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# MANAGEMENT OF STAFF PERFORMANCE

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Date: 15/5/2014	Date: 16/5/2019

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## 1. OBJECTIVE

To ensure good and systematic conduct on managing staff performance.

### 2. SCOPE

This procedure is implemented by the Performance Management Unit, Management Services Division of IIUM.

### 3. ABBREVIATION/DEFINITION

APAR	: Annual Performance Appraisal Report	
AWOL	: Absent Without Leave or Without Permission	
HOD	: Head of Department	
II	: Ihsan Indicator	
IIUM	: International Islamic University Malaysia	
IIUMHWC	: IIUM Health and Wellness Centre	
MSD	: Management Services Division	
PIP	: Performance Improvement Plan	
PIP Panel	: Panel appointed to deliberate, review and decide on PIP matters	
PMU	: Performance Management Unit	
Poor Performance	: Staff member fails to perform to acceptable standards as required by the University	
Poor Performers	: Staff member achieved marks below 60% of APAR	
K/C/D/I/O	: Kulliyyah/Centre/Division/Institute/Office	
SPE	: Substandard Performance Employee, staff member achieved marks below 70% of APAR	
OLA	: Office of Legal Adviser	

## 4. REFERENCE

4.1 MSD Service Circular on Exit Policy

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# 5. RESPONSIBILITY AND DETAILED PROCEDURE

RESPONSIBILITY	DETAILED PROCEDURES
PMU, K/C/D/I/O, HOD, MSD	5.1 Managing Substandard Performance Employee (SPE)  5.1.1 MSD to identify staff with APAR marks below 70% after APAR session is closed.  5.1.2 MSD to alert administrator of respective K/C/D/I/Os a list of their SPE (staff with APAR marks below 70%) through email.  5.1.3 HOD to identify root cause of problem i.e health, job related etc.  5.1.4 Staff to undergo SPE Enhancement Process and to be mentored and/or coached by one of the senior member of the K/C/D/I/O until the next APAR session. During the period, HOD may send the staff to undergo below HR Development Programme:  • training (skills and knowledge)  • motivational talks  • other suitable programmes  5.1.5 In the event of the staff is under SPE for two (2) consecutive years without improvement, K/C/D/I/O may refer to MSD for the next course of action.
PMU, K/C/D/I/O, HOD OLA, IIUMHWC	<ul> <li>5.2 Managing Poor Performers</li> <li>5.2.1 MSD to identify staff with APAR marks below 60% after APAR session is closed and alert K/C/D/I/O or HOD to proactively identify them.</li> <li>5.2.2 HOD to identify root cause of problem. If the root cause identified is related to disciplinary offences, the case should be forwarded to OLA, as for medical to be forwarded to IIUMHWC for complete medical check up.</li> </ul>

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RESPONSIBILITY	DETAILED PROCEDURES	
K/C/D/I/O, HOD	5.2.3 If the root cause is skills and knowledge related to performance, HOD to identify required competency level for his/her job function.	
	5.2.4 K/C/D/I/O to notify staff in writing that he or she is under observation period. During the period, HOD may send the staff to undergo counselling, training, attachment or any other suitable programmes and monitor the staff closely.	
	5.3 Performance Improvement Plan (PIP) Programme	
PMU, K/C/D/I/O,	5.3.1 In case of no improvement after 3-6 months, HOD should forward the case to MSD and recommend for PIP and notify staff accordingly.	
HOD, PIP Panel, MSD	5.3.2 MSD receives report from K/C/D/IOs on the staff poor performance for PIP as recommended by head of department.	
	5.3.3 MSD will set a meeting between PIP panel, head of department and the staff;	
	<ul> <li>i. to ascertain the actual performance of the staff.</li> <li>ii. to decide on the suitable PIP for the staff during the special programme.</li> <li>iii. to decide on new KPIs for the staff to achieve during the PIP assessment period.</li> </ul>	
	5.3.4 The staff shall be notified in writing of the following:	
PMU, K/C/D/I/O, HOD, PIP Panel, MSD	i. He/she will undergo PIP for a period of 6 months to achieve the agreed KPIs.	
	ii. In the event his/her PIP Assessment Report is below 60% at the end of PIP period, the University shall have the right to terminate the staff from service.	
	The staff is to acknowledge his/her acceptance of the above program by signing the duplicate copy of the letter.	

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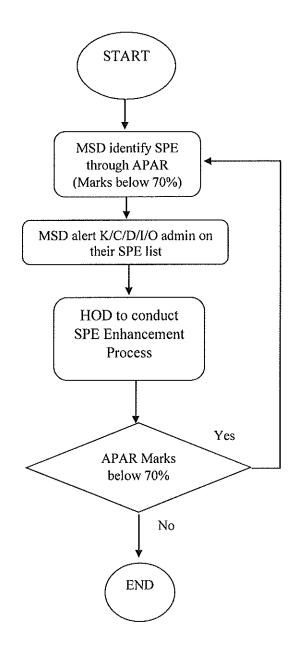
RESPONSIBILITY	DETAILED PROCEDURES	
	5.3.5 During the PIP period, the HOD need to closely monitor the staff with scheduled review session and to submit PIP report based on the standard template given.	
PMU, K/C/D/I/O, HOD, PIP Panel, 1007. HOD, PIP Panel, further deliberation.		
MSD	5.3.7 PIP panel shall recommend to relevant authority based on the results of the deliberation of the PIP Assessment report:-	
	i. If the PIP Assessment Report is below 60%, the panel will recommend for Domestic Inquiry.	
	ii. If the PIP Assessment Report is above 60%, the staff will continue to serve the University.	
	5.3.8 MSD will communicate in writing to the staff on the decision of the University	

# 6. QUALITY RECORDS

No.	Quality Record
1.	Staff Details and Chronology
2.	Staff APAR Record
3.	Staff Attendance Record
4.	Staff Leave Record
5.	Minutes of PIP Panel Meetings
6.	Receipt of PIP Acknowledgement
7.	Receipt of Appointment Acceptance as PIP Panel
8.	PIP Assessment Report

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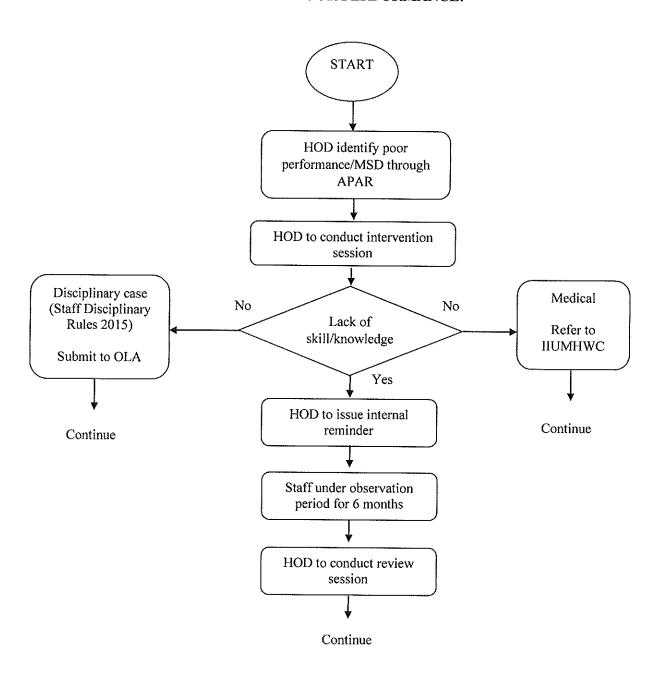
### PROCESS FLOW ON MANAGING SPE:



After max. two (2) times of SPE Enhancement period, refer MSD for next course of action

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