| KIBABII UNIVERSITY – ISO 9001:2015 QUALITY MANAGEMENT SYSTEMS | | | |
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| ISSUED FOR USE IN 2020 | EMPLOYEE ORIENTATION APPRAISAL FORM | REF: KIBU-ADM-F-040 | |



KIBABII UNIVERSITY

EMPLOYEE ORIENTATION APPRAISAL FORM

2020



Kibabii University ISO 9001:2015 Certified Knowledge for Development

1. KIBABII UNIVERSITY EMPLOYEE ORIENTATION APPRAISAL TOOL

Employee orientation is the initial process where employees are given access to basic information, programmes, services and other relevant knowledge about the organization or a job. This tool is to provide employees with well-defined information and tools required for them to perform specific duties. It provides an opportunity for a new or deployed employee to become acclimated to Kibabii University, his/her department, colleagues and work expectations. The tool will be used to effectively orientate new and deployed employees at Kibabii University.

This tool is designed to:

- i. Provide all Kibabii new and deployed employees with concise and accurate information to make them more comfortable in the job
- ii. Boost Kibabii University employees' confidence and help them adapt faster to the job
- iii. Contribute to a more effective, productive workforce at Kibabii University
- iv. Improve employee retention at Kibabii University

2. EMPLOYEE ORIENTATION APPRAISAL FORM

| Staff Member's Name: | | Personal File Number: |
|----------------------|---------------------|-----------------------|
| Job Title: | | |
| Department: | | |
| Supervisor's Name: | | |
| Date Hired/Deployed: | Orientation Period: | |
| Instructions: | • | |

- i. The supervisor will be expected to provide the required information and working tools to new and deployed members of staff.
- ii. The Supervisor will orient the new/deployed employees on job responsibilities and duties, Quality Management System; performance targets; and introduction the new/deployed member of staff to other members of staff.
- iii. The supervisor should refer to the staff member's job description when inducting the new/deployed member of staff on job responsibilities and duties;
- iv. New and deployed members of staff are to fill the form **before the end of the 60-day period**.
- v. Both the staff member and supervisor should sign the appraisal form.
- vi. The original form should be filed in the staff member's file and copy given to the staff member.

Employee Orientation Evaluation Checklist

Ratings:

Using a rating scale where 5 = Excellent, 4 = Very Good, 3 = Good, 2 = Fair, 1 = Poor, assess the orientation process by the Department as below:

Employee Name: Task (s) **Ratings Comments** PART 1: TO BE FILLED BY BOTH NEW AND DEPLOYED EMPLOYEES The Department 1. I understand the Department function 2. I have been introduced to my colleagues 3. I understand how to use email, telephone and intercom systems 4. I understand the departmental structure The Job 1. I have been issued with a job description detailing my duties and responsibilities 2. I understand my work responsibilities **Quality Management System** 1. I understand the University quality policy 2. I understand the departmental quality objectives 3. I understand the departmental quality procedures

| Working Tools | | |
|--|---------|----------|
| Task (s) | Ratings | Comments |
| I have been provided with a chair, table, computer or applicable tools to enable me | | |
| perform my work TOTAL (out of 50) | | |
| PART 2: TO BE FILLED BY NEW EMPLO | OVEES | |
| | OTEES | |
| 1. I have been given information on hours of work, my salary, benefits, and allowances 2. I understand the probationary period of | | |
| employment 3. I have been given information on the | | |
| Union I belong to, how to become a Union member and my rights as a Union member. | | |
| 4. I understand how to use the University ICT system (requesting for leave, imprests, Office float) | | |
| 5. I am aware of how I can acquire Staff ID, Vehicle sticker etc. | | |
| Health and Safety, Security, Fire | | |
| 1. I am aware of Health and safety information relevant to the department (e.g. reporting of accidents within 24 hours, Group Personal Accident Insurance etc) | | |
| 2. I am aware of the Location of fire- fighting equipment and Fire Assembly points | | |
| 3. I understand First aid facilities/pre- employment health screening/University Health Services. | | |
| Code of Conduct | | |
| 1. I have been sensitized on the University Code of Conduct and Disciplinary procedures | | |
| 2. I have signed the Oath of Secrecy to ensure confidentiality of University matters. | | |
| TOTAL (Out of 50) | | |

| Things I Liked Most About My Orientation: | | | | |
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| Things I Liked Least About My Orientation: | | | | |
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| | | | | |
| (TO BE COMPLETED BY THE SUPERVISOR) | | | | |
| I RECOMMEND EXTENDING THE STAFF MEMBER'S ORIENTATION PERIOD FOR 30 CALENDAR DAYS. | | | | |
| THE FOLLOWING MUST BE ACHIEVED BEFORE | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| Employee's Name: | | | | |
| Employee's Signature: | | | | |
| Date: | | | | |
| HOD's Name: | | | | |
| HOD Signature | | | | |
| Date: | | | | |
| | | | | |