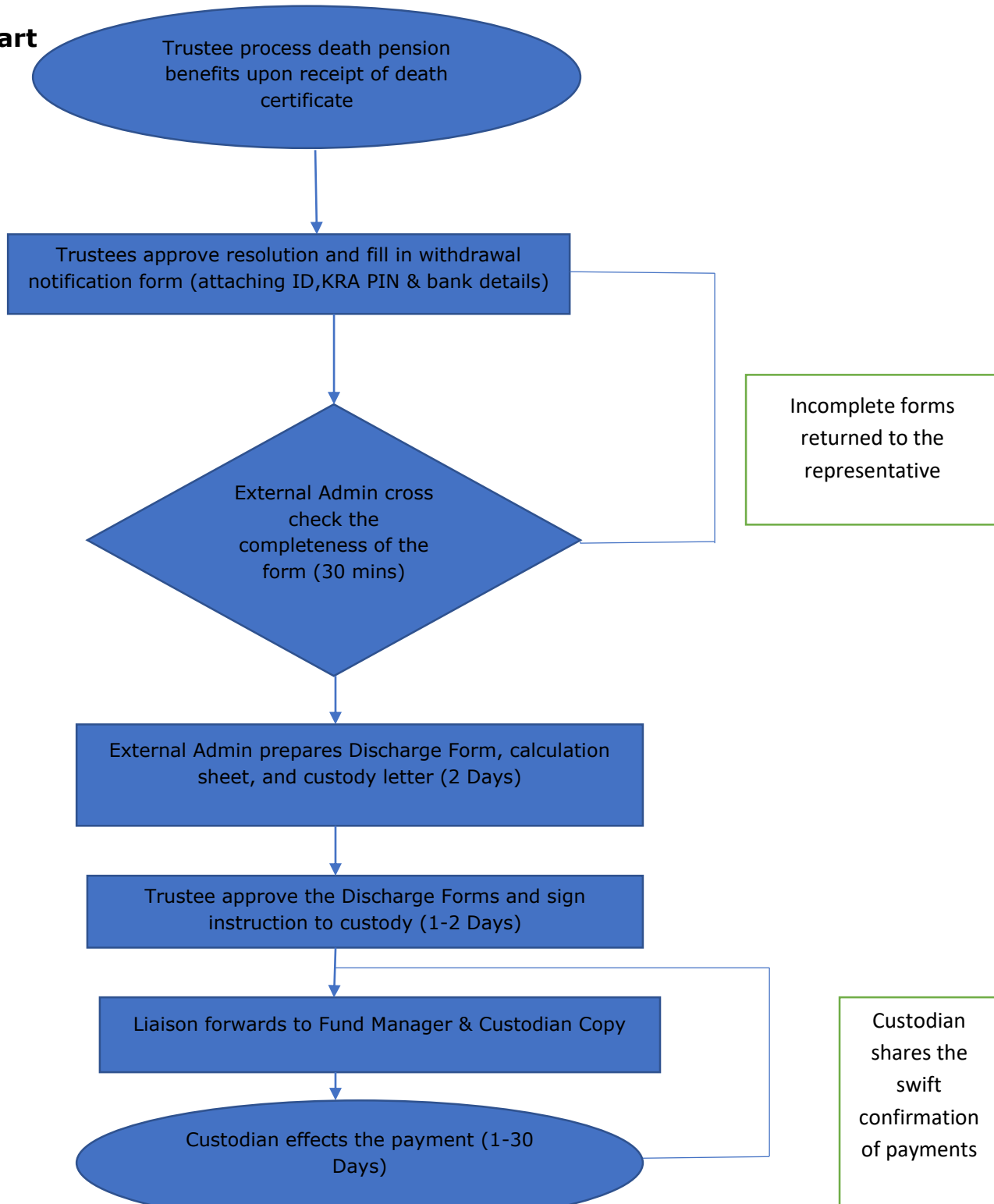
11. Records

Payment reports

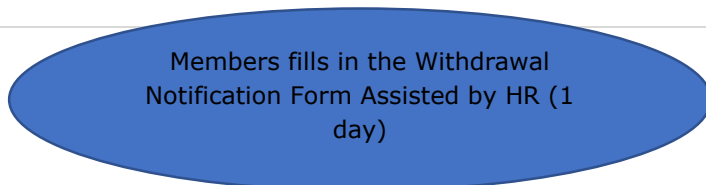
DOCUMENTED INFORMATION FOR HUMAN RESOURCES DEPARTMENT

PENSION ISO PROCEDURES WITHDRAWAL FROM SCHEME (DEATH CASES)

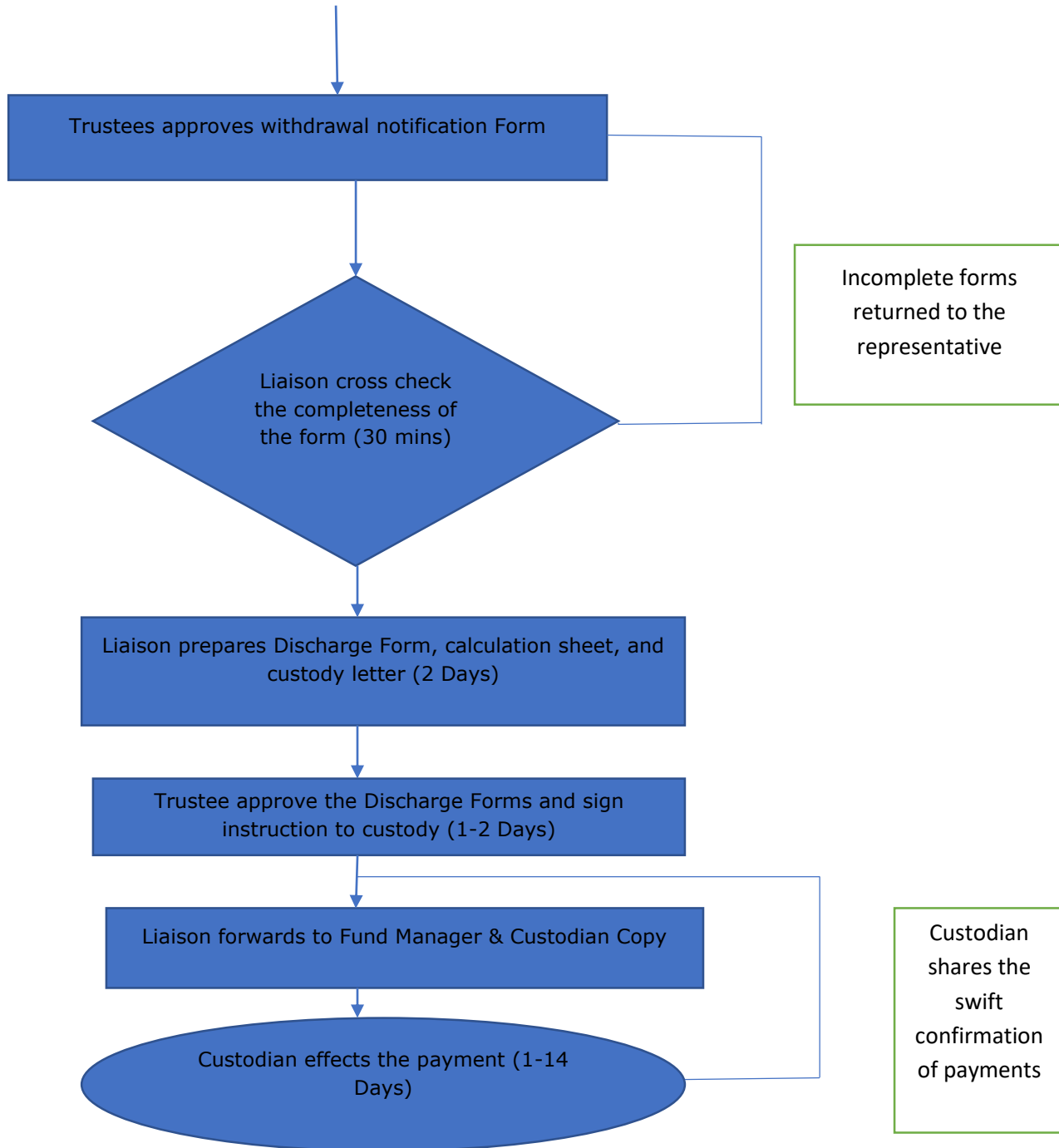
Flow Chart



ISO PROCEDURES - WITHDRAWAL FROM PENSION SCHEME (RESIGNATION/TERMINATION)



Flow Chart



1. PROCEDURE FOR COUNSELING

2. Purpose

To give guidelines for effective counseling process management

3. Scope

Promotion of mental health

4. References

DSM V

Code of Ethics

5. Terms, Abbreviations, Definitions

HRAM – Human Resource and Admin. Manager

6. Responsibility

Human Resource and Admin. Manager

7. Inputs

Competent Personnel

8. Key Performance Indicators

Counseled Individual/Group

Number of students/Individual/Group counseled

9. Method

9.1 The counselor inquires out the services that the client requires.

9.2 The counselor thereafter gives the client a client intake form for filling for filling.

9.3 The client is also given consent form and contracting form to fill.

9.4 The counseling process begins.

9.5 If the progress is positive, a follow up will be done.

9.6 An evaluation will be done to determine the outcome of the counseling.

9.7 If the progress is unsatisfactory, the counselor will terminate and refer the client for further management.

9.8 In case of a positive progress, the counselor will terminate the sessions since the client will be deemed stable to handle issues on their

own.

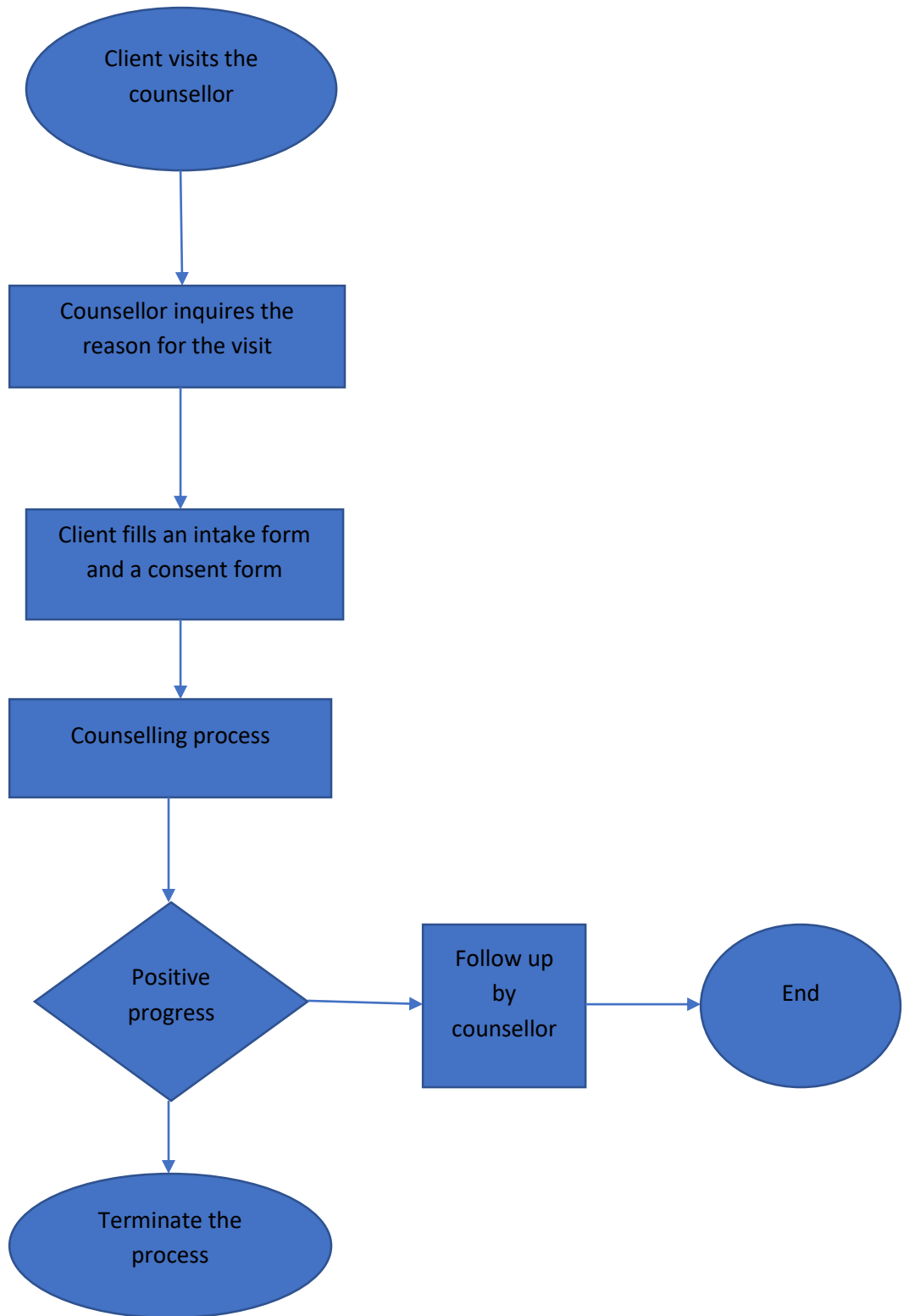
10. Outputs

Changed behavior/attitude

11. Records

Counseling reports

Flow chart



DOCUMENTED INFORMATION FOR HUMAN RESOURCES DEPARTMENT

SECTION C: OPPORTUNITIES

OPPORTUNITY	ACTIONS	RESOURCES	RESPONSIBILITY	TIMELINES	KPI
Government training / Scholarship	Training	Budget	HRAM	Immediately	Presentation of certificate
Government secondment	Transfer	Salaries	HRAM	Immediately	Release letter

DOCUMENTED INFORMATION FOR HUMAN RESOURCES DEPARTMENT

SECTION: RISKS

No.	DESCRIPTION OF RISK	TYPE OF RISK	PROBABILITY OF OCCURANCE			SEVERITY HIGH - 3 MEDIUM - 2 LOW - 1	IMPACT	MITIGATION	RESPONSIBILITY	KPI
			HIGH	MEDIUM	LOW					
1	Housing allocation	Financial			1	2	Loss of revenue	Clear housing allocation policy	HRAM	Housing letter
2	Disciplinary action	Social / Financial			1	2	Lack of confidence in the system Demotivation of staff low productivity loss of revenue	Follow HR policy Training on disciplinary issue	HRAM	Disciplinary letter
3	Insurance claims for employees	Financial			1	1	Lack of compensation of injuries in good time	Sensitization of staff in insurance processes Follow of Procurement laws	HRAM	Settlement of claims
4	Delayed pension remittances	Financial			1	1	Reduced benefits	Close monitoring of entries to staff pension scheme	HRAM	Pension statement
5.	Payroll collusion	Financial				1	Loss of revenue errors of commission and omission	Proper documentation. Training System checks	HRAM	Payroll reports