



vesen
Computing Soutions

HR TEMPLATES

(11/2021)

A. Onboarding Checklist

Employee Documentation	Tick to confirm Receipt
Contract	
Confirmation letter	
Job description	
Acceptance letter (Post Probation)	
Employee personal data form	
Resume	
Educational documents and transcripts	
Statutory documents: -	
KRA PIN	
NHIF	
NSSF	
ID/Passport	
Work Permit	
Policy acknowledgement and acceptance	
Good Conduct	
Driver's License	
Background Check Form	

HR Personnel Receiving

(Name)

(Signature)

B. Background Check Form

REFERENCE INTERVIEW FORM	
Name:	Position Applied for:
Referee	Date:
Questions	
1.	How long have you known him/her and in what capacity? 1Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/>
2.	What position did she/he hold last?
3.	How would you describe potential employee's performance? Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair Poor <input type="checkbox"/>
4.	Which competency was most dominant in potential employee ?
5.	Which competency was least utilized and why?
6.	Did potential employee do anything particularly outstanding during his/her employment period? (Examples, please)
7.	Please highlight potential employee's areas of improvement as far as his/her performance is concerned.
8.	How would you describe his/her ability to multi task and prioritize on a scale of 1- 5. (5 being the highest) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
9.	How was his/her ability to stay calm and friendly under pressure?
10.	How did he/she handle difficult situations?
11.	Why did he/she leave your organization?
12.	Did she/he have any disciplinary issues? Explain
13.	Would you employ him/her again?

14.	What was his/her last pay?	
15.	Any other comments?	

Thank you for taking the time to provide this important information. We will handle the information with utmost confidentiality.

C. Offer Letter

Date

Private & Confidential

New employee name

Employee's Postal Address

NAIROBI.

Dear Employee's First Name,

RE: OFFER LETTER.

We are pleased to confirm our offer of employment to you for the position of **Position Title**. Our consolidated gross salary will be **KES Expected Salary** per month subject to statutory deductions.

Your contract will be for a period of **contract duration** renewable subject to performance. Your starting date will be **Start Date**, with a probation period of three months.

Please bring with you the following documents;

1. Copy of your National ID
2. Copy of your NHIF and NSSF
3. Copy of KRA PIN
4. Academic certificate copies
5. HELB Status report or clearance form
6. 3 passport colour photos
7. Certificate of good conduct.

Congratulations on the job offer. We look forward to working with you at Vesen Computing. Please indicate whether you accept this offer by signing this letter in spaces provided below.

Yours Sincerely,

For and on behalf of Vesen Computing;

Line Manager's Name
Line Manager's Position

HR Manager's Name
HR Manager

CC: John Ndung'u – Chief Executive Officer Cc:
Employee File

I accept this offer

Name: Signature: Date:

I do not accept this offer:

Name: Signature: Date:

D. Employee Data Form

1. PERSONAL CONTACT INFORMATION

Employee Name	
Gender	
Religion	
Date of Birth	
Marital Status	
National ID Number	
Mobile Number	
Email Address	
Personal Postal Address	

2. EDUCATION BACKGROUND

Highest Academic Achievement

Professional Qualifications

3. HOBBIES AND EXTRACIRRICULAR ACTIVITIES

4. EMERGENCY CONTACT INFORMATION

Please give reliable contacts of two people who can be reached in case of an emergency.

Contact 1.

Name			
Relationship		Gender	
Date of Birth		Mobile No	
E-mail address			
Occupation			
Place of Work			

Contact 2.

Name			
Relationship		Gender	
Date of Birth		Mobile No	
E-mail address			
Occupation			
Place of Work			

5. MEDICAL INFORMATION

Do you have any medical condition?

Do you have any allergies?

Please provide below the contacts of the doctor and or hospital that manages your condition Hospital: __

Doctor's Name: _____

Doctor's Phone Number: _____

I _____ declare the
above information to be true, accurate and complete, should any falsification of documents and/or
omissions be found, I will accept immediate summary dismissal.

Name _____

Signature _____ Date _____

E. Employee Leave Form

LEAVE FORM

As an employee you are entitled to **21 leave days** exclusive of public holidays, **14 sick leave days** in a year, **90 Calendar days** maternity leave and **14 calendar days paternity leave** respectively. Bereavement and study leave shall be at the discretion of the employer.

Date	
Employee Number	
Employee Name	
Department	

Description
1. Annual Leave
2. Sick Leave
3. Maternity/Paternity
4. Compassionate Leave
Other _____

Name _____

Signature _____

Leave request from _____ to _____

Current Leave Balance _____

Requested Leave Days _____

Pending Leave Days _____

Employee _____

(Name)

(Signature)

HR Officer_____

(Authorization)

(Name)

(Signature)

Line Manager_____

(Authorization)

(Name)

(Signature)

F. Beneficiary Dependent Form

DEPENDANT NOMINATION FORM *(COMPLETE IN BLOCK CAPITALS CLEARLY AND DISTINCTLY)*

STRICTLY CONFIDENTIAL

I..... of Staff ID No:

Number of Dependents..... Date of Employment:

Hereby nominate the following persons as my only dependent's in connection with all benefits accruing on my death under the Company:-

Dependent Details	Dependent One	Dependent Two
Name		
Relationship		
Date of Birth		
Proportion %		

I understand that if the dependent's nominated is under the age of 18 at the time of my death any benefits becoming payable will be to be paid to the Nominated spouse above and he / she will distribute as he /she shall as per my proportion indicated above. I request Vesen Computing to act according to my nomination above.

I confirm the above information is correct to the best of my knowledge and that this nomination supersedes any previous nominations made prior to this date.

Yours faithfully,

Employees Signature:

Date

Witness:

Date:

NOTE: Kindly attach to this form; copies of birth certificates for all the children who are below age 18 years. A copy of marriage certificate should also be attached for your spouse and copies of ID for other dependents' outside the nuclear family.

If more than one person is nominated and proportion not indicated any benefits accruing will be divided amongst the persons nominated in **equal shares**

G. PERFORMANCE APPRAISAL

PERFORMANCE APPRAISAL – EMPLOYEE TITLE

Employee's Name		Payroll Number	
Position		Date	
Date of Employment		Period in position	
Date of last appraisal		Appraiser's name	
Period of Appraisal		Appraiser's position	

Objectives

1. Review job performance over a given period.
2. Agree on work objectives for the coming period.
3. Identify training and development needs of the Appraisee.
4. Discuss career aspiration of the Appraisee.

Instructions

1. This appraisal form should be completed by all staff.
2. The **Appraisee should be given minimum notice of 1 days**, within which period, the Appraisee should **carry out self-appraisal**.
3. The Appraisee should rate **themselves** in the score column in **BLUE pen**, the appraiser shall append agreed score in **RED OR BLACK pen**
4. The Appraiser should complete the second column **in the presence of the Appraisee**.
5. The agreed upon action should be recorded with Appraisee in the column headed "agreed action".
6. The agreed upon action will form the basis for the next appraisal.

Performance Rating

Using the rating key below please allocate an appropriate performance rating to each of the four:-

Self-appraisal score

Key performance indicators	Score	
Below Average	1	- Below expectations. - Needs constant guidance and supervision. - Remedial action necessary. - If no improvement during the next appraisal the decision to be made of retention.
Average	2	- Meets expected standards under supervision. - Can do better if developed.
Good	3	- Meets expected standards with minimum supervision. - Dependable, will sometime take initiative.
Excellent	4	- Self-motivated, pro-active, (shows initiative) competent, takes assignment promptly and accurately, integrity.

1. Specify Job Responsibilities	1	2	3	4	APPRAISER OBSERVATIONS, REMARKS AND AGREED ACTION

3. CUSTOMER SERVICE	1	2	3	4	APPRAISER OBSERVATIONS, REMARKS AND AGREED ACTION

Development goals:

Achievement of development goals:

NOTE: THE ACHIEVEMENT OF THE BELOW OBJECTIVES WILL BE REVIEWED QUARTERLY TO ASSESS YOUR	
KEY OBJECTIVES	PROPOSED ACTION

Performance

Employees comments: (optional)

<i>My manager has discussed this performance with me, and I have had the opportunity to respond.</i> NOTE: The employee's signature does not indicate agreement, but attests that the employee has had an opportunity to read and discuss this review.		

Sign: _____ Date: _____

Motivational Questions

1. On a scale of 1-10 how happy are you in this role?
2. What are the most motivating aspects of the work that you do?
3. What are the biggest work challenges that you are facing?
4. What capabilities do you have that are currently underutilized, and if you accept an additional task, what would it be?

5. What realistic goals do you have for the future?

6. As your manager, what do you suggest that I do more or less of?

Performance Assessment

Maximum Score	202	
Total Score by Appraisee		
REMARKS		

Key

Below Average	Below 51
Average	52 - 101
Good	102 - 152
Excellent	153 - 202

General Comments by the Appraisee:

.....

Sign: _____ Date: _____

General Comments by the Appraiser:

.....

Sign: _____ Date: _____

Human Resource Manager's Comments:

.....

.....
.....

Sign: _____

Date: _____

General Manager's Comments:

.....
.....
.....
.....

Sign: _____

Date: _____

H. Certificate of Service

CERTIFICATE OF SERVICE

Date

TO WHOM IT MAY CONCERN

RE: EMPLOYEE NAME ID NUMBER: ID NUMBER

We as **Client Name** acknowledge and appreciate the above named person for working with us as our **role of the employee**, she/he faithfully performed his/her duties as expected for the period indicated below:-

Date Joined: **Indicate date**

Position Held: **Indicate role**

Date Exited: **Indicate date**

Position Held: **Indicate role**

She is recommended for any position more so one aligned to her current work experience. Yours

Faithfully,
For Client Name,

CEO's Name
Chief Executive Officer