
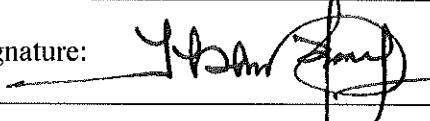


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MANAGEMENT OF STAFF PERFORMANCE

Prepared By:-	Approved By:-
Signature: 	Signature: 
Name: Nurul Atira Hamdani	Name: Dato' Abdul Rahim Ahmad
Position: Assistant Director Performance Management Unit Management Services Division	Position: Executive Director Management Services Division
Date: 15/5/2019	Date: 16/5/2019


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1.	<p>OBJECTIVE</p> <p>To ensure good and systematic conduct on managing staff performance.</p>																														
2.	<p>SCOPE</p> <p>This procedure is implemented by the Performance Management Unit, Management Services Division of IIUM.</p>																														
3.	<p>ABBREVIATION/DEFINITION</p> <table border="1" style="width: 100%;"> <tr><td>APAR</td><td>: Annual Performance Appraisal Report</td></tr> <tr><td>AWOL</td><td>: Absent Without Leave or Without Permission</td></tr> <tr><td>HOD</td><td>: Head of Department</td></tr> <tr><td>II</td><td>: Ihsan Indicator</td></tr> <tr><td>IIUM</td><td>: International Islamic University Malaysia</td></tr> <tr><td>IIUMHWC</td><td>: IIUM Health and Wellness Centre</td></tr> <tr><td>MSD</td><td>: Management Services Division</td></tr> <tr><td>PIP</td><td>: Performance Improvement Plan</td></tr> <tr><td>PIP Panel</td><td>: Panel appointed to deliberate, review and decide on PIP matters</td></tr> <tr><td>PMU</td><td>: Performance Management Unit</td></tr> <tr><td>Poor Performance</td><td>: Staff member fails to perform to acceptable standards as required by the University</td></tr> <tr><td>Poor Performers</td><td>: Staff member achieved marks below 60% of APAR</td></tr> <tr><td>K/C/D/I/O</td><td>: Kulliyah/Centre/Division/Institute/Office</td></tr> <tr><td>SPE</td><td>: Substandard Performance Employee, staff member achieved marks below 70% of APAR</td></tr> <tr><td>OLA</td><td>: Office of Legal Adviser</td></tr> </table>	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	: Kulliyah/Centre/Division/Institute/Office	SPE	: Substandard Performance Employee, staff member achieved marks below 70% of APAR	OLA	: Office of Legal Adviser
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4.	<p>REFERENCE</p> <p>4.1 MSD Service Circular on Exit Policy</p>																														

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5. RESPONSIBILITY AND DETAILED PROCEDURE


RESPONSIBILITY	DETAILED PROCEDURES
PMU, K/C/D/I/O, HOD, MSD	<p>5.1 Managing Substandard Performance Employee (SPE)</p> <p>5.1.1 MSD to identify staff with APAR marks below 70% after APAR session is closed.</p> <p>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.</p> <p>5.1.3 HOD to identify root cause of problem i.e health, job related etc.</p> <p>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:</p> <ul style="list-style-type: none"> • training (skills and knowledge) • motivational talks • other suitable programmes <p>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.</p>
PMU, K/C/D/I/O, HOD OLA, IUMHWC	<p>5.2 Managing Poor Performers</p> <p>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.</p> <p>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 IUMHWC for complete medical check up.</p>

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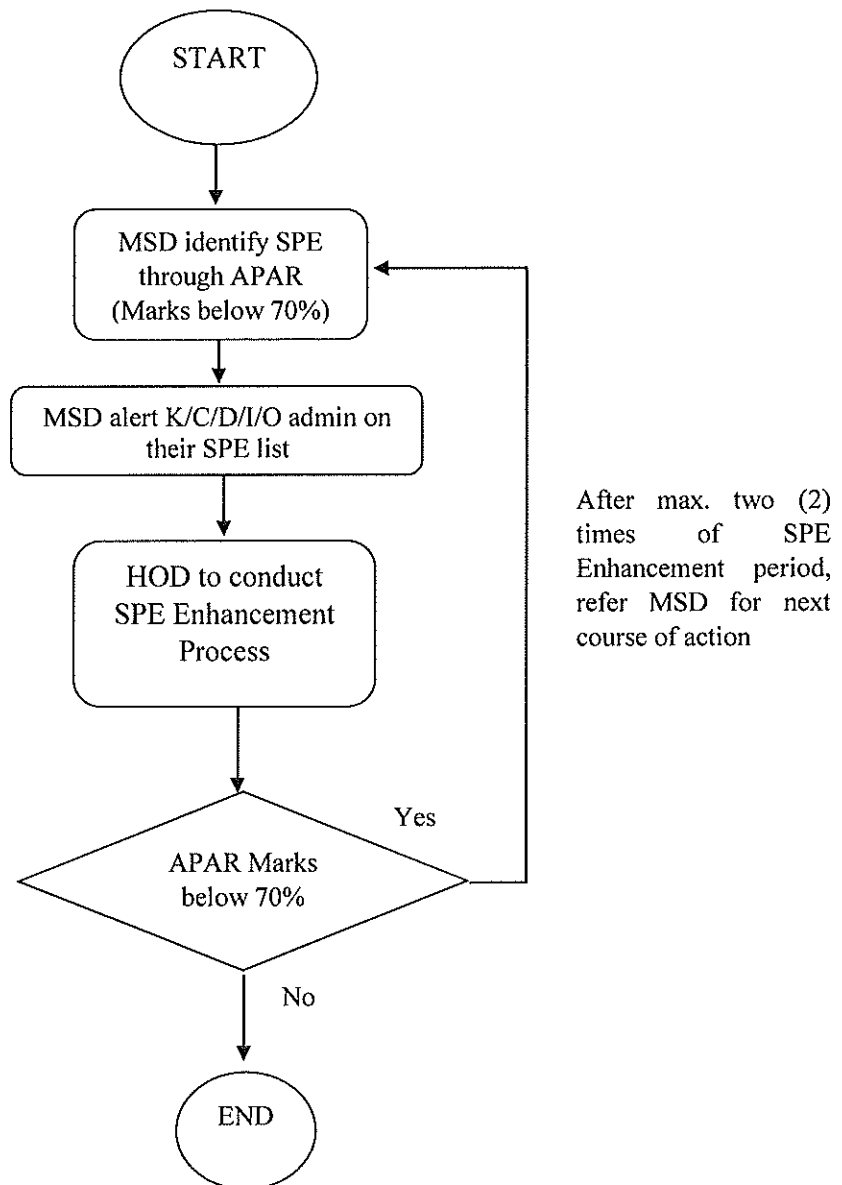
RESPONSIBILITY	DETAILED PROCEDURES
PMU, K/C/D/I/O, HOD, PIP Panel, MSD	<p>5.3.5 During the PIP period, the HOD need to closely monitor the staff with scheduled review session and to submit PIP report based on the standard template given.</p> <p>5.3.6 HOD to present the PIP assessment report to PIP panel for further deliberation.</p> <p>5.3.7 PIP panel shall recommend to relevant authority based on the results of the deliberation of the PIP Assessment report:-</p> <ol style="list-style-type: none"> 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. <p>5.3.8 MSD will communicate in writing to the staff on the decision of the University</p>


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

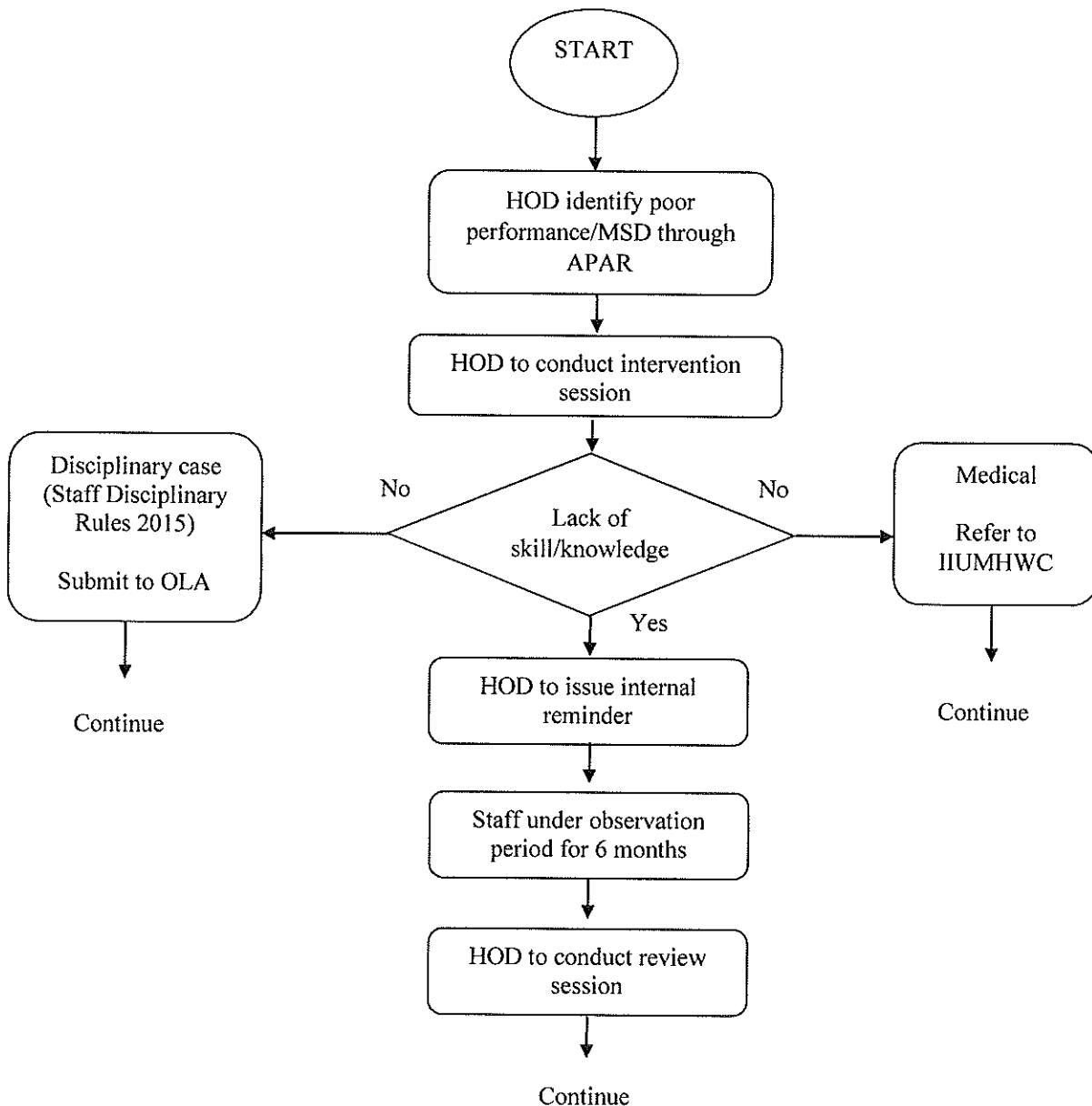
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PROCESS FLOW ON MANAGING SPE:



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PROCESS FLOW ON MANAGING POOR PERFORMANCE:



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