Human Resource Manual

April 2018

Version 1.0

## Policy Control

|  |  |
| --- | --- |
| Responsibility of Implementing the Policy | XX Department |
| **Policy Custodian** | XX e.g. HR Manager |

## Amendments Tracker

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| Sr. No. | Version Number | Version Date | Section | Page Number | Approval |
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# Abbreviations

|  |  |  |
| --- | --- | --- |
| Sr. No | Term | Definition |
|  | \*Client Name\* | \*Client Name\* Holding Company |
|  | HRF | Human Resource Function |
|  | H-CD | Head of Concerned Department |
|  | AL | Annual Leave |
|  | LWOP | Leave Without Pay |
|  | JD | Job Description |
|  | PIFSS | Public Institution for Social Security’s Law |
|  | PQS | Professional Qualification Support |
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| Human Resource Manual | |
| Effective date: |  |
| Revision date: |  |

1. Introduction
   1. Purpose of Manual
      1. The overall purpose of this Human Resource Manual is to document and organize the function’s daily operations, in order to identify the company policies and procedures during the implementation of the Human Resource Function’s operations to ensure the achievement of its objectives.
      2. The manual is structured to cover the following chapters:

* Employee Affairs
* Rewards Management System
* Xxx
* Xxx
  1. Use of Manual
     1. This manual should be used in conjunction with the applicable laws and regulations in Kenya and all internal policies and procedures of Company X.
     2. The Manual establishes the Human Resource Function’s (HRF) position within the organization, authorizes access to records, personnel, and physical properties relevant to the performance of engagements; and defines the scope of work.
     3. This manual is designed for the use of employees of the HRF and other employees of the company as applicable. All related employees should be familiar with the policies and procedures in order to comply with all the provisions of this manual during the execution of the company assign and related activities and operations. Employees should sign the ‘Manual Distribution form’ and return it to the CFO (refer to Appendix 1: Manual Distribution form)
     4. This manual is designed for the use by xx
     5. It is intended that the manual shall be used to:
* Serve as a reference guide for new and existing employees.
* Govern and guide the Human Resource related activities in Company X
* Clarify the responsibilities of the roles within Human Resource Function to execute related activities, including the coordination with concerned parties/department/units/functions.
  1. Custody of the manual and overseeing its implementation
     1. Xxx is the central custodian of all of company’s policies and procedures manuals. XX e.g. The Executive Manager is responsible for overseeing the manual application and circulating the manual to all the concerned employees within the function, especially new joiners, to understand its content and application.
     2. The contents of the manual are confidential and are solely intended for internal use by the company. The manual should always be kept in a safe place and should not be copied or revealed to third parties without the express written permission of the Xxx for publication inside the company. Special requests to publish any electronic versions of this policy should be submitted to the Xxx. (Refer to Appendix 2: Manual access letter)
  2. Updating of the manual
     1. The objective of formalizing this manual’s revisions is to ensure that all changing requirements, such as changes required by applicable legislation, amendments, additions or deletions to the content of this Manual are properly documented and authorized/approved prior to implementation. Such revisions provide flexibility to the HRF and ensure that this manual always remains relevant.
     2. The HRF is responsible for revision of this manual upon receiving requests to update the manual by the company’s concerned departments/units. (Refer to Appendix 3: Request for amendment form)
     3. Amendments to this manual may be made as a result of one or a combination of the following reasons:
* Changes in regulatory requirements
* Changes in functions, programs and activities of the company
* Changes in the company’s organizational structure
* Changes in job roles, duties, and descriptions
  + 1. The manual should be reviewed and approved as per the following to reflect any required changes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Policies | Review Frequency | Responsibility for Review | Initial Level Approval | Final Level Approval |
| Every xx Months (or when required) | xx e.g., Executive Manager - Support Services | xx | BOD (If applicable) |
| Procedures | Review Frequency | Responsibility for Review | Initial Level Approval | Final Level Approval |
| Every xx Months (or when required) | xx e.g., HR Senior | xx e.g., CEO | xx |

* + 1. XX, in coordination with the Legal Advisor, where required, shall review the manual before approving it by the respective authority and shall ensure that a record, detailing any revisions made to this manual, is adequately maintained.
  1. Procedures

| No. | Activities | Action Taken by | Key form/ Template |
| --- | --- | --- | --- |
| **Manual Distribution** | | |  |
|  | * Send a written request to receive a copy of the manual directed to xx | Third party | Appendix 1: Manual Distribution Form |
|  | * Understand the business need and approve the request * Forward the manual along with the Manual Access Letter to the requesting party | xxx | Appendix 2: Manual Access Letter |
|  | * Sign and return the form to the xx | Third party | - |
| **Updating the Manual** | | |  |
|  | * Discuss requested amendments with xx * Fill out the Request for Amendment Form * Submit the draft version of amended policy for approval | Senior Supervisor - HR | Appendix 3: Request for Amendment Form |
|  | * Review and approve the draft version of amended policy * Sign the Request for Amendment Form and send to xx and Legal advisor (if required) for Review | xx | - |
|  | * Review the proposed amendments, assess any compliance/ legal implication, and forward to the CEO. | Legal Advisor (if required) | - |
|  | * xxx * xxx |  | - |
|  | * xxx * xxx |  | - |

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1. Human Resource Function’s Governance
   1. Objectives
      1. A Human Resource Function is an essential, if not critical, component of the any business regardless of the size of the organization. It is primarily focused on maximizing employee productivity for the successful attainment of company goals and objectives.
      2. The Human Resource Function within Company X aims to achieve the below mentioned main objectives at minimum:

* Handle human resources planning, recruitment, retention, training and development, and more.
* xx
* xx
  1. Position within Company X
     1. Human Resource is a function that is part of the xx Department of Company X
     2. The function is led by a Head, XX, who reports to xx e.g., the CEO.
  2. Authorities
     1. All Human Resource activities of Company X should be managed centrally by the Human Resource Function.
     2. The Function may contract with any external service provider to provide Human Resources related services. The management of these contracts entered, lies within the Human Resources Function.
     3. The Function shall xxx.
     4. xxx
  3. Relationship with stakeholders
     1. Board of Directors of Company X
* xxx
  + 1. Chief Executive Officer
* Obtain CEO approval on exceptions which falls within CEO’s authority as stipulated in the policy.
* xxx
* xxx
  + 1. Relationship with Financial and Accounting Department
* Coordinate with the Department during the review and processing of payroll, incentives, benefits, invoices and other activities related to the Human Resource Function.
* xxx
  + 1. Relationship with Legal Affairs
* Ensure that all contracts/agreements xxx
* xxx
  + 1. XXX
* xxx
  + 1. XXX
* xxx
  1. Functional Overview

[HRF Dept Overview in a process diagram]

* 1. KPIs

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No | Objectives | KPI | Measure |
|  | Efficiency | Employee retention rate | * Number of employees who left during a period divided by total number of employees at the end of the period |
|  | Efficiency | Cost per hire | * Sum of total costs incurred divided by total number of hires |
|  | Quality | Employee satisfaction index | * Employee Satisfaction Survey |
|  | xxx | xxx | * xxx |
|  | xxx | xxx | * xxx |

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1. Manpower Planning and Acquisition
   1. Organization Design
      1. Company X’s organization structure shall be reviewed and updated, in line with the company’s strategic goals and objectives, business plans and other business requirements and budgetary constraints.
      2. The organization structure shall reflect various units/departments within the Company and their respective reporting line
      3. The HRF shall xxx
      4. The HRF shall also xxx
   2. Job Descriptions
      1. Job Descriptions in a specified format, shall be developed for each unique position highlighted in Company X’s positional structure. (Refer to Appendix 4: Job Description Template)
      2. xxx.
      3. xxx.
      4. Job descriptions should be available prior to the initiation of any recruitment activities.
   3. Manpower Planning
      1. Manpower planning shall xxx.
      2. Each unit/department shall identify the need of manpower at the initiation of the annual budgeting process initiation or xxx. (Refer to Appendix 5: Manpower Planning Template)
      3. Following are factors which should be considered during the process of compiling the proposed manpower requirements:

* Gap between current skills and competencies and required skills and competencies
* xxx
* xxx
  + 1. All manpower requirements stipulated in the manpower plans should be validated by the XX, (Refer to Appendix 6: Manpower Plan)
    2. xxx.
  1. Recruitment and Sourcing
     1. Recruitment plans and budgets shall be developed annually or xxx to stipulate hiring activities in accordance with the approved manpower plan and budget.
     2. Candidates should meet all set requirements (internal and regulatory) to be considered for employment.
     3. All applicants wishing to apply for a vacancy shall be required to complete the designated form (Refer to Appendix 7: Employee Application Form).
     4. xxx
     5. xxx
  2. Employee Selection (Refer to Appendix 8: Recruitment Authorization Form)
     1. The minimum age for recruitment shall be x years while the maximum is X years, unless approval from XX is sought to recruit candidates exceeding X years due to extensive experience and qualifications.
     2. The following documents, at minimum, should be obtained and verified from a prospective employee:
* IDs or Passport Copy
* Copies of Academic certificates (graduation, post-graduation, etc.)
* C.V.
* xxx
* xxx
  + 1. xxx
    2. xxx
  1. Employment Offer
     1. All candidates should have successfully passed the selection process, before a job offer (refer to Appendix 10) can be made. This includes passing all interviews and assessment tests (if applicable).
     2. xxx
     3. xxx
  2. Employment Contract
     1. An Employment Contract shall be developed for candidates that have officially accepted a job offer which has been confirmed following a successful background check.
     2. The Employment Contract shall specify the date of execution, the date on which employment commences (‘effective date’), the position, the reporting line, the nature and place of work, the duration of the contract, details of compensation and benefits etc.
     3. The Employment Contract shall xxx
     4. xxx
  3. Employee On boarding
     1. The HRF shall ensure that new employees transition easily into the Company through:
* xx
  + 1. The HRF shall provide the required support to employees wherever applicable.
    2. xxx
    3. xxx
  1. Probation
     1. Every new employee shall be subject to a probationary period of employment, which is xx working days, in accordance with the labour law.
     2. A Probation Review Form shall be filled by the concerned department/unit to document the results of the review as well as the employee’s confirmation status. (Refer to Appendix 11: Probation Review Form)
     3. If the performance assessment is satisfactory, the HRF shall send a Probation Confirmation Letter to confirm employee’s employment. If the performance assessment is unsatisfactory, the employee shall be terminated. (Refer to Appendix 12: Probation Confirmation Letter)
     4. New employees have the right to resign from the company without serving a notice during their probation period.
     5. xxx
  2. Procedures

| No. | Activities | Action Taken by | Key form/ Template |
| --- | --- | --- | --- |
| **Organization Design** | | |  |
|  | * xxx |  | - |
|  | * xxx |  | - |
| **Job Description Creation** | | |  |
|  | * [Identify need for new job description based on newly created positions in the positional structure.] * [Conduct research and complete the job analysis to document details about the new job.] * [Based on job analysis, add content in the Job Description as required and forward it to the Executive Manager – Support Services, for review.] |  | Appendix 4: Job Description Template |
|  | * xxx * xxx |  | - |
| **Job Description Amendment** | | |  |
|  | * xxx |  |  |
|  | * xxx |  | - |
| **Manpower Planning** | | |  |
|  | * xxx |  |  |
|  | * xxx |  | - |
| **Recruitment – Employee Requisition** | | |  |
|  | * [Issue e-mail to the HRF requesting employee requisition, for a vacancy]. | H-CD | Appendix 8: Recruitment Authorisation Form |
|  | * [Review the employee requisition and validate request.] * [If the requisition does not confirm to the manpower plan, then request the requesting Department/Unit to prepare a business case justifying the reasons for the unplanned hiring.] | Senior Supervisor - HR | - |
|  | * [Prepare a business case justifying the requisition and submit to the HRF.] | H-CD | - |
|  | * [Discuss the requisition with the Executive Manager – Support Services.] * [Forward request to the CEO.] | Senior Supervisor - HR | - |
|  | * [Approve or reject the requisition.] | CEO | - |
|  | * [Finalize the recruitment sources and initiate the recruitment process.] | Senior Supervisor - HR | - |
| **Recruitment – Internal Sourcing** | | |  |
|  | * xxx |  |  |
|  | * xxx |  |  |
| **Recruitment – External Sourcing** | | |  |
|  | * xxx |  |  |
|  | * xxx |  |  |
| **Recruitment – Consultants** | | |  |
|  | * xxx |  | - |
|  | * xxx |  | - |
| **Employee Selection** | | |  |
|  | * [Screen resumes and application forms sourced/received from the selected recruitment sources in accordance with the ‘minimum employment requirements’ stated in the Job description provided for each position.] | Senior Supervisor - HR | - |
|  | * [Send screened CVs to the concerned hiring Head of Concerned Department/Unit for further screening, supported with a note on the results of initial screening.] | Senior Supervisor - HR | - |
|  | * [Further screen the CVs and provide feedback to HRF on the selected CVs.] | Concerned Department | - |
|  | * [Fix appointments for interview with the candidate either directly or through the Recruitment Agency when applicable.] * [If the candidate is overseas, schedule a telephonic interview.] | Senior Supervisor - HR | - |
|  | * [Receive all the required documents from the applicant.] * [If the position is of VP/CEO, forward the documents to the Chairman and the Board.] | Senior Supervisor - HR | - |
|  | * [Conduct interview with the candidate and complete Interview Assessment Form.] | Executive Manager – CEO | Appendix 9: Interview Assessment Form |
|  | * [If the interview was successful, prepare employment offer after obtaining the approval of the authorized approving authority from Executive Manager – Support Services.] | HRF | - |
| **Employment Offer** | | |  |
|  | * xxx |  |  |
|  | * xxx |  |  |
| **Employment Contract** | | |  |
|  | * [Draft employment contracts] * [Submit draft employment contracts to the Executive Manager for review.] | Senior Supervisor - HR | - |
|  | * [Review contracts and ensure that all information contained within them is correct.] | Executive Manager – | - |
|  | * [Once reviewed and finalized, make duplicate copies of the contract.] | Senior Supervisor - HR | - |
|  | * [Upon deciding employee’s joining date, meet with employee and obtain signature]. | Senior Supervisor - HR | - |
|  | * [Sign copies of the Employment Contract and return/forward one copy to HRF.] | H-CD, CEO | - |
|  | * [Distribute copies of the signed contracts as follows: * Copy to be given to the concerned employee. * Copy to be maintained in Employee’s File.] | Senior Supervisor - HR | - |
| **Employee On boarding** | | |  |
|  | * xxx |  | - |
| **Probation** | | |  |
|  | * xxx |  |  |

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1. Employee Affairs
   1. Working Hours
      1. The normal hours of work of Company X shall be x hours a day starting from XX day to XX.
      2. Employees shall be permitted to take up to x day (or lesser) leaves a month, provided the reason for the same is valid and the (Refer to Appendix 13: Request for Leaving Early/Coming Late)
      3. xxx
   2. Attendance Management
      1. Attendance, punctuality and compliance with official working hours at the workplace, shall be the primary responsibility of all Company X employees.
      2. xxx
   3. Official/Public Holidays
      1. Official holidays shall be as per the holidays declared by the Government in Kenya every year. The schedule of such holidays are as follows:

|  |  |
| --- | --- |
| Particulars | Overtime rate per hour |
| Jamhuri Day | 1 day |
| xx |  |
| xx |  |

* + 1. xxx
  1. Overtime
     1. Overtime hours worked during official working days and weekends should not exceed a total of xx hours per month, i.e., equivalent to x working days.
     2. The compensation for overtime shall be calculated on the basic salary applicable at the time of overtime and shall be based on an 8 hour-day. The Concerned Manager shall complete an Overtime Sheet (Refer to Appendix 14: Overtime Sheet) for all employees on a monthly basis and submit form to the Senior Supervisor - HR.
     3. Compensation for overtime hours shall be made on accordance with Kenya Labour Law (Private Sector) as following:

|  |  |
| --- | --- |
| Particulars | Overtime rate per hour |
| e.g., Sunday | x% of basic hourly rate |
| e.g., Public Holidays (Non-Shift Workers) | x % of basic hourly rate |
| xx |  |
| xx |  |

* 1. Leaves
     1. Annual Leave (AL)
* Managers shall be responsible for preparing AL plans (Refer to Appendix 15: AL Plan) for employees in their respective Departments,
* Employees shall be entitled for AL as per the following table:

|  |  |
| --- | --- |
| Grade | Leave Entitlements |
| Grade 1 and 2 (CEO and Managers) | 40 |
| Grade 3 to 6 | xx |
| xx | xx |
| xx | xx |

* Employees should report to work on the return date specified in the approved Leave Application Form (Refer to Appendix 16: Leave Application Form).
* xxx
* xxx
  + 1. Sick Leave
* Any employee, who is ill and unable to work, should inform the Receptionist/Immediate Supervisor/Manager, or ask someone to do so, on their behalf, on the first day of their absence.
* If an employee is absent without justification, they shall be required to submit a sick leave request accompanied by a medical certificate duly signed by a licensed doctor or an authorized medical institution.
* Employees shall be entitled for sick leave as per the following table:

|  |  |
| --- | --- |
| Number of working days | Pay entitlement |
| xx days | Full Pay (100%) |
| Next xx days | Three Quarters of the Pay (75%) |
| xx | - |

* xxx
* xxx
  + 1. Parental Leave
* Female employees shall be entitled to up to a maximum of xx days preceding and xx days following delivery with full pay, subject to the submission of a medical certificate.
* When maternity leave is fully utilized, female employee unable to report to duty because of delivery illness, may be granted additional leave without pay up to a maximum of xx consecutive or intermittent days.
* xxx
* xxx
  + 1. Compassionate Leave
* xxx
  + 1. Study Leave
* xxx
  + 1. Unauthorized Leave/Absence
* xxx
  + 1. Leave without Pay (LWOP)
* xxx
  + 1. Handover During Leave
* xxx
  1. Grievance Redressal
     1. Company X shall make every effort to settle arguments or conflicts between the concerned parties amicably in an informal manner.
     2. Every employee has the right to raise their grievance in writing within X weeks of an occurrence.
     3. xxx
     4. xxx
  2. Disciplinary Actions
     1. Every employee of Company X shall be expected to adhere to the Company’s approved policies, bylaws as well as applicable laws and regulations. In the event an employee violates any of the aforementioned, either voluntarily or through carelessness, or commits any action which contradicts the ethics of their duties, the employee shall be penalized according to the violation he/she has committed.
     2. All penalties for violations shall be applied as per xxx
     3. In some instances, providing corrective counselling may be an adequate first step of action to deal with minor violations. The purpose of corrective counselling is to:
* xxx
* xxx
  + 1. xxx
    2. xxx
  1. Code of Ethics and Conduct
     1. Dress Code
* All employees are expected to conform to the generally accepted [formal attire].
  + 1. Diversity and Inclusiveness

xxx

* + 1. Relationships at Work
* xxx
  + 1. Discrimination and Harassment
* xxx
  + 1. Confidentiality of Information
* xxx
  + 1. Personal Interests
* xxx
  + 1. Gifts and Incentives
* xxx
  + 1. Employment Outside of Company X
* xxx
  + 1. Security and Guests
* xxx
  1. Employee Records Management
     1. Employee file should be kept in secure place with limited access, the file may contain the following:
* xxx
* xxx
  1. Procedures

| No. | Activities | Action Taken by | Key form/ Template |
| --- | --- | --- | --- |
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1. Rewards Management System
   1. Salaries
      1. Salary Structure

* Salary shall include xxx
* xxx
  + 1. Salary Adjustments
* xxx
  + 1. Salary Administration
* xxx
  1. Allowances
     1. Business Travel
* xxx
  + 1. Per diem/Air Travel
* xxx
  + 1. Travel Days
* xxx
  + 1. Trips During Annual Leave
* xxx
  + 1. Official Holidays Falling During Trip
* xxx
  + 1. Cancellation of Trips
* xxx

5.2.7 Cash Allowances for Select Positions

* xxx

5.2.8 Special Transportation Allowance

* xxx

5.2.9 Luggage Allowance

* xxx
  1. Benefits
     1. Medical Insurance Coverage
* xxx
  + 1. Statutory Benefits
* xxx
  + 1. Educational Allowance
* xxx
  + 1. Club Membership
* xxx
  + 1. Car Allowance
* xxx
  + 1. Mobile Allowance
* xxx
  + 1. Finance without Income (Qard Hasan)
* xxx
  1. Procedures

| No. | Activities | Action Taken by | Key form/ Template |
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| --- | --- |
| **Effective Date :** |  |
| **Revision Date** |  |

1. Performance Management of Employees
   1. Company X Incentive Policy
      1. General Policy Statements

* xxx
  + 1. Cash Based Incentives
* xxx
  + 1. Share Based Incentives
* xxx
  1. Spot Incentives
     1. xxx
     2. xxx
  2. Performance Management of Employees
     1. xxx
  3. Career Paths
     1. Career paths shall allow Company X to plan realistic and effective pathways for employees to move within the Company, and consequently help to build individual and organizational capability that shall meet organizational priorities and enable all employees to fulfil their personal career development goals.
     2. xxx
  4. Promotions
     1. Employees may be eligible for promotion provided the following conditions are met:
* [The recommendation for promotion should be made by the concerned Manager and approved by the CEO and the Manager of the new position by filling up a Promotion Action Form] (Refer to Appendix 19: Promotion Action Form).
* xxx
  + 1. xxx
  1. Annual Merit Increments/Merit Increase Policy
     1. Employees may be eligible for annual merit increments based on the annual performance review provided the following conditions are met:
* xxx
* xxx
  + 1. xxx
  1. Transfer
     1. Company X may transfer employees from one Department/Unit to another or from one job to another based on work requirements, taking into consideration the employee’s capabilities and potential for career growth.
     2. xxx
  2. Succession Planning
     1. xxx
     2. xxx
  3. Procedures

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| **No.** | **Activities** | **Action Taken by** | **Key form/ Template** |
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| Human Resource Manual | |
| Effective date: |  |
| Revision date: |  |

1. Employee Development
   1. Training and Development
      1. xxx
      2. xxx
   2. Pursuing Professional Qualification
      1. xxx
      2. xxx
      3. xxx
   3. Procedures

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| Human Resource Manual | |
| Effective date: |  |
| Revision date: |  |

1. Employee Separation
   1. General Policy Statements
      1. Employee separation shall result from any of the following cases:

* Employee Initiated Termination
* xxx
  + 1. xxx
  1. Employee Separation
     1. The termination notice shall be given by the concerned authority within Company X or xxx
     2. Employee Initiated Termination:
* xxx
  + 1. Company X Initiated Termination
* Termination During or at the End of Probation Period:
* xxx
* Termination During or at the End of Employment Contract:
* xxx
* Termination on Retirement:
* xxx
* Termination on Death or Incapacity to work:
* Upon death of an employee in the course of his service
* Prolonged illness of, or injury to, the employee resulting in incapacity to work
* In such an event, the employee (or his/her legal beneficiaries) receive compensation as per Company X insurance policy
* xxx
* Termination on Disciplinary Grounds:
* Company X reserves the right to terminate or dismiss an employee on disciplinary grounds as laid out in Chapter 5 on Employee Affairs of this Manual, provided the employee has received required number of warnings and has been given reasonable time, and opportunity to defend themselves
* The employee's services may be terminated without notice for any of the following reasons

### If the employee adopts a false identity or nationality or if he/she submits forged documents or certificates

### xxx

* Termination of Absconding Employees
* xxx
  + 1. Compensation in Lieu of Notice:
* xxx
  + 1. End of Service Benefits:
* Employees shall be paid their end of service entitlements upon termination of employment with Company X as per Kenya Labour Law.
* Basis of End of Service Calculation:
* xxx
  + 1. Final Settlement:
* xxx
  + 1. Service Certificate:
* xxx
  1. Procedures

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| **No.** | **Activities** | **Action Taken by** | **Key form/ Template** |
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| Human Resource Manual | |
| Effective date: |  |
| Revision date: |  |

1. Performance Management and Reporting
   1. Performance Assessment of Human Resource Function
      1. [Performance evaluation, including addressing improvement opportunities shall help maximize the efficiency and effectiveness of the HRF.]
      2. [The Key Performance Indicators (KPIs) set for the HRF shall serve as the base of unit’s performance assessment against set objectives.]
      3. The KPIs for the HRF shall be set and updated on an annual basis and approved by CEO. The following are examples of KPIs which may be set for the HRF:

* Employees retention rate
* xxx, etc.
  + 1. xxx
  1. Management Reports
     1. On a xx (e.g. monthly) basis, The HRF is responsible to submit a xx-management report including the following at a minimum:
* New employees recruited.
* Employees terminated/ retired/ resigned.
* Training courses conducted.
* Disciplinary actions imposed and respective investigation results (if any)
* Grievances received and outcome of handling such grievances.
* Variances in payroll in comparison with previous month’s payroll.
* Any other activities carried out by the Function during the reported period.
* Employee Turnover Ratio
* xxx
  1. Filing and Documentation
     1. It shall be the responsibility of Senior Supervisor – HR, to ensure that documents and files maintained by the unit are kept in a safe place with access restricted to authorized personnel only.
     2. Employee file should be kept in secure place with limited access, the file may contain the following:
* [The documentation: Employee Application form, educational certificates and certificates of training and experience, (citizenship, passport, residence) etc.]
* xxx
  + 1. The HRF shall maintain hard and soft copies of records related to its activities, such records shall include but not limited to the following:
* Employees files
* HRF budget and corresponding plans and analysis
* Reports issued to management
* xxx
  + 1. xxx
  1. Procedures

|  |  |  |  |
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| **No.** | **Activities** | **Action Taken by** | **Key form/ Template** |
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| Human Resource Manual | |
| Effective date: |  |
| Revision date: |  |

1. Appendices

Appendix 1: Manual Distribution Form

**Manual Distribution Form**

Manual for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Distributed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Distribution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the resource person,

When you sign this form, you agree to adhere to all cited policies and procedures included in this manual.

You may be asked to sign additional material and changes thereto to give effect to these policies and procedures currently and in the future.

To acknowledge that you have reviewed and understood all of this material in the manual, please sign and date this form and return it to the Chief Financial Officer within 10 days of receipt of this manual.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that I have read, understood, and am subject to all of the material contained in this manual.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Please print name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Appendix 2: Manual Access Letter

**Manual Access letter (to be printed on \*Client Name\* letterhead)**

Manual for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Distribution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To (recipient of the manual),

When you sign this form, you agree to preserve confidentiality of this manual. As a result, this manual should not be disclosed, used or duplicated – in whole or in part – for any purpose other than purpose of which this request was initiated for.

We acknowledge that we requested to obtain a copy of the manual for the following reasons:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To acknowledge the above, please sign and date this form and return it to the Chief Financial Officer within 10 days of receipt of this manual.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that I have read, understood, and am subject to all the material contained in this manual.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Please print name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Appendix 3: Request for Amendment Form

**Request for Amendment Form**

Name of entity requesting amendments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manual for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section/s Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy/ies Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy/ies Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of needed amendments (problem):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Proposed amendments (solution):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Proposed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reviewed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reviewed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Implementation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Appendix 4: Job Description Template

|  |
| --- |
| **Job Content** |
| 1. Role Objective *(Purpose- Why does this position exist, with what objectives and within what limits):* |
|  |
| 2. Detailed Duties and Responsibilities *(What are the key responsibilities of the position and what is the level of responsibility):* |
| a. Strategic:  b. Operational:  c. People management: |
| 3. Behavioural Skills, Knowledge and Experience: |
| a. **Educational Qualification** (level of education i.e., Diploma, Graduate, Postgraduate).  b. **Experience:** (*no. of years & nature of experience i.e., specialized, technical & operational).*  c. **Core Competencies** |

Appendix 5: Manpower Planning

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the department/ unit** |  | | | | |
| Manpower plan to be submitted by: |  | / |  | / |  |
| (Day) |  | (Month) |  | (Year) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| H-CD/H-CU (Signature) | Date | | | | |

CURRENT STATE SUMMARY:

|  |  |
| --- | --- |
| **Total no. of existing employees** |  |
| **No. of vacant positions** |  |
| **No. of potential vacancies** |  |
| **No. of positions to be filled** |  |

###### SECTION (A)

|  |  |  |
| --- | --- | --- |
| **Current State – Department** | | |
| **Department** | |  |
| **Current no. of employees** | |  |
| **Existing no. of vacancies** | |  |
| **Existing no. of vacancies** | |  |
| **List of existing vacant positions** | **Vacant position grade** | |
|  |  | |
| **No. of potential vacancies** | |  |
| **List of potential vacant positions** | | **Vacant position grade** |
|  | |  |

###### SECTION (B)

|  |  |  |  |
| --- | --- | --- | --- |
| **Planned promotions template** | | | |
| **(1)** | | | |
| **Employee name** |  | | |
| **Expected date of promotion** |  | | |
| **Current position** |  | **Promoted**  **position** |  |
| **(2)** | | | |
| **Employee name** |  | | |
| **Expected date of promotion** |  | | |
| **Current position** |  | **Promoted**  **position** |  |
| **(3)** | | | |
| **Employee name** |  | | |
| **Expected date of promotion** |  | | |
| **Current position** |  | **Promoted**  **position** |  |
| **(4)** | | | |
| **Employee name** |  | | |
| **Expected date of promotion** |  | | |
| **Current position** |  | **Promoted**  **position** |  |
| **(5)** | | | |
| **Employee name** |  | | |
| **Expected date of promotion** |  | | |
| **Current position** |  | **Promoted**  **position** |  |

###### SECTION (C)

|  |  |  |  |
| --- | --- | --- | --- |
| **Projected manpower requirements for list of vacancies** | | | |
| **(1)** | | | |
| **Job position** |  | | |
| **Job description reference no.** |  | | |
| **No. of employees to be hired** |  | **Expected date of hire** | ……… / .…….. / .…….. |
| **(2)** | | | |
| **Job position** |  | | |
| **Job description reference no.** |  | | |
| **No. of employees to be hired** |  | **Expected date of hire** | ……… / .…….. / .…….. |
| **(3)** | | | |
| **Job position** |  | | |
| **Job description reference no.** |  | | |
| **No. of employees to be hired** |  | **Expected date of hire** | ……… / .…….. / .…….. |
| **(4)** | | | |
| **Job position** |  | | |
| **Job description reference no.** |  | | |
| **No. of employees to be hired** |  | **Expected date of hire** | ……… / .…….. / .…….. |
| **(5)** | | | |
| **Job position** |  | | |
| **Job description reference no.** |  | | |
| **No. of employees to be hired** |  | **Expected date of hire** | ……… / .…….. / .…….. |

Appendix 6: Manpower Plan

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Manpower Plan (Year 20xx)** |  |  |  |  |  |  | **Version:** |  |  |  | **Date:** |  |  |  |

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| **#** | **Department** | **Unit** | **Current No. of Employees** | **New Positions Required** | **No. of Positions Required** | **Required Recruitment Date** | | | | | | | | | | | | **Notes** |
| **Q1** | | | **Q2** | | | **Q3** | | | **Q4** | | |  |
| **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |  |
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| **Senior Supervisor - HR** | **Head of Support Services** | **CEO** |
|  |  |  |

Appendix 7: Employee Application Form

|  |  |
| --- | --- |
| Detailed Resume of Employee should be attached to this form | Required Position |
|  |
| Name: | |
| Name and Place of Birth-Nationality: | |
| Marital Status and No of children: | |
| Expiry Date:  Passport #: | |
| ID #: | |

|  |  |  |
| --- | --- | --- |
| **Academic and educational qualifications:** | | |
| **Issuing Body** | **Date** | **Certificates or Degrees** |
|  |  |  |
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| --- | --- | --- | --- |
| **Details of previous employment Start from last Position:** | | | |
| **Name & address of employers** | **To** | **From** | **Position & Nature of duties** |
|  |  |  |  |
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| --- | --- | --- | --- |
| **Knowledge of Computer:** | | | |
|  |  |  |  |
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| --- | --- | --- | --- |
| **Knowledge of language skills:** | | | |
| English Language | * Fluent | * Very Good | * Good |
| xx Language | * Fluent | * Very Good | * Good |
| List person not related for reference | | | |
| Health State and disabilities, if any | | | |
| If appointed state earliest that you can resume duties | | | |
| Current salary  Expected salary | | | |
| Copies of certificates, degrees or other qualifying documents must be attached | | | |
| Address & Telephone number: | | | |

I certify that the information in this application is accurate true and correct.

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| For Office Use only: | | |
| **Contact Details:** | | |
| Position:  Location:  Contact period:  Commencement Date:  Basis of Appointment: | Approved Salary:  Basic:  Allowance:  Others: | Type of Allowances: |
| **Remarks:** | | |

Appendix 8: Recruitment Authorization Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Requisition Number (entered by HR) | | | | | | | | | | | | | | | | | | |  | | | |
| **I. Employee Requisition** | | | | | | | | | | | | | | | | | | | | | | |
| **To**: | **Human Resources** | | | **From**: | | | **Please complete** | | | | | | | **Cost Center #:** | | | | | | **xx** | | |
| Reason(s) for request: | | | | Please complete | | | | | | | | | | | | | | | | | | |
| Employment type (Select one) | | | | | If temporary employment, **(for XX nationals only)**  Indicate period required: | | | | | | | | | | | | | | | | | |
| Permanent Temporary | | | | | From: |  | | | | | | To: | | | | | |  | | | | |
| **(temporary for Kenya nationals only)** | | | | |
| Position Type (Select one) | | New Position | | | | | | Additional Staff | | | | | | | Replacement Staff | | | | | | | |
| Budgeted | | Yes | | | | No | | | | | **HR Sign-off**: | | | | | | | | | | | |
| If replacement, to replace Name & # | | Employee Number:  Please complete | | | | | | Name:  Please complete | | | | | | | | | | | | | | |
| Employee being replaced | | Terminated | | | | | | Resigned | | | | | Relocated / Promoted | | | | | | | | | |
| Position to be filled  **Job title**: | | Please complete | | | | | | | | | | | | | | | # Required: xx | | | | |  |
| Position reporting to: (title) | | Please complete | | | | | | | | | | | | | | | Date required: | | | | xx | |
| **II. Education & Experience**   |  |  | | --- | --- | | **Degree** | Bachelor: Master: Other: | | **Certification** | CPA CFA CMA CIA CRO \_\_\_ | | **Year of Experience** | Graduate Junior 5+ 8+ 10+ \_\_\_ | | **Industry** | Banking xx xx Other: | | **Other Skills** | Please complete | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate if preferred candidate has been identified Yes / No  If yes, indicate **name: Please complete** | | | | | | | | | | | | | | | | | | | | | | |
| How was the candidate found: | | | | | | | | | | Where is the candidate currently working: | | | | | | | | | | | | |
| Please complete | | | | | | | | | | Please complete | | | | | | | | | | | | |
| **III. Human Resources use only** | | | | | | | | | | | | | | | | | | | | | | |
| **Compensation Analysis Pay Range & Benefits**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Benchmark** |  | **Basic** | | **Budgeted Salary** | **Leave Days** | **Notes** |  | **Medical & life Ins.** | | **Min** | **Max** | | **Internal** |  |  |  |  |  |  | | **External** |  |  |  |  |  |  | | **Relocation Required (Only if recruited from outside Kenya)** | | | | | | | | |   **IV. Approvals (3 required)** | | | | | | | | | | | | | | | | | | | | | | |
| Dept. Manager **(1)** | | | Department Head (Review) **(2)** | | | | | | CEO (Approve) **(3)** | | | | | | | HR (Received) | | | | | | |
| Date: | | | Date: | | | | | | Date: | | | | | | | Date: | | | | | | |

**NOTE: Please ensure to attach the job description to the RAF for all positions**

Appendix 9: Interview Assessment Form

|  |  |  |  |
| --- | --- | --- | --- |
| Position Title | Click here to enter text. | Department: | Click here to enter text. |
| Candidate Name: | Click here to enter text. | Date & Time: | Click here to enter a date. |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The candidate should be rated for the following criteria on a 5-point scale. | | | | | | | | | |
| 5 | Excellent | 4 | Very Good | 3 | Good | 2 | Fair | 1 | Poor |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Criteria | 5 | 4 | 3 | 2 | 1 | Remarks |
| **Education, Professional Certification & Experience** | | | | | | |
| Relevant education |  |  |  |  |  | Click here to enter text. |
| Relevant certification |  |  |  |  |  | Click here to enter text. |
| Relevant experience |  |  |  |  |  | Click here to enter text. |
| Stability in employment |  |  |  |  |  | Click here to enter text. |
| **Intelligence** | | | | | | |
| Organization of thoughts |  |  |  |  |  | Click here to enter text. |
| Choice of words |  |  |  |  |  | Click here to enter text. |
| Adjustment to changing questions |  |  |  |  |  | Click here to enter text. |
| **Human Relations** | | | | | | |
| Friendliness |  |  |  |  |  | Click here to enter text. |
| Ability to work with others |  |  |  |  |  | Click here to enter text. |
| Sensitivity to others |  |  |  |  |  | Click here to enter text. |
| **Managerial Abilities** | | | | | | |
| Analysing & problem solving |  |  |  |  |  | Click here to enter text. |
| Leadership skills |  |  |  |  |  | Click here to enter text. |
| Communication skills |  |  |  |  |  | Click here to enter text. |
| Advancement for age level |  |  |  |  |  | Click here to enter text. |
| **Personal Impact** | | | | | | |
| Grooming |  |  |  |  |  | Click here to enter text. |
| Confidence |  |  |  |  |  | Click here to enter text. |
| Maturity |  |  |  |  |  | Click here to enter text. |
| Enthusiasm |  |  |  |  |  | Click here to enter text. |

|  |
| --- |
| Strengths (talents, Skills and knowledge) |
| Click here to enter text. |
| Weakness (Shortcomings, limitations and additional training needed) |
| Click here to enter text. |
| Growth potential |
| Click here to enter text. |
| Reasons for availability |
| Click here to enter text. |
| Salary Expectations |
| Click here to enter text. |
| Other Comments |
| Click here to enter text. |

|  |  |
| --- | --- |
| Recommendation: | |
|  | Appointment recommended |
|  | Reserve candidate |
|  | Not recommended |

|  |  |
| --- | --- |
| Interviewer’s Name: | Click here to enter text. |
| Title: | Click here to enter text. |
| Signature: | Click here to enter text. |

Appendix 10: Job Offer

**Private and Confidential**

Employment Offer

Date: 00/00/00

Name: ………………………..

Nationality: …………….

**Civil ID/ Passport: …**

\*Client Name\* Holding Company (\*Client Name\*)is pleased to present you with a job offer in accordance with the details listed below:

1. Position: **……………….**
2. Monthly salary inclusive of all allowances and benefits: **KSH xxx/- (…………………….)**
3. Annual leave: xx days

This offer is subject to:

1. Obtaining the Resignation Acceptance letter from your last employer
2. Completing the Medical Fitness Examination
3. Obtaining an employment permit from the relevant government authorities
4. Obtaining approvals from regulatory agencies for you to fulfil this position

This offer is only valid for 15 days from the date listed above, we highly appreciate receiving your response as soon as possible.

I have reviewed this offer of employment and would like to:

1. Accept this offer
2. Decline this offer

**Name:** ................................... **Signature:** ................................... **Date: / /**

Appendix 11: Probation Review Form

To: Date:

The under-mentioned employee completes his/her probationary period on \_\_\_\_\_\_\_\_\_\_\_\_\_. Please complete this report within one week of receipt and return it to the Head of Human Resources function.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A: Assessment of employee’s performance**

Give a rating that most accurately describes the employee’s work performance in each of the following areas

|  |
| --- |
| 1. Results achieved do not meet performance standards of the job; improvement required in time frame to be agreed to by employee’s manager. |
| 2. Results achieved meet performance standards in some areas, but need improvement in others. |
| 3. Results achieved consistently meet performance standards. |
| 4. Results achieved exceed performance standards. |
| 5. Results achieved significantly exceed performance standards. |

| **Criteria** | **Rating** | **Remarks** |
| --- | --- | --- |
| 1. Job Knowledge |  |  |
| 2. Quality of Work |  |  |
| 3. Productivity |  |  |
| 4. Initiative/ Motivation |  |  |
| 5. Co-operation / Teamwork |  |  |
| 6. Discipline |  |  |
| 7. Communication |  |  |
| 8. Dependability |  |  |
| 9. Attitude / Professionalism |  |  |
| 10. Judgment / Decision making |  |  |
| 11. Planning / Organization |  |  |
| 12. Directing / Delegating |  |  |

**B. Development Needs**

What have been the employee’s most critical shortcomings that hindered his/her performance in key result areas and what specific action should be taken for the further development during the year? I.e., coaching by supervisor, training courses, job rotation, etc.

| **Areas of Development** | **Development Action** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**C. Recommendation Form**

In view of the above do you recommend that employment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) be confirmed?

□ Confirm employee □ Extend probation □ Terminate employee

Next date of probation review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable)

Signature of immediate reporting manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Head of the department/ unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix 12: Probation Confirmation Letter

**Date:**

**From: Head of Human Resource Function**

**To: ……………………………………………………**

We are happy to inform you that your services are being confirmed as ……………. (Name of the position) with effect from………………. (Date). This is with reference to the performance review of xx days from ………. (Joining date) to …………... (End date after xx days), when you were on probation in \*Client Name\*.

The terms and conditions given in the appointment letter remain unchanged.

We look forward to your contribution to the company and your hard work.

I hope you will fulfil your goals and company's goals with the same sincerity and trust shown in the last three months

We wish you all the best!

**Regards,**

……………………………………..

**(Head of Human Resource Function)**

Appendix 13: Request for early leaving/late coming

**Date of Application: ………. / …….. /……….**

|  |
| --- |
| **1. Employee Details** *(To be completed by employee)* |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address in Kenya: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address while away: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact number while away(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2. Leave Details *(To be completed by employee)*** |
| *(\*Reasons for leaving early/coming late)* |
| Leave to start from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Leave to end at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of resumption of duty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3. Approval *(to be completed by immediate reporting manager)*** |
| Approved  Rejected  Immediate reporting manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: ….../……. /……. |

Appendix 14: Overtime Sheet

|  |  |
| --- | --- |
| **Department:** | |
| **Month:** | |
| **A/C** | **Name** | **Day** | **Weekdays** | **Friday** | **Total Hours(To Be Filled By HRF)** | | |
| **Date** |  |  |
| **Employee Signature** | **From and To** | **From and To** | **Weekday** | **Friday and Saturday** | **Holiday** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | **0** | **0** | **0** |
|  |  |  |  |  | **0** | | |

|  |  |
| --- | --- |
| **Total over time hours according to \*Client Name\* policy** | |
| Total over time hours **(Weekday)** | 0 |
| Total over time hours **(Friday and Saturday)** | 0 |
| Total over time hours **(Holiday)** | 0 |
| **Total** | 0 |

Appendix 15: Annual Leave Plan

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department:** | | |  | | | | | | | | | | | | | | | **Date Prepared:** | | | | | | | | | |
| **Employee Name** | **Entitlement** | **Period** | **Jan** | | **Feb** | | **March** | | **April** | | **May** | | **June** | | **July** | | **August** | | | **Sep** | | **Oct** | | **Nov** | | **Dec** | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |

Appendix 16: Leave Application Form

**Date of Application: ………. / …….. /……….**

|  |  |
| --- | --- |
| **1. Employee Details** *(To be completed by employee)* | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address in Kenya: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address while away: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact number while away(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **2. Leave Details *(To be completed by employee)*** | |
| Application for:  Annual Leave (AL)  Sick Leave (SL)  Alternate Rest Day  Pilgrimage (Hajj) Leave  Marriage Leave | Maternity Leave  Paternity Leave  Compassionate Leave  Al Uddah Period  Study Leave  Leave Without Pay (LWOP) |
| Leave to start on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Leave to end on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of resumption of duty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **3. Approval *(to be completed by immediate reporting manager)*** | |
| Approved  Rejected  Immediate reporting manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: ….../……. /…….  *\* If AL is not approved contact the above employee and discuss alternative action/leave dates* | |
| **4. Leave Record *(to be completed by HR function)*** | |
| Accrued Leave Days Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Leave Days Outstanding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Last Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **5. Final Approval *(to be completed by HRF)*** | |
| Paid leave Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unpaid Leave Days (LWOP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approved Leave Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Head of HRF signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Head of Support Services Department/ CEO signature (for LWOP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Note: This application should be prepared and presented to the Human Resource Function at least four weeks prior to departure for annual leave. Unless this form is completed and presented as directed, all days off will be considered. | |

Appendix 17: Travel Request Form

**Section 1:** To be filled by the traveller

|  |  |  |
| --- | --- | --- |
| **Department** | **Position** | **Name** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Trip Route | No. of Days | Trip Date | | Trip Description |
|  |  | To | From |  |
|  | 00/00/0000 | 00/00/0000 |

Party bearing travel cost (in case of invitation from external party)

Name of Party/ Entity

Ticket Accommodation Daily Per-Diem ……………….. KD

|  |
| --- |
| Expenses shall be charged to: |

|  |  |  |  |
| --- | --- | --- | --- |
| Head of Support Services | Head of HRF | Direct Supervisor | Employee |
|  |  |  |  |

CEO Approval (for unbudgeted travel): ………………………………………….

**Section 2:** To be filled by the traveller upon return

|  |  |  |  |
| --- | --- | --- | --- |
| Comments | No. of Days | Return Date | Travel Date |
|  |  |  |  |
|  | | | Traveller’s Signature |

Head of Concerned Department: …………………….. Head of HRF: ……………………..

**Section 3:** Per-Diem and Expenses (for HRF Use)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Comments | No. of Days | Daily Per-Diem | Amount | | Trip Duration | |
| Fills | KD | To | From |
|  |  |  |  |  |  |  |
|  | | |  |  | Other Expenses | |
|  | | |  |  | Total | |
|  | | |  |  | Paid in Advance | |
|  | | |  |  | Remaining | |

Head of HRF: ………………………………………………..……..

Head of Support (for Budgeted Travel): ……………………………………..

CEO (for Unbudgeted Travel): ……………………………………………….

Appendix 18: Performance Appraisal Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Annual Performance Appraisal Form (Year 20xx)** | | | | | | | | |
|  | | |  |  |  |  |  |  |
| **Employee No.** | | |  |  | | | | |
| **Employee Name** | | |  |  | | | | |
| **Job Title** | | |  |  | | | | |
| **Department** | | |  |  | | | | |
| **Date of Joining** | | |  |  | | | | |
| **Weight Key** | | | | **Rating Key** | | | | |
| Weights are determined by the Head of the Department overseeing the respective function. | | | | 1- Consistently Below Expectations 2- Below Expectations 3- Meets Expectations 4- Exceeds Expectations 5- Consistently Exceeds Expectations | | | | |
|
|
| **Evaluation Factor** | | | | **Weight** | **Performance Rating** | | **Score** | **Remarks** |
| **Part 1: Performance Factors ( Deliverables )** | | | | | | | | |
| 1. QUALITY OF WORK: How accurate, neat and complete is the employee’s work? Consider the degree to which the work meets acceptable standards. | | | | 30 |  | |  |  |
| 2. PRODUCTIVITY: Does the employee produce an acceptable amount of work? Consider how effectively he/she uses available working time, plans and prioritizes work, sets and accomplishes goals and completes assignments on schedule. | | | | 30 |  | |  |  |
| 3. CONTRIBUTION TO PROFITABILITY: Reducing costs and increasing the overall profitability of company | | | | 40 |  | |  |  |
| Performance Factors Total (weight must add up to 100) | | | | 100 |  | |  |  |
| **Part 2: Performance Factors ( Core Competencies )** | | | | | | | | |
| **Thinking Capabilities** | | | | | | | | |
| 1. Performance Management | | | | 5 |  | | 0.000 |  |
| 2. Strategic Thinking | | | | 5 |  | | 0.000 |  |
| 3. Analytical Thinking & Problem Solving | | | | 10 |  | | 0.000 |  |
| 4. Attention to Detail | | | | 10 |  | | 0.000 |  |
| **Self-Management** | | | | | | | | |
| 5. Risk Management | | | | 5 |  | | 0.000 |  |
| 6. Communication Skills | | | | 5 |  | | 0.000 |  |
| 7. Work Planning & Management | | | | 5 |  | | 0.000 |  |
| 8. Interpersonal Skills & Teamwork | | | | 5 |  | | 0.000 |  |
| 9. Initiative and ability to Produce in an Unsupervised Environment | | | | 10 |  | | 0.000 |  |
| 10. Training and Development | | | | 5 |  | | 0.000 |  |
| **Social Awareness** | | | | | | | | |
| 11. Impact and Influence | | | | 5 |  | | 0.000 |  |
| 12. External Relationships | | | | 5 |  | | 0.000 |  |
| 13. Professionalism & Service to Clients | | | | 10 |  | | 0.000 |  |
| **Work Ethics** | | | | | | | | |
| 14. Flexibility | | | | 5 |  | | 0.000 |  |
| 15. Ability to Accept Responsibility | | | | 5 |  | | 0.000 |  |
| 16. Attendance & Responsiveness | | | | 5 |  | | 0.000 |  |
| Performance Factors Total (weight must add up to 100) | | | | 100 |  | | 0.000 |  |
| **Part 3: Competency Factors** | | | | | | | | |
| 1. Policies & Procedures Administration | | | | 10 |  | | 0.000 |  |
| 2. Transaction & Client Reporting | | | | 20 |  | | 0.000 |  |
| 3. Reporting | | | | 15 |  | | 0.000 |  |
| 4. Settlement | | | | 10 |  | | 0.000 |  |
| 5. Fund Administration | | | | 10 |  | | 0.000 |  |
| 6. Record Keeping | | | | 10 |  | | 0.000 |  |
| 7. Payments Processing | | | | 5 |  | | 0.000 |  |
| 8. Authority Limits Monitoring & Control | | | | 10 |  | | 0.000 |  |
| 9. Data Protection and Security | | | | 10 |  | | 0.000 |  |
| Competency Factors Total (weight must add up to 100) | | | | 100 |  | | 0.000 |  |
| **Computation** | | | | | | | | |
| **Final Score :** | | | | | | | 0.00 | |
| **Final Rating :** | | | | | | | Consistently Below Expectations | |
| The Employee's Final Rating is generated based on the key detailed below: | | | | | | | | |
| 1 = | 1.00 to 1.49 | Consistently Below Expectations | | | | | | |
| 2 = | 1.50 to 2.49 | Below Expectations | | | | | | |
| 3 = | 2.50 to 3.49 | Meets Expectations | | | | | | |
| 4 = | 3.50 to 4.49 | Exceeds Expectations | | | | | | |
| 5 = | 4.50 to 5.00 | Consistently Exceeds Expectations | | | | | | |
|  |  | | |  |  |  |  |  |
|  | | |  |  |  |  |  |  |
| **Summary of Performance** | | | | | | | | |
| **Final Rating** | | | | | | | | |
|  | | | | | | | | |
| **Overall Evaluation** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **Improvement Plans & Employee Key Targets** | | | | | | | | |
| What can the Employee do to improve his/her performance on the job?  Please use the attached “GOAL Sheet” to list the Employee’s professional goals. | | | | | | | | |
| **What can the Supervisor/Manager do to support the Employee’s performance improvement?** | | | | | | | | |
|  | | | | | | | | |
|
| **Employee’s Comments :** | | | | | | | | |
|  | | | | | | | | |
| **Supervisor/Manager Comments :** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **My signature indicates that this performance appraisal has been reviewed and discussed with me.** | | | | | | | | |
|
| **Employee Signature** | | |  | **Supervisor/Manager Signature** | | | | |
| **Date** | | | | **Date** | | | | |
| **HRF Signature** | | | | **Head of Support Services Signature** | | | | |
| **Date** | | | | **Date** | | | | |
|  | | | | | | | | |
| **CEO Signature** | | | | | | | | |
| **Date** | | | | | | | | |

Appendix 19: Promotion Action Form

**Date:** ………………………………..

**Name of the employee:** …………………………………………...

**Current position and grade:** ………………………………………….

**Current department/ unit:** …………………………………………...

**Last three years performance rating:**  20XX…... (Performance rating)

20XX…… (Performance rating)

20XX…… (Performance rating)

**Proposed position and grade:** ………………………………………….

**Proposed department/ unit:** ………………………………………….

**Achievements:**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Approval:**

Comments (if any):

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Head of Human Resource Function:

Comments (if any):

Appendix 20: Exit Clearance Form

**Section 1:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name** |  | | |
| **Position** |  | **Date of Leaving** |  |
| **Department** |  | | |

**Section 2:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Technical *(To be filled in by Concerned Manager)* | | Employee Initials & Date | | Authorized Rep Initials & Date | |
| Reference Materials | Yes Not applicable |  |  |  |  |
| Manuals etc. | Yes Not applicable |  |  |  |  |
| Handing Over Notes | Yes Not applicable |  |  |  |  |
| Company Documentation | Yes Not applicable |  |  |  |  |
| Others | Yes Not applicable |  |  |  |  |
| **Information Technology** | | | | | |
| Telecommunications Equipment | Yes Not applicable |  |  |  |  |
| Account Codes & Passes | Yes Not applicable |  |  |  |  |
| Computer/ Info Tech Equipment | Yes Not applicable |  |  |  |  |
| Phone / Fax Or Other Usage Logs | Yes Not applicable |  |  |  |  |
| **HRF** | | | | | |
| Office Keys | Yes Not applicable |  |  |  |  |
| Other Equipment & Materials | Yes Not applicable |  |  |  |  |
| Exit Interview Held (note date) | Yes Not applicable |  |  |  |  |
| **Financial Services Department** |  |  |  |  |  |
| Outstanding Loan or any other instalments | Yes Not applicable |  |  |  |  |
| Employee has received all entitlements | Yes Not applicable |  |  |  |  |
| **Other *(To be filled in by the HRF.)*** | | | | | |
| Service Certificate Provided | Yes Not applicable |  |  |  |  |
| Forwarding Address Provided | Yes Not applicable |  |  |  |  |
| **Verification** | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Head of HRF Date | | | | | |

**Section 3:**

|  |  |
| --- | --- |
| **Undertaking and Acknowledgment** |  |
| This is to certify that I do not have in my possession, nor have I failed to return, any Confidential Information\* or copies of such information, or other documents or materials, equipment, or other property belonging to \*Client Name\* Holding Company(“\*Client Name\*”) or its Clients.  I further certify that I have complied with and will continue to comply with all the terms of the Confidentiality clause stated in my [employment](https://dub128.mail.live.com/ol/#79741987) contract.  I will preserve as confidential and not use any or all Confidential Information, [trade](https://dub128.mail.live.com/ol/#94212740) secrets, or other information that has or could have commercial value or other utility in the business in which \*Client Name\* or its Clients are engaged or in which they contemplate engaging.  I will not participate in the unauthorized disclosure of Information that could be detrimental to the interests of \*Client Name\* or its Clients, whether or not such information is identified as Confidential Information by \*Client Name\* or its Clients.  I acknowledge that in the event of breach, \*Client Name\* shall be entitled to full injunction relief including but not limited to legal proceedings which rights shall be cumulative with and not necessarily successive or exclusive of any other legal rights.  Employee Name:  Date:  Signature:  Please note the full and final settlement will be based on the on receiving the Exit Check List duly signed by relevant departments/ units.  Note:  \* Confidential Information – are defined as stated in employment contract | NON ENGLISH TEXT DELETED |