THE TECHNICAL UNIVERSITY OF KENYA

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QUALITY MANAGEMENT SYSTEM DOCUMENTATION

BASED ON

ISO 9001:2015 STANDARD

CONTENTS

QUALITY POLICY STATEMENT

The Technical University of Kenya is committed to providing quality technological education and training and to contribute towards the advancement of society through research and innovation. The University is committed to high standards of teaching and research as well as effective community engagement. The University undertakes to produce wholesome graduates prepared for the world of work, good citizenship and leadership.

This is achieved through a holistic education supported by practical training and commitment to the tenets of academic freedom, good corporate governance, high level of professionalism and respect for the environment. The University endeavours to develop, promote and maintain collaborative networks and partnerships with industry, the international community and society in general.

The University periodically monitors and reviews processes and operations in compliance with the Quality Management System, the ISO 9001:2015 Standard, and the requisite statutory and regulatory requirements.

Signed: _____   Date: 14. June 2018

Vice-Chancellor
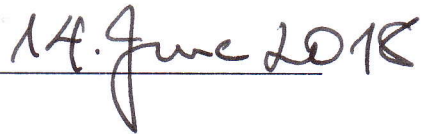
QUALITY OBJECTIVES

1. To offer relevant and quality academic programmes that produce holistic graduates who are scientifically grounded, innovative, creative and practically skilled.

2. To inculcate a culture of creativity and innovation in a dynamic and interdisciplinary research environment for advancement of society.

3. To expand and strengthen local and international linkages, community engagement and mutually beneficial partnerships with industry for greater institutional advancement.

4. To provide a responsive and technologically driven management system for growth and optimal utilization of institutional resources.

5. To nurture cordial relations with government, public institutions and other stakeholders in the furtherance of our institutional mandate with fidelity.

Signed: _____   Date: 14. June 2018

Vice-Chancellor

QUALITY MANUAL

OUTLINE OF THE MANUAL

This quality management manual consists of two parts. The first part is the introduction that gives the general background information based on the 10 clauses of the ISO 9001:2015 standard. The second part consists of procedures categorized in various thematic areas to enhance navigation and retrievability.

INTRODUCTION

0.1 Process Approach

The Technical University of Kenya (TU-K) has adopted the process approach and risk-based thinking in developing, implementing and improving the effectiveness of its Quality Management System (QMS). This approach underscores the importance of understanding and meeting customer and applicable statutory and regulatory requirements; the need to consider processes in terms of added value; the importance of obtaining results of process performance and effectiveness; and the improvement of processes based on objective measurement. The risk-based thinking ensures risk is considered throughout the process. This makes prevention of error integral to the management system and can help identify opportunities. The approach is anchored in ISO 9001:2015.

0.2 Relationship with ISO 9001:2015

The current TU-K QMS is based on the ISO 9001:2015 standard, an International Standard that is based on quality management principles in ISO 9000. The potential benefits to TU-K of implementing this QMS are: the ability to consistently provide products and services that meet customer and applicable statutory and regulatory requirements; facilitating opportunities to enhance customer satisfaction; addressing risks and opportunities associated with its context and objectives; and the ability to demonstrate conformity to specified quality management system requirements.

1) SCOPE

General

This manual recognises the importance of considering external and internal issues relevant to TU-K and its strategic direction. It also considers the requirements of relevant interested parties, as well as the product and services of the University.

Application

All requirements as outlined in ISO 9001:2015 are applicable to the University's Quality Management System.

2) REFERENCES

a) Commission for University Education (CUE) guidelines
b) ISO 9001:2015 – Quality Management Systems – Requirements
c) Kenya Constitution 2010
d) Public Officers Ethics Act
e) The Technical University of Kenya 2015-2020 Strategic Plan
f) The Technical University of Kenya Service Charter
g) The University Act and Charter
h) TU-K policy documents
i) TU-K Statutes
j) University Almanac and Calendar
k) University Code of Ethics

3) TERMS AND DEFINITIONS

3.1 ABBREVIATIONS

a) HoD - Head of Department (administrative)
b) MR - Management Representative
c) QMS - Quality Management System
d) TU-K - The Technical University of Kenya
e) UMB - University Management Board
f) US – University Senate

3.2 DEFINITION OF TERMS

a) Audit – Systematic and independent assessment of University activities to determine the extent to which they meet standard requirements.

b) Effect - Deviation from the expected (positive or negative).

c) Leadership - The process of influencing others to achieve mutually agreed purposes for the greater good of the University.

d) Process - A set of interrelated or interacting activities which transforms inputs into outputs.

e) Risk - Effect of uncertainty on an expected result.

f) Work environment - Environment for the operation of the processes.

4) CONTEXT OF THE UNIVERSITY

4.1 ORGANIZATION AND ITS CONTEXT

TU-K determines, monitors and periodically reviews internal and external environments relevant to its purpose and its strategic direction. The issues TU-K considers pertinent to understanding its internal environment include, for example, institutional values, culture, knowledge and performance of the organization. On the other hand, understanding its external environment entails issues arising from legal, technological, competitive, market, cultural, social and economic context – whether international, national, regional or local.

4.2 NEEDS AND EXPECTATIONS OF INTERESTED PARTIES

Needs and expectations of interested parties may have an effect on the institution's ability to consistently provide products and services that meet customer and applicable statutory and regulatory requirements. Consequently, the institution has mechanisms, which it monitors and frequently reviews, for determining its interested parties and their requirements.

4.3 SCOPE OF THE QUALITY MANAGEMENT SYSTEM

TU-K determines the boundaries and applicability of its quality management system to establish its scope. When determining this scope, TU-K considers external and internal issues; requirements of relevant interested parties; and the products and services of the institution. TU-K applies all the requirements of the ISO 9001:2015 standard as may be applicable within the determined scope of its quality management system.

The scope of this quality management system is available to all staff and maintained as documented information. The types of products and services covered are stated and justification provided.

4.4   QUALITY MANAGEMENT SYSTEM AND ITS PROCESSES

This quality management system, including the processes needed and their interactions, has been developed and is under implementation and maintenance. It will be continually improved, in accordance with the requirements of the ISO 9001:2015.

Processes needed for the quality management system and their application throughout the institution have been determined, including:

a) The inputs required, and the outputs expected from these processes.

b) The sequence and interaction of these processes.

c) The criteria and methods (including monitoring, measurements and related performance indicators) needed to ensure the effective operation and control of these processes.

d) The resources needed for these processes and ensure their availability.

e) Assignment of responsibilities and authorities for these processes.

f) The risks and opportunities.

g) Evaluation of processes and implementation of any changes needed to ensure that these processes achieve their intended results.

h) Improvement of the processes and the quality management system.

5)   LEADERSHIP

5.1   LEADERSHIP AND COMMITMENT

The University's top management commits to providing leadership and commitment with respect to this quality management system. The top management is accountable for the effectiveness of this quality management system. It also guarantees its compatibility with the context and strategic direction of the institution. The University business processes are in addition integrated in this quality management system requirements.

The top management promotes the use of the processes approach and risk-based thinking and provides the resources needed for this quality management system. It also communicates the importance of not only maintaining an effective quality management, but also conforming to the QMS requirements.

5.1.1 CUSTOMER FOCUS

With respect to customer focus, the top management commits to demonstrate leadership and commitment by ensuring that customer and applicable statutory and regulatory requirements are determined, understood and consistently met. Risks and opportunities that can affect conformity of

products and services and the ability to enhance customer satisfaction are also determined and addressed. In addition, activities that enhance customer satisfaction are prioritized.

5.2   POLICY

Top management commits to implementing, improving, maintaining and innovating on the existing quality policy. The quality policy is available to relevant interested parties, maintained as documented information, and communicated, understood as well as applied within the institution.

5.3   ROLES, RESPONSIBILITIES AND AUTHORITIES

Top management ensures that the responsibilities and authorities for relevant roles are assigned, communicated and understood within the University. It assigns responsibility and authority to process owners to ensure processes are delivering their intended outputs. Mechanisms for reporting on the performance of the quality management system and on opportunities for improvement are put in place. Process owners are also alive to the importance of prioritizing the needs and expectation of the customer. They also empowered to ensure that the integrity of this quality management system is maintained when revisions are required.

6)   PLANNING

6.1   ACTIONS TO ADDRESS RISKS AND OPPORTUNITIES

When planning for this QMS, the institution has considered its internal and external environment and the products and services that would meet customer and applicable statutory and regulatory requirements. Opportunities required to enhance desirable effects are determined, and the risks are isolated and addressed to prevent or reduce undesirable effects and to achieve improvement.

6.2   QUALITY OBJECTIVES AND PLANNING

TU-K establishes quality objectives and processes at all levels, which are consistent with the quality policy. They are measurable, take into account applicable requirements, and are relevant to conformity of products and services and to the enhancement of customer satisfaction. The quality objectives and processes are monitored, communicated and updated whenever the need arises. The institution also maintains documented information on quality objectives.

When planning to achieve its quality objectives, the University determines the activities, persons responsible, completion deadlines, monitoring and evaluation methodology and the resources that are required.

6.3 PLANNING OF CHANGES

In determining the changes required to this QMS, the University considers the purpose of the changes, their potential consequences, the integrity of this QMS, availability of resources, and how responsibilities and authorities are allocated or reallocated.

7) SUPPORT

7.1 RESOURCES

TU-K determines and provides the resources needed for the establishment, implementation, maintenance, and continual improvement of this quality management system. In doing so, top management determines the capabilities of, and constraints on, existing internal resources and what is required from external providers.

7.1.1 People

TU-K determines and provides the persons necessary for the effective implementation of its QMS and for the operation and control of its processes.

7.1.2 Infrastructure

The University determines, provides and maintains buildings and associated utilities, equipment (including hardware and software), transportation resources, and Information and communication technology necessary for the operation of its processes and to achieve conformity of products and services.

7.1.3 Environment for the operation of processes

The University determines, provides and maintains a suitable environment necessary for the operation of its processes and to achieve conformity of products and services. The University considers a suitable environment to include a combination of human and physical factors, such as social (e.g. non-discriminatory, calm, non-confrontational), psychological (e.g. stress-reducing, burnout prevention, emotionally protective) and physical (e.g. temperature, heat, humidity, light, airflow, hygiene, noise) factors.

7.1.4 Monitoring and measuring

TU-K determines and provides the resources needed to ensure valid and reliable results when monitoring or measuring is used to verify the conformity of products and services to the requirements. It also ensures that the resources provided are suitable for the specific type of monitoring and measurement activities being undertaken and are maintained to ensure their continuing fitness for their purpose.

7.1.5 Measurement traceability

Measurement traceability is considered by the University to be an essential part of providing confidence in the validity of measurement results. Measuring equipment are calibrated or verified, or both, at specified intervals, or prior to use, against measurement standards traceability to international or national measurement standards. When no such standards exist, the basis used for calibration or verification is retained as documented information. They are also identified in order to determine their status and safeguarded from adjustments, damage or deterioration that would invalidate the calibration status and subsequent measurement results. The University determines if the validity of previous measurement results has been adversely affected when measuring equipment is found to be unfit for its intended purpose and takes appropriate action as necessary.

7.1.6 Organizational knowledge

Knowledge is determined, which is necessary, for the operation of the University's processes and to achieve conformity of products and services. This knowledge is maintained and made available to the extent necessary. When addressing changing needs and trends, the University considers its current knowledge, and determines how to acquire or access any necessary additional knowledge and required updates. Organisational knowledge, that is knowledge used and shared to achieve the University's objectives includes internal sources (e.g. intellectual property, knowledge gained from experience, lessons learned from failed and successful projects, captured and shared undocumented knowledge and experience, the results of improvement in processes, products and services) and external sources (e.g. standards, research, conferences, knowledge from customers or external providers).

7.2 PERSONNEL COMPETENCE

The University determines the necessary competence of person(s) doing work under its control that affects the performance and effectiveness of the quality management system and ensures that such persons are competent on the basis of appropriate education, training, or experience. It takes actions, where applicable, to acquire the necessary competence, and evaluates the effectiveness of the actions taken. Actions taken include provision of training to, the mentoring of, or the re-assignment of currently employed persons, or the hiring or contracting of competent persons.

7.3 QMS AWARENESS

Persons doing work under the TU-K control are made aware by the University of its quality policy, quality objectives, their contribution to the effectiveness of the QMS (including the benefits of improved performance) and the implications of not conforming with the quality QMS requirements.

7.4 INTERNAL AND EXTERNAL COMMUNICATION

The internal and external communication relevant to the quality QMS is determined by the University, including what to communicate, when to communicate, whom to communicate with, how to communicate and who communicates.

7.5 DOCUMENTED INFORMATION

Documented information necessary for the effectiveness of this QMS, and which is a requirement of ISO 9001:2015 standard, include: The scope; Quality management system and its processes; Communicating the Quality policy; Quality objectives and planning to achieve them; Monitoring and measuring resources; Measurement traceability; Competence; The results of the review; Design and development inputs; Design and development controls; Design and development changes; Control of externally provided processes, products, and services; Control of production and service production; Identification and traceability; Property belonging to customers or external providers; Control of changes; Release of products and services; Control of non-conforming outputs; Monitoring, measurement, analysis and evaluation; Internal audit; and Management review outputs.

This documented information is controlled to ensure it is available and suitable for use, where and when it is needed and that it is adequately protected (e.g. from loss of confidentiality, improper use, or loss of integrity). For the control of documented information, the University has considered appropriate mechanisms for distribution, access, retrieval and use. It has also considered how this documented information is stored and preserved (including preservation of legibility), control of changes (e.g. version control) to the documents, retention and disposal methods.

8) OPERATION

8.1 OPERATIONAL PLANNING AND CONTROL

TU-K plans, implements and controls the processes needed to meet the requirements for the provision of products and services. It also implements the actions determined during planning. The requirements for the products and services are determined. The criteria for the processes and acceptance of products and services is established. Resources needed to achieve conformity to the products and service requirements are also outlined. The institution implements control of the processes in accordance with the criteria. To the extent necessary, documented information is determined, maintained and retained to inspire confidence that the processes have been carried out as planned and to demonstrate the conformity of products and services to their requirements.

8.2 REQUIREMENTS FOR PRODUCTS AND SERVICES

8.2.1 Customer communication

TU-K communications with customers by providing requisite information relating to products and services, by handling enquiries, contracts or orders, including changes and by obtaining customer feedback relating to products and services, including customer complaints and compliments. The institution handles and controls customer property and establishes specific requirements for contingency actions when relevant.

8.2.2 Identification of Requirements for products and services

In determining the requirements for the products and services to be offered to customers, TU-K ensures that the requirements for the products and services are defined (including applicable statutory and regulatory requirements and those considered necessary by the institution). TU-K also ensures that it can meet the claims for the products and services offered.

8.2.3 Review of the requirements for products and services

TU-K is cognisant of its ability to meet the requirements for products and services to be offered to customers. It conducts a review before committing to supply products and services to a customer. The review is conducted in order to include: requirements specified by the customer (including the requirements for delivery and post-delivery activities), requirements not stated by the customer (but necessary for the specified or intended use, when known), requirements specified by the University, statutory and regulatory requirements applicable for the products and services and contract or order requirements differing from those previously expressed. When the customer does not provide a documented statement of their requirements, the University confirms such requirements before acceptance. The University retains documented information, as applicable on the results of the review and on any new requirements for the products and services.

8.2.4 Changes to requirements for products and services

When the requirements for products and services are changed, TU-K amends relevant documented information and ensures the relevant persons are made aware of the changed requirements.

8.3 DESIGN AND DEVELOPMENT OF PRODUCTS AND SERVICES

TU-K establishes, implements and maintains a design and development process that is appropriate to ensure the subsequent provision of products and services.

8.3.1 Design and development planning

In determining the stages and controls for design and development, TU-K considers the nature, duration and complexity of the design and development activities, the required process stages (including applicable design and development reviews) and the required design and development verification and validation activities. It also considers the responsibilities and authorities involved in the design and development process, the internal and external resources need for the design and development of products and services as well as the need to control interfaces between persons involved in the design and development process. The need for involvement of customers and users in the design and development process, the requirements for subsequent provision of products and services and the level of control expected for the design and development process by customers and other relevant interested parties are equally considered. The documented information needed to demonstrate that design and development requirements have been met are also taken into account.

8.3.2 Design and development inputs

In determining the requirements essential for the specific types of products and services to be designed and developed, the institution considers functional and performance requirements, information derived from previous similar design and development activities, and statutory and regulatory requirements. Also considered are standards or codes of practice that the University has committed to implement and potential consequences of failure due to the nature of the products and services.

8.3.3 Design and development controls

The institution applies controls to the design and development process to ensure that the results to be achieved are defined, reviews are conducted to evaluate the ability of the results of design and development to meet requirements and verification activities are conducted to ensure that the design and development outputs meet the input requirements. Controls are also applied to ensure validation activities are conducted to ensure that the resulting products and services meet the requirements for the specified application or intended use and any necessary actions are taken on problems determined during the reviews, or verification and validation activities.

8.3.4 Design and development outputs

TU-K ensures that design and development outputs meet the input requirement and are adequate for the subsequent processes for the provision of products and services. It also ensures that design and development outputs also include or references monitoring and measuring requirements, as

appropriate, and specify the characteristics of the products and services that are essential for their intended purpose and their safe and proper provision.

8.3.5 Design and development changes

To the extent necessary, TU-K identifies, reviews and controls changes made during, or subsequent to, the design and development of products and services to ensure that there is no adverse impact on conformity to requirements.

8.4 CONTROL OF EXTERNALLY PROVIDED PROCESSES, PRODUCTS AND SERVICES

The institution ensures that externally provided processes, products and services conform to the requirements. It determines the controls to be applied to externally provided processes, products and services when products and services from external providers are intended for incorporation into the University's own products and services. The controls are also instituted when products and services provided directly to the customer(s) by external providers on behalf of the University, and when a process, or part of a process, is provided by an external provider as a result of a decision by the University.

8.4.1 Type and extent of control

TU-K ensures that externally provided processes, products and services do not adversely affect the University's ability to consistently deliver conforming products and services to its customers. It ensures that externally provided processes remain within the control of its QMS. It defines both the controls that it intends to apply to an external provider and those it intends to apply to the resulting output. It takes into consideration the potential impact of the externally provided processes, products and services on the University's ability to consistently meet customer and applicable statutory and regulatory requirements, and the effectiveness of the controls applied by the external provider. To ensure that externally provided processes, products and services meet requirements, the institution also determines the verification, or other activities, as necessary.

8.4.2 Information for external providers

The University ensures the adequacy of requirements prior to their communication to the external provider. It communicates to external providers its requirements for the processes, products and services to be provided. Also communicated are the approval of products and services; methods, processes and equipment; and the release of products and services. Also communicated to the external providers as well are: competence (including any required qualification of persons), the external providers' interactions with the University, control and monitoring of the external

providers' performance to be applied by the University, and the verification or validation activities that the University, or its customer, intends to perform at the external providers' premises.

8.5 PRODUCTION AND SERVICE PROVISION

8.5.1 Control of production and service provision

TU-K implements production and service provision under controlled conditions. Controlled conditions include, as applicable: the availability of documented information defining the characteristics of the products to be produced, the services to be provided, or the activities to be performed and the results to be achieved. Controlled conditions also include the availability and use of suitable monitoring and measuring resources, and the implementation of monitoring and measurement activities at appropriate stages to verify that criteria for control of processes or outputs, and acceptance criteria for products and services have been met. The use of suitable infrastructure and environment for the operation of processes, the appointment of competent persons and the validation, and periodic revalidation, of the ability to achieve planned results of the processes for the production and service provision, where the resulting output cannot be verified by subsequent monitoring or measurement are aspects included in controlled conditions. Other controlled conditions are the implementation of actions to prevent human error and the implementation of release, delivery and post-delivery activities.

8.5.2 Identification and traceability

The University uses suitable means to identify outputs when it is necessary to ensure the conformity of products and services. It identifies the status of outputs with respect to monitoring and measurement requirements throughout production and service provision.

The University controls the unique identification of the outputs when traceability is a requirement and retains the documented information necessary to enable traceability.

8.5.3 Property belonging to customers and external providers

The University exercises care with property belonging to customers or external providers while it is under the University's control or being used by the University. It identifies, verifies, protects and safeguards customers' or external providers' property. When the property of a customer or external provider is lost, damaged or otherwise found to be unsuitable for use, the University reports this to the customer or external provider. It then retains documented information on what has occurred.

8.5.4 Preservation

To the extent necessary, the University preserves the outputs during production and service provision, to ensure conformity to requirements.

8.5.5 Post-delivery activities

The University meets requirements for post-delivery activities, such as actions under warrant provision, contractual obligations such as maintenance services, and supplementary services such as recycling or final disposal. In determining the extent of post-delivery activities that are required, the University considers statutory and regulatory requirements, and the potential undesired consequences associated with its products and services. It also considers the nature use and intended lifetime of its products and services, customer requirements and customer feedback.

8.6 RELEASE OF PRODUCTS AND SERVICES

At appropriate stages, the University implements planned arrangements, to verify that the product and service requirements have been met. Unless otherwise approved by a relevant authority and, as applicable by the customer, the institution does not release products and services to the customer until planned arrangements have been satisfactorily completed. Upon release of products and services, documented information (i.e. evidence of conformity with the acceptance criteria and traceability to the person(s) authorizing the release) is retained.

8.7 CONTROL OF NON-CONFORMING OUTPUT

Outputs that do not conform to specified requirements are identified and controlled to prevent their unintended use or delivery. The University takes appropriate actions based on the nature of the non-conforming outputs and their effect on the conformity of products and services. This also applies to non-conforming products and services detected after delivery of products, during or after the provision of services. Non-conforming outputs in are dealt with in the following ways: correction; segregation, containment, return or suspension of provision of products and services; Informing the customer and obtaining authorization for acceptance under concession. Immediately after non-conforming outputs are dealt with, documented information is retained describing the non-conformity, actions taken, concessions obtained, and authority deciding the action in respect of the non-conformity.

9) PERFORMANCE EVALUATION

9.1 MONITORING, MEASUREMENT, ANALYSIS AND EVALUATION

The University determines what needs to be monitored and measured and the methods for monitoring, measurement, analysis and evaluation needed to ensure valid results. It also controls

when the monitoring and measuring are performed and when the results from monitoring and measurement are analysed and evaluated. Documented information on the same is retained as evidence of the results.

9.1.1 Customer satisfaction

In monitoring customers' perceptions with respect to whether their needs and expectations have been fulfilled, customer surveys and customer feedback on delivered products and services are carried out. The institution also meets with its customers, carries out market-share analysis, analyses customer compliments, and warranty claims and dealer reports.

9.1.2 Analysis and evaluation

Appropriate data and information arising from monitoring and measurement are analysed and evaluated. The results of analysis are used to evaluate conformity of products and services, the degree of customer satisfaction and the performance and effectiveness of the quality management system. They are also used to determine whether planning has been effectively carried out, whether actions to address risks and opportunities are effective, to understand the performance of external providers, and whether there is a need to improve the QMS.

9.2 INTERNAL AUDIT

At planned intervals internal audits are conducted to provide information on whether the QMS conforms to the University's own requirements for its QMS and the requirements of the ISO 9001:2015 standard. It is also done to determine whether the QMS is effectively implemented and maintained. The University plans, establishes, implements and maintains an audit programme(s) including the frequency, methods, responsibilities, planning requirements and reporting. In doing so, it takes into consideration the importance of the processes concerned, changes affecting the University, and the results of previous audits. The institution also defines the audit criteria and scope for each audit, selects auditors and conducts audits and ensures that the results of the audits are reported to relevant management. It in addition, takes prompt appropriate correction and corrective actions and then retains documented information as evidence of the implementation of the audit programme and the audit results.

9.3 MANAGEMENT REVIEW

At planned intervals, top management reviews the QMS to ensure its continuing suitability, adequacy, effectiveness and its alignment to the University's strategic direction.

9.3.1 Management review inputs

The status of actions from previous management reviews and changes in internal and external environment are considered when planning and carrying out management review. Similarly, information on the performance and effectiveness of the QMS are considered. The information on the performance and effectiveness of the QMS includes understanding: customer satisfaction and feedback from relevant interested parties; the extent to which quality objectives have been met; process performance and conformity of products and services; non-conformities and corrective actions; monitoring and measurement results; audit results; and the performance of external providers. Other factors which the institution considers when planning and carrying out management reviews include the adequacy of resources, the effectiveness of actions taken to address risks and opportunities and opportunities for improvement.

9.3.2 Management review outputs

Outputs from management reviews include decisions and actions related to opportunities for improvement, any need for changes to the QMS and resource required. Documented information of management review outputs is retained.

10) IMPROVEMENT

To meet customer requirements and enhance customer satisfaction, the institution strives to improve products and services to meet requirements and to address future needs and expectations. Correction, corrective action, continual improvement, breakthrough change, innovation and re-organization are other ways the University uses to meet customer requirements and enhance customer satisfaction.

10.1 NON-CONFORMITY AND CORRECTIVE ACTION

When a non-conformity occurs, including any arising from complaints, the University responds to the non-conformity and, as applicable, takes action to control and correct it and thereafter deals with the consequences. Understanding the non-conformity, determining their causes including establishing if similar non-conformities exist or could potentially occur, is also another way of dealing with non-conformities. Other ways include: Implementing any action needed; reviewing the effectiveness of any corrective action taken; updating risks and opportunities determined during planning, if necessary; making changes to the quality management system, as may be necessary.

Documented information on actions taken to eliminate non-conformities is retained as evidence of the nature of the non-conformities, and any subsequent actions taken and the results of any corrective actions.

10.2 Continual improvement

The QMS is continually improved through checks on its suitability, adequacy and effectiveness. The results of analysis and evaluation arising from monitoring and measurement, and the findings from management reviews are used to determine if there are needs or opportunities that are to be addressed as part of continual improvement.

1.0 OFFICE OF THE VICE-CHANCELLOR

THE TECHNICAL UNIVERSITY OF KENYA

Document: MAINTAINED DOCUMENTED INFORMATION	
Doc. Number: TU-K/ADMIN/SOP/001	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

1.1 PROCEDURE ON CONTROL OF MAINTAINED DOCUMENTED INFORMATION (TU-K/ADMIN/SOP/001)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To establish the origin, issuance and maintenance of documents in circulation in TU-K.

2.0   SCOPE

This procedure applies to the whole University. This applies to records generation, authorisation and issuance of all documents.

3.0   REFERENCES

    a) The Technical University of Kenya Strategic Plan

    b) University Code of Ethics

4.0   TERMS USED

  4.1 ABBREVIATIONS

    a) DVC-API   - Deputy Vice-Chancellor- Administration, Planning and Infrastructure

    b) HoD   - Head of Department

    c) MR   - Management Representative

    d) QM   - Quality Manual

    e) TU-K (QM)   - The Technical University of Kenya (TU-K) Quality Manual

f) DPQM   -Director, Planning and Quality Management

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in the TU-K (QM) apply.

5.0   RESPONSIBILITY

a) The Vice-Chancellor is responsible for supervising the implementation of this procedure.

b) The MR and HoDs are responsible for the implementation and maintenance of this procedure.

6.0   METHOD

6.1 Document Approval and Circulation

a) All QMS documentation of the Technical University of Kenya are approved by the University Management Board in a meeting and issued by the Management Representative.

b) The Management Representative maintains minutes of such meetings as evidence of approval.

c) DPQM circulates all QMS documents, ensures the recipients acknowledge and undertake to effectively adhere to them by signing the document distribution form, and makes a copy of the form to the Management Representative.

6.2 Review, Updating and Re-approval of Documents

a) Changes to the QMS documents, in the University, are initiated by any officer through filling of the changes request form.

b) The request is forwarded to respective process owner for approval of the changes.

c) Upon approval, the process owner forwards the request to the MR for validation and effecting the changes if necessary.

d) Reviewed documents are issued as the subsequent revision, starting with revision 00. For major changes, the documents are re-issued as the subsequent version starting with version 00.

6.3 Document Identification

The QMS documents, in the University, are identified through indexing as follows:

a) The first part is TU-K, denoting The Technical University of Kenya, followed by a forward slash.

b) The second part is allocated the initials of the Division/Department where the procedure applies, followed by a forward slash.

c) The third part is SOP, denoting Standard Operating Procedure, followed by a forward slash.

d) The last part is a serial number, starting with 001.

6.4 Legibility of Documents

a) All documents are typed in an acceptable legible font size (Calibri size 12 and 1.5 spacing).

b) Printing and photocopying of documents are done in such a way that documents are legible.

c) Documents are stored in conditions that ensure they remain legible.

6.5 Documents of External Origin

Receiving Officer is an officer who has authority to receive documents from external sources on behalf of the Technical University of Kenya.

Issuing Officer is an officer who has authority to distribute documents received from external sources.

a) The Receiving Officers maintain lists (titles) of documents of external origin for ease of identification and control of their distribution.

b) When a newer version of the document is received, the Issuing Officers withdraws the old version and issues the new version.

6.6 Obsolete Documents

a) All documents are dated as per their time of approval for use, date of revision and revision number.

b) When a document is superseded by a new version, the MR withdraws the old version and in case any obsolete document is retained, the MR stamps the word **"OBSOLETE"** on the hard copy document and invalidates the soft copies through a memo.

7.0   APPENDICES

a) Document distribution form

b) Change request form

THE TECHNICAL UNIVERSITY OF KENYA	
Document: INTERNAL QUALITY AUDIT	
Doc. Number: TU-K/ADMIN/SOP/002	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorized By: VICE-CHANCELLOR

1.2 PROCEDURE FOR INTERNAL QUALITY AUDIT (TU-K/ADMIN/SOP/002)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure that internal quality audits conform to the University's requirements for its quality management system, requirements of ISO 9001:2015, and is effectively implemented and maintained.

2.0   SCOPE

The procedure applies to entire university as well as audit scheduling, preparation, execution, audit follow-up and reporting.

3.0   REFERENCES

   a) ISO 9001:2000 - Clause 8.2.2

   b) Strategic Plan

   c) TU-K (QM)

4.0   TERMS USED

 4.1 ABBREVIATIONS

   a) QM   - Quality Manual

   b) TU-K (QM)   - The Technical University of Kenya Quality Manual

4.2 DEFINITIONS

    a) AUDIT -Systematic and independent assessment of TU-K quality activities to determine the extent to which they meet requirements and are effective.

    b) MR   -Management Representative.

    c) QMS   -Quality Management System.

    d) TU-K   -The Technical University of Kenya.

5.0 RESPONSIBILITY

    a) The Vice-Chancellor is responsible for supervising the implementation of this procedure.

    b) The MR is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

6.1 Audit Scheduling

The University undertakes two internal audits in the first and third quarter of a calendar year. The MR develops a corporate schedule of audits at the beginning of each year, taking into consideration the status and importance of departmental activities.

6.2 Audit Planning

    a) The MR appoints auditors for all audit areas from a list of qualified auditors and, in doing so, ensures audit impartiality and objectivity.

    b) The auditors study the audit criteria and prepare an audit checklist according on the audit basis.

    c) The audit team formally notifies the auditee at least five working days in advance.

6.3 Execution of Audit

The audit team holds an opening meeting with the auditee. The agenda to be covered should include:

    a) Introduction;

    b) Registration of those present;

    c) Confirmation of the audit basis/documentation to be used, and audit scope;

    d) Audit purpose;

    e) Confirmation of audit timetable; and

    f) Statement of confidentiality.

6.4   Conducting Audit

During the audit period, the team leader ensures that the audit timetable is adhered to and that: all audit findings are recorded in the audit findings report forms; and; the auditee acknowledges the audit findings by signing the audit findings report form.

The team leader further ensures that each of the non-conformities raised in the audit non-conformity report form is appropriately raised during the auditors meeting and acknowledged by the auditee in the closing meeting.

6.5   Auditors Meeting

a) Auditors analyse all the audit evidence to come up with audit findings in order to establish positive findings, general observations and non-conformities.

b) The auditors classify non-conformities into major or minor non-conformities, after which they form an audit opinion to be given in the closing meeting.

6.6   Closing Meeting

Auditors hold a closing meeting which has the following agenda:

a) Introduction and recording of attendance;

b) Thanking the auditee;

c) Mentioning the principles of sampling followed during the audit;

d) Summarising audit observations (positives, general observations and non-conformities);

e) Giving non-conformities in detail;

f) Reassuring confidentiality;

g) Opening the meeting for discussions; and;

h) Closing meeting.

6.7   Audit Follow-Up

a) Corrective action determined in TU-K is undertaken within a month of the audit, or such other periods as agreed between the auditee and auditors.

b) The MR, in liaison with the audit team, ensures the process owner undertakes necessary corrections and corrective actions, within the stipulated time, in areas where non-conformities are identified during the audit.

c) At the lapse of the one month, or such other periods as agreed between the auditee and auditors, the MR ensures that the audit team conducts an audit follow-up to determine the effectiveness of the actions taken, and to prepare an audit close-out report to the MR.

d) After receipt of the audit close-out report, the MR appropriately updates the audit register.

6.8 Management Review

a) The University undertakes a Management Review of the Quality Management System in the 2nd and 4th quarter of a calendar year.

b) The MR, in liaison with the Vice-Chancellor, convenes the Management Review Forum, as per the meetings procedure. The agenda of the forum includes: status of actions from previous management reviews; changes in external and internal issues that are relevant to the quality management system; information on the performance and effectiveness of the quality management system; the adequacy of resources; the effectiveness of actions taken to address risks and opportunities; and; opportunities for improvement.

c) The MR tables the Audit Analysis Report as an agenda of the forum for deliberation.

d) The respective process owners report on the performance of their processes, including the status of corrective actions taken.

e) The Management Review Forum deliberates on the agenda and makes resolution related to: opportunities for improvement; any need for changes to the quality management system; and; resource needs.

7.0 APPENDICES

a) Sample of Audit Schedule
b) Checklist Forms
c) Attendance Register
d) Audit Observation Forms
e) Corrective Action Request Forms
f) Audit Report Forms

	THE TECHNICAL UNIVERSITY OF KENYA	
Document: CORRECTIVE ACTION		
Doc. Number: TU-K/ADMIN/SOP/003		
Date of Issue: JUNE 2018		Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE		Authorised By: VICE-CHANCELLOR

1.3 PROCEDURE FOR CORRECTIVE ACTION (TU-K/ADMIN/SOP/003)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

The purpose of this procedure is to ensure that corrective action is taken by Heads of Department as a tool for ensuring adherence to QMS standards.

2.0   SCOPE

The procedure for corrective actions is applicable within the university.

3.0   TERMS USED

3.1 ABBREVIATIONS

    a) CAR   - Corrective Action Request Form

    b) CoD   - Chairperson of Department

    c) KEBS – Kenya Bureau of Standards.

    d) MR – Management Representative

    e) QMS – Quality Management System

    f) TU-K – The Technical University of Kenya

    g) UAB – University Academic Board

    h) UMB – University Management Board

3.2 DEFINITIONS

a) Corrective Action – Action taken to eliminate causes of an existing non-conformity or non-compliance in order to prevent recurrence.

b) Non-Conformance – The non-fulfilment of specified requirements. Out of conformance with the Quality Manual or regulatory requirements.

c) Non-conformities – Products, and services which do not meet the product/service requirements of the Quality Management System.

d) Preventive Action (PA) – Identifying, defining and determining all potential non-conformities in order to prevent their occurrence.

e) Recipient – Individual identified by the MR, Designee or Department QMS POC, who is assigned responsibility for the resolution of the CAR.

f) Requestor – Any Unit requesting a process correction.

g) Responsible Person(s) – The individual(s) identified as being responsible and having the authority for taking action to eliminate the cause of the issue identified.

h) Root Cause – The fundamental deficiency that results in a non-conformance that must be eliminated through corrective action to prevent recurrence of the same or similar non-conformance.

4.0   RESPONSIBILITY

a) The MR is responsible for the supervision of the implementation of this procedure.

b) The process owners are responsible for the implementation and maintenance of this procedure.

5.0   METHOD

a) Identify the non-conformities from: faulty or missing procedures; internal and external audit reports; customer complaints; non-conformity reports; relevant QMS requirements; data from satisfaction survey; feedback from management review; regulatory requirements.

b) Investigate the root causes of the non-conformities relating to the activity, process, service, or quality system.

c) Determine the corrective action needed to eliminate the root cause of the non-conformity commensurate with the effect of the non-conformity.

d) Apply controls to ensure the corrective action is implemented and effected.

e) Retained information of the results of action is evidence of: the nature of the non-conformities and any subsequent actions taken; and; the results of any corrective action.

f) The CAR form is circulated to Heads of department and process owners involved in the operations and activities of the TU-K QMS.

1.4 PROCEDURE FOR CONTROL OF NON-CONFORMING PRODUCTS (TU-K/ADMIN/SOP/004)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

The purpose of this procedure is to ensure that a non-conforming product is identified and controlled to prevent its unintended use or delivery.

2.0   SCOPE

This procedure applies to identified non-conforming products and services within The Technical University of Kenya (TU-K) at all times.

3.0   REFERENCE

ISO 9001: 2015 - Clause 10.2

4.0   TERMS USED

4.1 ABBREVIATIONS

a) CAR   - Corrective Action Request form

b) HoD   - Head of Department

c) KEBS   - Kenya Bureau of Standards.

d) MR   - Management Representative

e) TU-K   - The Technical University of Kenya

f) UMB   - University Management Board

4.2 DEFINITIONS

a) Corrective Action – Action taken to eliminate causes of an existing non-conformity or non-compliance in order to prevent recurrence.

b) Management Review Team – A top management committee which guides the implementation of internal activities.

c) Non-Conformance – The non-fulfilment of specified requirements. Out of conformance with the Quality Manual or regulatory requirements.

d) Non-conforming product – A product which does not conform to the agreed product requirements when subjected to planned or unplanned verification.

e) Non-conformities – Products and services which do not meet the product/service requirements of the Quality Management System.

f) Preventive Action (PA) – Refers to identifying, defining and determining all potential non-conformities in order to prevent their occurrence.

g) Requestor – Any Unit requesting a process correction.

h) Responsible Person(s) – The individual(s) identified as being responsible and having the authority for taking action to eliminate the cause of the issue identified.

i) Root Cause – The fundamental deficiency that results in a non-conformance that must be eliminated through corrective action to prevent recurrence of the same or similar non-conformance.

5.0   RESPONSIBILITY

a) The Vice-Chancellor is responsible for supervising the implementation of this procedure.

b) The Heads of Department/Units are responsible for the implementation of this procedure.

6.0   METHOD

a) The non-conforming products are identified through: inspection and testing; observation; complaints from customers; and interviews.

b) The identification and controlling of non-conforming products is done in the following ways: writing remarks directly on the products; sticking labels on the products to warn customers; fixing tags/signs/stickers to the products; segregating non-conforming products from conforming ones.

7.0   APPENDICES

CAR Form

THE TECHNICAL UNIVERSITY OF KENYA	
Document: RISK MANAGEMENT	
Doc. Number: TU-K/ADMIN/SOP/005	
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1.5 PROCEDURE FOR RISK MANAGEMENT (TU-K/ADMIN/SOP/005)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0 PURPOSE

The purpose of this procedure is to ensure that potential risks are identified, analysed, evaluated and treated.

2.0 SCOPE

This procedure is applicable to all University operations as per the requirements of ISO 9001: 2000 and TU-K (QM).

3.0 TERMS USED

3.1 ABBREVIATIONS

a) HoD - Head of Department

b) KEBS - Kenya Bureau of Standards

c) MR - Management Representative

d) QMS - Quality Management System

e) TU-K - The Technical University of Kenya

f) UMB - University Management Board

3.2 DEFINITIONS

a) Non-conformities – Products, and services, which do not meet the product/service requirements of the Quality Management System.

b) Preventive Action (PA) – Identifying, defining and determining all potential non-conformities in order to prevent their occurrence.

4.0 RESPONSIBILITY

a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.

b) The process owners are responsible for the implementation and maintenance of this procedure.

5.0 METHOD

Through departmental meetings, staff review and operational trends, come up with solutions to the causes of the potential non-conformities, find ways of identifying potential non-conformities, determine and implement actions to eliminate the potential non-conformities and their causes as follows:

a) The meeting reviews each potential non-conformity and determines if it is necessary to take any preventive action.

b) The meeting determines the potential non-conformities and implements actions needed for their elimination.

c) The meeting determines the preventive action appropriate to the effects of the potential non-conformities.

d) The meeting also appoints a relevant person to undertake the determined preventive action.

e) Records of the potential non-conformities and the preventive actions taken are kept and recorded in the PA form.

f) PA Form is distributed to each process owner, heads of department and all the staff involved in the operations and activities of the TU-K QMS.

g) On completion of the implementation of the preventive action taken, the meetings review the effectiveness of the action/s and document the results.

6.0 APPENDICES

Risk register template.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: COMPLIANCE MANAGEMENT	
Doc. Number: TU-K/ADMIN/SOP/006	
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1.6 PROCEDURE FOR COMPLIANCE MANAGEMENT (TU-K/ADMIN/SOP/006)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure TU-K is in compliance with statutory and legal requirements.

2.0   SCOPE

This procedure applies to the entire university.

3.0   REFERENCES

University Code of Conduct and Public Officers Ethics Act.

4.0   TERMS USED

4.1 ABBREVIATIONS

a) QM   - Quality Manual

b) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0   RESPONSIBILITY

a) The Vice-Chancellor is responsible for supervising the implementation of this procedure.

b) The University Secretary is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) The University Secretary identifies information from state regulatory bodies and organisations associated with the TU-K.

b) The University Secretary forwards the information to the Vice-Chancellor for further action and clarification.

c) The University Secretary verifies the incoming data and information for authenticity, correctness and originality with the appropriate source.

d) The Vice-Chancellor instructs on the dispatch to the appropriate recipient for appropriate action.

e) The University Secretary implements Vice-Chancellor's instructions and ensures compliance.

	THE TECHNICAL UNIVERSITY OF KENYA	
Document: PERFORMANCE CONTRACTING		
Doc. Number: TU-K/ADMIN/SOP/007		
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Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR	

1.7 PROCEDURE FOR PERFORMANCE CONTRACTING (TU-K/ADMIN/SOP/007)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To establish an effective Performance Management System in TU-K.

2.0   SCOPE

This procedure applies to TU-K.

3.0   REFERENCES

a) Current Performance Contracting Guidelines

b) TU-K 2015 - 2020 Strategic Plan

4.0   TERMS USED

4.1 ABBREVIATIONS

a) QM – Quality Manual

b) TU-K – The Technical University of Kenya

c) DIR-PQM – Director Planning and Quality and Management

d) PQM – Planning and Quality Management

e) PC – Performance Contracting

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.

b) The DIR-PQM is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) The Vice-Chancellor requests for Annual Work Plans (AWP) from head of units/departments based on 2015 - 2020 Strategic Plan from departments.

b) DPQM collates the annual work plan from head of units/departments and prepares a TU-K AWP.

c) DPQM crafts TU-K PC based on head of units/departments plans guided by cycle guidelines provided by the Performance Contracting monitoring office, from the office of the President.

d) The draft PC is presented to the top management for approval.

e) The approved draft is presented to council for ratification.

f) The approved draft by the university council is negotiated between the TU-K council and the Ministry of Education.

g) The negotiated TU-K PC is vetted by the Performance Contracting and monitoring office at a designated date and time.

h) The vetted PC is signed by the Council Chair and the Principal Secretary ready for implementation.

i) The vetted PC is cascaded to divisions, faculties, schools and departments.

j) Divisions, faculties and departments submits quarterly reports to Vice-Chancellor and a copy to DPQM for collating and reporting to top management and council.

k) The approved progress report is submitted to the Ministry and various relevant government agencies.

l) Self-evaluation is carried out at the end of fourth quarter.

m) The self-evaluation report is assessed by the Performance Contracting and monitoring office. This is based on evidence provided by TU-K indicating the levels of agreed targets.

n) The performance contracting evaluation results are communicated to respective offices and departments.

7.0 APPENDICES

Annual Work Plan Template

THE TECHNICAL UNIVERSITY OF KENYA	
Document: COUNCIL MEETINGS	
Doc. Number: TU-K/ADMIN/SOP/008	
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1.8 PROCEDURE FOR COUNCIL MEETINGS (TU-K/ADMIN/SOP/008)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure preparations for council meetings are managed in an effective and timely manner.

2.0   SCOPE

The procedure applies to the management of council meetings and activities.

3.0   REFERENCES

a) Relevant government circulars

b) The Technical University of Kenya Charter

c) The Technical University of Kenya Statutes

d) The Universities Act

4.0   TERMS USED

4.1 ABBREVIATIONS

a) QM - Quality Manual

b) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K(QM) apply.

5.0 RESPONSIBILITY

a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.

b) The University Secretary is responsible for effective implementation of this procedure.

6.0 METHOD

6.1 Preparation of Council Almanac

a) The University Secretary prepares a proposed Almanac for Council and its committees at the beginning of each financial year.

b) The proposed Almanac is tabled in a Council meeting during which any necessary amendments are made and finally approved.

c) The University Secretary makes copies of the approved Almanac and then circulates the same to all Council members and all departments servicing Council meetings.

d) The University Secretary prepares for travel and accommodation arrangements for council members

6.2 Preparation for a Council Meeting

a) The University Secretary gathers the relevant information for the council agenda, at least fourteen (14) days prior to the scheduled meeting.

b) The University Secretary liaises with the Vice-Chancellor on the agenda.

c) The University Secretary sends the agenda documents to the Council members.

d) The University Secretariat communicates the decisions of the Council to the actioning officers.

7.0 APPENDICES

Council Minute book

THE TECHNICAL UNIVERSITY OF KENYA	
Document: LEGAL MATTERS	
Doc. Number: TU-K/ADMIN/SOP/009	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

1.9 PROCEDURE FOR LEGAL MATTERS (TU-K/ADMIN/SOP/009)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure that the University handles legal matters in an effective manner.

2.0   SCOPE

This applies to all legal matters in which the University is involved.

3.0   REFERENCES

a) Common Law

b) Judicial Precedents

c) The Constitution of Kenya

d) The Universities Act read together with the Technical University of Kenya Charter and Statutes

4.0   TERMS USED

4.1 ABBREVIATIONS

a) QM - Quality Manual

b) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K(QM) apply.

5.0 RESPONSIBILITY

a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.

b) The University Secretary is responsible for effective implementation of this procedure.

6.0 METHOD

a) The University Secretary receives relevant legal matters.

b) The University Secretary informs and discusses the matter with the Vice-Chancellor.

c) The Vice-Chancellor issues instructions on the way forward as follows:

    I. The University Secretary handles the legal matters in an attempt to resolve the matter amicably out of court.

    II. Where there is no favourable response to the University Secretary to resolve the matter amicably, the University Secretary, under the advice of the Vice-Chancellor, identifies an external advocate from the University panel of advocates and instructs the advocate to pursue the matter.

d) The University Secretariat ensures the matter is appropriately determined.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: FINANCIAL BUDGETING	
Doc. Number: TU-K/FIN/SOP/0010	
Date of Issue: JUNE 2018	Version No: 00
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1.10 PROCEDURE FOR FINANCIAL BUDGETING (TU-K/FIN/SOP/0010)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To provide a framework for effectiveness and efficiency in budgeting process.

2.0   SCOPE

This procedure applies in the entire TU-K.

3.0   REFERENCES

a) Government Estimates Book

b) National Treasury Circulars on MTEF

c) Technical University of Kenya Procurement Plan

d) Technical University of Kenya Strategic Plan

e) Technical University of Kenya Terms of Service

4.0   TERMS USED

4.1 ABBREVIATIONS

a) QM - Quality Manual

b) TU-K - Technical University of Kenya

c) FO - Finance Officer in charge of Financial and Accounting Services

d) UMB - University Management Board

e) MTEF - Medium Term Expenditure Framework

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in this document apply.

5.0 RESPONSIBILITY

a) The Vice-Chancellor is responsible for the supervision of this procedure.

b) FO is responsible for the implementation and adherence to this procedure.

6.0 METHOD

a) The FO issues a memo to all HoDs in the month of November, requesting them to submit their Departmental budget proposals for the forthcoming financial year.

b) The user departments submit budget proposals to the FO within a month from the date the memo was issued.

c) The FO compiles a proposed Master Budget, considering all proposed budget estimates from user departments and presents the same to the UMB.

d) The UMB reviews the budget and makes recommendations for approval.

e) The Council reviews the budget and approves the budget for submission to the Government Ministry in charge of Education for consideration.

f) The FO receives the Government approved budget, realigns the master budget to be the Operational Budget and presents it to the UMB.

g) The UMB makes recommendations for approval of the realigned operational budget to the Council.

h) The council reviews and approves the operational budget before commencement of the next Financial Year.

i) FO communicates the approved operational budget to all user departments for implementation.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: PAYMENT	
Doc. Number: TU-K/FIN/SOP/0011	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

1.11 PROCEDURE FOR PAYMENT (TU-K/FIN/SOP/0011)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure that only genuine claims are processed and promptly paid.

2.0   SCOPE

This procedure applies to all payments in TU-K.

3.0   REFERENCES

a) Government Financial Regulations

b) Relevant Government Circular

c) Technical University of Kenya Statutes

d) Technical University of Kenya Strategic Plan

e) Technical University of Kenya Terms of Service

f) University Code of Conduct

g) Public Officers Ethics Act

4.0   TERMS USED

4.1 ABBREVIATIONS

a) QM   - Quality Manual.

b) TU-K   - Technical University of Kenya.

c) FO   - Finance Officer in charge of Financial and Accounting Services.

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in this document apply.

5.0   RESPONSIBILITY

a) The Vice-Chancellor is responsible for the supervision of this procedure.

b) FO is responsible for the implementation and adherence to this procedure.

6.0   METHOD

a) FO receives payment claims and approves them for processing.

b) The Accounts Clerk records the claim in a relevant register and seeks authority from the accountant in charge of voucher preparation to write the voucher.

c) The accountant in charge of voucher examination examines the payment voucher.

d) The payment voucher is voted by the accountant in charge of vote book.

e) The Chief Accountant authorises the payment voucher for payment.

f)   The payment voucher is either pre or post audited.

g) Accounts Assistant draws the cheque to the payee and records the cheque details in the Cheque Register.

h) The bank signatories append their signatures on the cheque.

i) The Accounts Clerk receives the signed cheques and dispatches them to the respective payees who sign the register for the collection of the same.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: REVENUE COLLECTION	
Doc. Number: TU-K/FIN/SOP/0012	
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1.12 PROCEDURE FOR REVENUE COLLECTION (TU-K/FIN/SOP/0012)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure effectiveness, efficiency, transparency and accountability in revenue collection.

2.0   SCOPE

This procedure applies to revenue collection by TU-K.

3.0   REFERENCES

a) Government Financial Regulations

b) Public Officers Ethics Act

c) Technical University of Kenya Statutes

d) Technical University of Kenya Strategic Plan

e) Technical University of Kenya Terms of Service

4.0   TERMS USED

4.1 ABBREVIATIONS

a) QM   - Quality Manual

b) TU-K   - Technical University of Kenya

c) FO   - Finance Officer in charge of Financial and Accounting Services

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in this document apply.

5.0 RESPONSIBILITY

a) The Vice-Chancellor is responsible for the supervision of this procedure.

b) FO is responsible for the implementation and adherence to this procedure.

6.0 METHOD

a) The office of the FO receives revenue from the client and issues an official TU-K receipt.

b) The office of the FO confirms and prints daily Log of all transactions at the end of the day.

c) The office of the FO reconciles the actual revenue receipts with the daily log and prepares deposit slips for banking of the collected revenues.

d) The office of the FO reconciles the bank deposit slips with the daily log totals and prepares the Income and Revenue Report.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: IMPREST PAYMENT AND SURRENDER	
Doc. Number: TU-K/FIN/SOP/0013	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

1.13 PROCEDURE FOR IMPREST PAYMENT AND SURRENDER (TU-K/FIN/SOP/0013)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure accountability for all University funds issued as imprest.

2.0   SCOPE

This procedure applies during issuance and surrender of imprest in the entire TU-K.

3.0   REFERENCES

a) Government Financial Regulations

b) Public Officers Ethics Act

c) Technical University of Kenya Statutes

d) Technical University of Kenya Strategic Plan

e) Technical University of Kenya Terms of Service

f)   University Code of Conduct

4.0   TERMS USED

4.1 ABBREVIATIONS

a) QM   - Quality Manual

b) TU-K   - Technical University of Kenya

c) FO   - Finance Officer in charge of Financial and Accounting Services

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in this document apply.

5.0 RESPONSIBILITY

a) The Vice-Chancellor is responsible for the supervision of this procedure.

b) FO is responsible for the implementation and adherence to this procedure.

6.0 METHOD

6.1 IMPREST PAYMENT

a) The FO approves request for issuance of imprest based on an authorised memo.

b) The Imprest Accountant confirms that the imprest applicant has no other outstanding imprest and issues an Imprest Warrant Form (IWF) to the conforming applicant.

c) The applicant fills an IWF and gets all the necessary authorisations as indicated in the IWF and takes the dully completed IWF to the Chief Accountant.

d) The Chief Accountant authorises the payment of imprest.

6.2 IMPREST SURRENDER

a) The imprest holder surrenders the imprest within 48 hours after completion of the task by filling the imprest Surrender Form and attaching all the supporting documentation to the Imprest Accountant.

b) The Imprest Accountant verifies expenditure against the imprest surrender document and the imprests taken. In case of over expenditure, the imprest holder seeks for authorisation for reimbursement from the FO.

c) The Imprest Accountant forwards the documents for voucher writing.

d) The payment voucher is then examined, voted, and authorised.

e) The Imprest Accountant then uses the authorised payment voucher to clear the imprest from the Imprest Register.

7.0 APPENDICES

a) Imprest Warrant Form

b) Imprest Surrender Form

THE TECHNICAL UNIVERSITY OF KENYA	
Document: PREPARATION OF ANNUAL FINANCIAL AUDIT PLAN	
Doc. Number: TU-K/AUD/SOP/0014	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

1.14 PROCEDURE FOR PREPARATION OF ANNUAL FINANCIAL AUDIT PLAN (TU-K/AUD/SOP/0014)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure the internal financial audit functions are well planned, organised, and properly coordinated for efficient, effective and objective operations.

2.0   SCOPE

This procedure applies to all TU-K financial audit functions.

3.0   REFERENCES

a) Annual Audit Plan

b) Audit and Risk Management Charter

c) Collective Bargaining Agreements (CBA)

d) Government Statutory requirements and Guidelines

e) TU-K Strategic Plan (2015-2020)

f) TU-K Terms of Service

g) Procedure manuals

h) Public Procurement & Disposal Regulations 2006

i) Technical University of Kenya Statutes

j) The Approved Budget for the year

k) The Approved Procurement plan

l) The Public Procurement & Disposal Act 2005

4.0 TERMS USED

4.1 ABBREVIATIONS

a) QM - Quality Manual

b) TU-K - Technical University of Kenya

c) DA&RM - Director Audit and Risk Management

d) A.I.A - Assistant Internal Auditor

4.2 DEFINITIONS

For the purpose of this procedure, "annual audit plan" and "annual audit programme" mean the same thing.

5.0 RESPONSIBILITY

a) The Audit and Risk Management Committee is responsible for the supervision of this procedure.

b) The Director Audit and Risk Management is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) During the fourth quarter of the financial year, the DA&RM reviews the tasks undertaken in the annual audit plan with a view of evaluating its deliverables and deficiencies within the year.

b) The DA & RM instructs the A.I.A and Audit Clerks to identify auditable areas and their associated risks.

c) The A.I.A and Audit Clerks report to the DA & RM on the identified auditable areas and attached risks levels.

d) The DA & RM reviews the report for completeness of the auditable areas and risk levels allocated to them.

e) The DA & RM allocates the tasks to the staff according to their expertise.

f) The DA & RM presents the annual audit plan to the Audit and Risk Management Committee for approval.

g) The Annual Audit Plan, once approved, commences to execution on the next financial year.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: SYSTEMS AUDIT	
Doc. Number: TU-K/AUD/SOP/0015	
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1.15 PROCEDURE FOR SYSTEMS AUDIT (TU-K/AUD/SOP/0015)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure the systems are running efficiently, effectively, add value and reduces operational risks.

2.0   SCOPE

This procedure applies to all TU-K Systems Audit.

3.0   REFERENCES

a) Annual Audit Plan

b) Audit and Risk Management Charter

c) Collective Bargaining Agreements (CBA)

d) Government Statutory requirements and Guidelines

e) Procedure manuals

f) Public Procurement & Disposal Regulations 2006

g) Technical University of Kenya Statutes

h) The Approved budget for the year

i) The approved Procurement plan

j) The Public Procurement & Disposal Act 2005

4.0 TERMS USED

4.1 ABBREVIATIONS

a) A.I.A - Assistant Internal Auditor.

b) DA &RM -Director Audit and Risk Management.

c) QM - Quality Manual.

d) TU-K - Technical University of Kenya.

4.2 DEFINITIONS

For the purpose of this procedure, implementer is the officer responsible for the system process.

5.0 RESPONSIBILITY

a) The Vice-Chancellor is responsible for the supervision of this procedure.

b) The Director Audit and Risk Management is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) The DA & RM may, either following the Annual audit plan or receiving instruction from the Vice-Chancellor or Audit and risk committee, or receiving a request from a Faculty, School or Department carry out a system audit.

b) The DA & RM or A.I.A requests for relevant documents and records.

c) The DA & RM or A.I.A evaluates the documents and records, noting risks and any unnecessary procedures.

d) Where the DA & RM or A.I.A detects risks and deficiencies in the system, he/she recommends desirable controls to the implementer.

e) The implementer takes corrective action as recommended, within the agreed time.

f) The DA & RM or A.I.A monitors and evaluates the amended system until it can be seen to be efficient and effective.

g) DA & RM or A.I.A writes an affirmative report.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: PAYMENT AUDITING	
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1.16 PROCEDURE FOR PAYMENT AUDITING (TU-K/AUD/SOP/0016)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure all TU-K expenditures conform to the laid down policies, procedures and any statutory requirements.

2.0   SCOPE

This procedure applies to all TU-K payments.

3.0   REFERENCES

a) Annual audit plan

b) Audit and Risk Management Charter

c) Collective Bargaining Agreements (CBA)

d) Contract Agreements

e) Government Statutory requirements and Guidelines

f) International Accounting Standards (IAS) & International Standards in Auditing (ISA)

g) TU-K Strategic Plan (2015-2020)

h) TU-K Terms of Service

i) Public Procurement & Disposal Regulations 2006

j) Technical University of Kenya Quality Manual

k) Technical University of Kenya Statutes

l) The Approved Budget for the year

m) The Approved Procurement plan

n) The Public Procurement & Disposal Act 2005

4.0   TERMS USED

4.1 ABBREVIATIONS

a) A.I.A - Assistant Internal Auditor

b) DA & RM - Director Audit and Risk Management

c) QM - Quality Manual

d) TU-K - Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, Audit Assistant also refers to an Audit Clerk.

5.0   RESPONSIBILITY

a) The Vice-Chancellor is responsible for the supervision of this procedure.

b) The DA & RM is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) The payment voucher is forwarded to Audit department from Accounts department in a relevant Voucher Movement Register.

b) The Audit Clerk records the received voucher in the respective Internal Audit Voucher Movement Register.

c) The A.I.A or Audit Assistant/Audit Clerk carries out audit on the payment documents.

d) If there is an audit query the Audit Assistant/Audit Clerk records the queried payment voucher in an Audit Voucher Movement Register and forwards them to Accounts department.

e) If there is no audit query DA & RM or A.I.A approves the conforming vouchers for payment.

f) The Clerk submits conforming vouchers to Accounts department.

1.17 PROCEDURE FOR AUDIT INVESTIGATION (TU-K/AUD/SOP/0017)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure audit investigation is carried out professionally, objectively and impartially.

2.0   SCOPE

This procedure applies to all TU-K Audit Investigations.

3.0   REFERENCES

a) Annual Audit Plan

b) Audit and Risk Management Charter

c) Collective Bargaining Agreements (CBA)

d) Contract agreements

e) Government Statutory Requirements and Guidelines

f) TU-K Strategic Plan (2015-2020)

g) TU-K Terms of Service

h) Public Procurement & Disposal Act 2005

i) Public Procurement & Disposal Regulations 2006

j) Technical University of Kenya Statutes

k) The approved budget for the year

l) The approved procurement plan

4.0 TERMS USED

4.1 ABBREVIATIONS

a) A.I.A - Assistant Internal Auditor

b) DA & RM - Director Audit and Risk Management

c) QM - Quality Manual

d) TU-K - Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, implementer refers to the relevant authority.

5.0 RESPONSIBILITY

a) The Vice-Chancellor is responsible for the supervision of this procedure.

b) The DA & RM is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) The DA & RM receives an allegation from interested parties (internal or external), instructions from the Audit and Risk Committee, Vice-Chancellor or discovers an erroneous omission or commission during routine audit.

b) DA & RM allocates the personnel to conduct the investigation.

c) The A.I.A and Audit Assistant gather background information on the area/issue under investigation.

d) The A.I.A or Audit Assistant plans for investigation and determines the method and tools of data collection.

e) The A.I.A or Audit Assistant executes the investigation.

f) The A.I.A or Audit Assistant analyses the findings.

g) A.I.A writes a provisional report and submits it to the DA & RM.

h) The DA & RM reviews the provisional report and instructs A.I.A or Audit Assistant to write the final report.

i) The final report is forwarded to the relevant office for action.

j) The DA & RM reviews and monitors the implementation of recommendations.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: INFORMATION AND COMMUNICATION TECHNOLOGY SERVICES	
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1.18 PROCEDURE FOR INFORMATION AND COMMUNICATION TECHNOLOGY SERVICES (TU-K/ICT/SOP/0018)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure efficient and effective provision of Information and Communication Services to the University stakeholders.

2.0   SCOPE

The procedures cover provision of the required Information and Communication Technology services to the students and staff of TU-K.

3.0   REFERENCES

a) DICTS – Directorate of Information and Communication Technology Services

b) End-User – refers to an individual (staff or student), Department, Section, Unit or a

c) ICT – Information and Communication Technology.

d) ICT Service Charter.

e) Local Area Network (LAN) – refers to interconnection of two or more computers in:

    I.   School using University ICT services.

    II.   The University, for communication purposes.

4.0 TERMS USED

4.1 ABBREVIATIONS

    a) DICTS - Director of Information and Communication Technology Services

    b) ICT   - Information and Communication Technology

    c) IT   - Information Technology

    d) QM   - Quality Manual

    e) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

    a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.

    b) The DICTS is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

6.1 Installation and Maintenance of LANs

    a) The end-user makes a written formal request to the Manager, ICT Infrastructure regarding the installation of a LAN in their unit.

    b) A technical team headed by the Network and Telecommunication Administrator conducts a survey and comes up with a report detailing the requirements and cost estimates for the proposed LAN.

    c) The Manager, ICT Network and Infrastructure forwards the report to the DICTS for action.

    d) Upon procurement and delivery of LAN equipment and securing of funds for installation, the technical team headed by the Manager, ICT Infrastructure carries out installation, testing and afterwards prepares a report on the work undertaken complete with technical drawings.

    e) Preventive and corrective maintenance of LANs and backbone networks is periodically carried out.

6.2 Installation and Maintenance of Servers

    a) The Manager, ICT Network and Infrastructure supervises the installation of new servers and maintenance of existing servers.

    b) A log file of regular technical problems and their corrective and preventive actions taken is kept.

c) The Manager, ICT Network and Infrastructure schedules for periodic backups of the servers.

d) The Manager, ICT Network and Infrastructure comes up with quarterly reports to the DICTS on the current state and performance of the various servers.

6.3 ICT Security Services

a) Systems Administrator assesses and identifies security implications and control requirements necessary to secure information systems and makes appropriate recommendations.

b) If the required security hardware/software is available, the Systems Administrator implements information security controls commensurate with identified security requirements.

c) If the required security equipment is not available, the Manager, ICT Infrastructure, initiates procedure for the procurement of the necessary security hardware/software.

d) Upon receiving the security hardware/software from procurement office, the Manager, ICT Network and Infrastructure hands over the security hardware/software and associated documentation to the Systems Administrator.

e) The Systems Administrator establishes a formal management framework to monitor and enforce IT security within the University.

f) Systems Administrator regularly reviews security measures established for all data, information, applications and computer facilities.

6.4 User Support

a) This procedure starts with the receipt of a request from an end-user to offer support service by any officer in the Directorate of ICT.

b) The ICT officer enquires from the end-user so as to establish the nature and magnitude of the problem and record the request in the ICT support record file.

c) If the magnitude of the problem can be fixed by directing the end-user over the call, the ICT officer does so and records the solution offered.

d) If the magnitude of the problem requires a physical visit to the location, the ICT officer proceeds to the end-user.

e) The ICT officer undertakes a diagnostic testing of the equipment through troubleshooting and attends to the problem.

f) Where extra equipment/accessories are required, the ICT officer reports to the Manager, ICT Network and Infrastructure.

g) By the end of every week, the ICT Manager(s) confirm that all user support requests attended to are duly recorded.

6.5 Website Management

a) The webmaster receives the approved content (information/news/event/photos) from various departments of the Technical University of Kenya through email, file transfers, hard drives, or hard copy.

b) The website team reviews the content to determine its suitability for online publishing.

c) If the content is deemed suitable, it is transformed to conform to the web standards.

d) The content is then published (added to the appropriate page of the website).

e) If the content is deemed unsuitable, it is published on alternative University online platforms e.g. social media and the author is notified.

f) The webmaster informs the content author once the content is published.

6.6 Systems Development and Management

a) This procedure starts with the receipt of a request from an end-user to   develop a system module.

b) The Manager, Information System constitutes a technical team that elicits systems requirements from the end-users.

c) The technical team develops an initial version of the system.

d) The technical team in liaison with the end-user tests the initial module version and if need be incorporates their feedback.

e) The initial version meets the end user's needs, the module version is adopted and deployed to the systems server and the end-users are trained on how to   use it.

f) The Manager, Information Systems regularly reviews and updates the modules and submit quarterly reports to DICTS.

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1.19 PROCEDURE FOR INCOMING COMMUNICATION – (TU-K/ADMIN/SOP/0019)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    To ensure that all TU-K incoming communication is handled efficiently and effectively.

2.0   SCOPE

    This procedure applies to all TU-K incoming communication.

3.0   REFERENCES

    a) The Technical University of Kenya Service Delivery Charter

    b) The Technical University of Kenya Terms of Service

    c) University Code of Conduct and Public Officers Ethics Act

4.0   TERMS USED

    4.1 ABBREVIATIONS

    a) DCPA   - Director, Communications and Public Affairs

    b) HoD   - Head of Department/Unit

    c) QM   - Quality Manual

    d) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0   RESPONSIBILITY

a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.

b) The DCPA is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) The Clerk receives stamps and verifies all incoming correspondence for authenticity, correctness and originality with the appropriate source and records the same in internal register.

b) The Clerk sorts the correspondence by priority.

c) The Clerk sends the correspondence to the action officers.

    I.   If the communication requires action from within the Department, the HoD acts.

    II.   If the communication requires action by another Department, the HoD instructs on further dispatch to the appropriate recipient for action.

d) The Clerk records in internal mail register and files a copy.

1.20 PROCEDURE FOR OUTGOING COMMUNICATION (TU-K/ADMIN/SOP/0020)

GENERAL

> **Distribution**
>
> **As per clause 6.1 (c) in the maintained documented information**
>
> **Records of Change**
>
> **As per clause 6.2 in the maintained documented information**

1.0   PURPOSE

To ensure that all outgoing communication is handled efficiently and effectively.

2.0   SCOPE

This procedure applies to all TU-K outgoing communication.

3.0   REFERENCES

a) Kenya Employment Act 2007

b) Kenya Industrial Training Act 2007

c) Kenya Labour Relations Act 2007

d) The Technical University of Kenya Job Descriptions

e) The Technical University of Kenya Terms of Service

f) University Code of Conduct

g) Public Officers Ethics Act

4.0   TERMS USED

4.1 ABBREVIATIONS

a) DCPA   - Director Communications and Public Affairs

b) HoD   - Head of Department/Unit

c) QM   - Quality Manual

d) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.

b) The DCPA is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) The process owner collects relevant information and prepares draft correspondence.

b) The process owner submits the draft to Executive Secretary.

c) The Executive Secretary receives draft for correction and approval from the Vice-Chancellor

    I.   If the Vice-Chancellor approves, the Executive Secretary prepares the approved copy for signature by the Vice-Chancellor.

    II.   If the Vice-Chancellor does not approve, the draft is sent back to the sender for correction.

d) The Executive Secretary records in external mail register and files a copy.

e) The Executive Secretary records and dispatches to the Registry for posting and delivery.

    I.   If the correspondence is for postage, University registry dispatches appropriately.

    II.   If the mail is not for postage, it is delivered to the appropriate person by courier.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: HANDLING OF COMPLAINTS	
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1.21 PROCEDURE FOR HANDLING OF COMPLAINTS (TU-K/ADMIN/SOP/0021)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    To ensure efficiency and consistency in handling customers' complaints.

2.0   SCOPE

    The procedure applies to all complaints received by the University.

3.0   REFERENCES

    University Statutes, Rules and Regulations.

4.0   TERMS USED

  4.1 ABBREVIATIONS

        a) DCPA   - Director, Communications and Public Affairs

        b) DVC   - Deputy Vice-Chancellor

        c) QM   - Quality Manual

        d) TU-K   - The Technical University of Kenya

  4.2 DEFINITIONS

    For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.

b) The DCPA is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) Upon receipt of a complaint, a customer care officer records the complaint in the complaint register and acknowledge receipt of the complaint.

b) A customer care officer attempts to address a complaint but if not possible, forwards a complaint to a concerned office and later make a follow up to obtain a feedback for onward communication to a customer.

c) The customer care officer(s) analyse and prepare report on the complaints on a monthly basis and submit it to the DCPA for action and or for noting.

d) DCPA receives a complaint and attempts to resolve it then communicates to the customer.

e) If not resolved, it is escalated to respective DVC/Dean/Section/Unit.

f) If not resolved, it escalates to Vice-Chancellor.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: MANAGEMENT OF COMMUNICATIONS AND PUBLIC AFFAIRS	
Doc. Number: TU-K/ADMIN/SOP/0022	
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1.22 PROCEDURE FOR MANAGEMENT OF COMMUNICATIONS AND PUBLIC AFFAIRS (TU-K/ADMIN/SOP/0022)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0 PURPOSE

To enhance media visibility and project a good image of TU-K.

2.0 SCOPE

This procedure applies the management of communication and public affairs in TU-K.

3.0 REFERENCES

a) University Statutes

b) University Service Charter

4.0 TERMS USED

4.1 ABBREVIATIONS

a) DCPA   - Director Communications and Public Affairs

b) DVC   - Deputy Vice-Chancellor

c) QM   - Quality Manual

d) TU-K   -The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0   RESPONSIBILITY

a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.

b) The DCPA is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

6.1   PRESS CONFERENCE

a) The procedure starts with a need to hold a press conference to make public important information or to clarify a pressing issue matter.

b) The Vice-Chancellor may or may not approve the request. If not approved, the process ends at that point although an appeal can be initiated.

c) If approved, the DCPA drafts a press statement for consideration by the Vice-Chancellor

d) The Vice-Chancellor may approve the press statement, revise or reject it. If rejected, the process ends there. If accepted the DCPA proceeds and prepares copies of the statement and invites journalists.

e) The press conference is held.

f) The Vice-Chancellor or a designated senior officer addresses the media.

g) The DCPA receives feedback and informs the Vice-Chancellor.

h) The procedure starts with a need to hold a press conference to make public important information or to clarify a pressing issue.

6.2   Documentary Production

a) The production of documentary starts with a request from the DCPA to the Vice-Chancellor on the need to produce corporate documentaries to mark special occasions or for marketing purposes.

b) The Vice-Chancellor may or may not approve the request. If the request is declined, an appeal can be initiated for consideration.

c) If approved, the DCPA forms an *ad hoc* editorial board to discuss the content of the planned documentary.

d) The DCPA in consultation with Director, Supply Chain Operations (DSCO) identifies a production firm then supervises the scripting, editing and finally identifies a relevant channel then seek approval to air the documentary.

e) The DCPA receives feedback from viewers.

f) Copies of the documentary are circulated to management and key stakeholders, uploaded on the University website, YouTube, and links shared on social media platforms, such as Twitter, Facebook, Instagram and WhatsApp.

6.3   TUKNEWS

a) The production of *TUKNEWS* starts with the DCPA holding an editorial meeting to discuss the contents and assign staff duties in the production process.

b) The DCPA makes a call for articles/photographs to staff and students

c) After articles and photographs have been collected, editing and graphic design work commences.

d) Once the editorial work is complete, the DPCA presents the draft to the Vice-Chancellor for comments/concurrence on editorial content before going to press.

e) The newsletter is produced and circulated to stakeholders and visitors. The soft copy is also posted on the University website and circulated on social media in Portable Document Format (pdf) or its links.

f) The DCPA receives feedback.

6.4   University Calendar/Almanac

a) The DCPA raises a request to the Vice-Chancellor.

b) The Vice-Chancellor may approve or reject the request.

c) If approved, the DCPA holds editorial meeting to discuss the content with staff then assign duties.

d) The written content is received from Divisions and Faculties.

e) Editing and graphic design work begins.

f) DCPA presents the Draft for Vice-Chancellor to concur and approve before it is taken to press.

g) The University Calendar/Almanac is produced and circulated to selected stakeholders and visitors.

6.5   Advertisement/public notice

a) A user department makes a request to the Vice-Chancellor.

b) The Vice-Chancellor may approve or decline the request. If declined, the matter ends at this point.

c) If approved, the user department generates the content and presents to DCPA for editing and graphic design.

d) The DCPA invites/shares the draft with the user department to review and concur/correct.

e) The DCPA presents the ready artwork to the Vice-Chancellor for approval.

f) The DCPA, in consultation with the Director, Supply Chain Operations, identifies a suitable media house to place the advertisement

6.6   Press Release/Statement

a) A need to issue a press release/statement is identified.

b) The DCPA raises a justified request to the Vice-Chancellor.

c) The Vice-Chancellor may approve or decline the request. If the request is declined, the matter ends at this point.

d) If approved, the DCPA, in consultation with relevant officers of the University, prepares the content of the press release/statement.

e) The DCPA presents to the Vice-Chancellor the draft release/statement for further advise/ concurrence.

f) Once the draft is approved by the Vice-Chancellor, the DCPA sends it (by e-mail or hard copy) to the target media.

g) The DCPA receives feedback.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: SECURITY GUARDING AND PATROLS	
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1.23 PROCEDURE FOR SECURITY GUARDING AND PATROLS (TU-K/SEC/SOP/0023)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    The purpose of this procedure is to provide guidelines for securing TU-K facilities and resources.

2.0   SCOPE

    This procedure covers the provision of guarding services for TU-K facilities and resources within the University.

3.0   REFERENCES

    TU-K Strategic Plan (2015-2020)

4.0   TERMS USED

    4.1 ABBREVIATIONS

       a) OB   - Occurrence Book

       b) QM   - Quality Manual

       c) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

a) Access Control - The process of manning the gates to the compound, the main entries and exits to TU-K facilities so as to ward off unauthorised access.

b) Search Garett - Human walkthrough machine for screening.

c) Intruder - Person who has gained entry to a property without authorisation

d) Serious Incident - Anything that causes the disruption of peace or that points to a motive for crime.

e) Non-Serious Incident - Petty cases

5.0 RESPONSIBILITY

a) The Vice-Chancellor is responsible for supervising the implementation of this procedure.

b) The DSS is responsible for the overall implementation and maintenance of this procedure.

6.0 METHOD

a) The security guard reports on duty and signs the register at the security office.

b) The supervisor deploys the security guard as per the duty roster. The guard can be controlling access or be on patrol.

c) The guard on patrol conducts a security survey of the area assigned.

    I. If everything is in order, he takes over.

    II. If something is detected not to be in order, he reports it to the supervisor.

    III. In case the guard is required to assist with investigation, the supervisor assigns another guard to man the incident place.

d) If the guard is providing access control, the guard continually controls access and monitors for abnormal activities or incidences.

    I. In case of a security incident, the guard will determine its gravity and need for escalation.

    II. In case the incident is not serious, the guard resolves it.

    III. If the incident is serious, the guard involves the supervisor and records it in the Occurrence Book.

e) At the end of the shift, the guard hands over to the incoming guard and signs out at the supervisor's office.

f) The supervisor compiles a summary at the end of the shift and hands over to the incoming supervisor.

7.0   APPENDICES

   a) Blank Guards Deployment Form

   b) Blank Register for Visitors and Vehicles

   c) Blank Security Survey Form

   d) Blank Sign-in Form

   e) Blank Visitors Pass

   f) Duty Roster

Document: INVESTIGATING CRIME/INCIDENT	
Doc. Number: TU-K/SEC/SOP/0024	
Date of Issue: JUNE 2018	Rev No: 02
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

1.24 PROCEDURE FOR INVESTIGATING CRIME/INCIDENT (TU-K/SEC/SOP/0024)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

The purpose of this procedure is to provide guidelines for investigating and detecting crime or incidents.

2.0   SCOPE

This procedure covers investigations involving theft, use of illegal drugs, heavy drinking, illegal possession of fire arms, unbecoming behaviour, and vandalism, among other crimes. The procedure applies to students, members of staff and the general public within TU-K.

3.0   REFERENCE

TU-K Strategic Plan (2015-2020)

4.0   TERMS USED

4.1 ABBREVIATIONS

a) DSS   - Director, Security Services

b) OB   - Occurrence Book

c) QM   - Quality Manual

d) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

a) Evidence – Substantive information with regard to an incident.

b) Incident – It is a distinct or definite occurrence or event.

c) Theft – Dishonest taking of property belonging to another person with the intention of permanently depriving the owner of its possession.

5.0 RESPONSIBILITY

a) The Vice-Chancellor is responsible for supervising the implementation of this procedure.

b) The DSS is responsible for the overall implementation and maintenance of this procedure.

6.0 METHOD

a) The investigator receives reports of crime or incidents from security officers, members of staff, students, the general public, national security agencies or CCTV footage.

b) The investigator visits the scene of crime and cordons it off.

c) The investigator interrogates the suspects and witnesses, records statement and opens up a file for each case. Where applicable, video recording or CCTV footage is used.

d) The investigator hands over findings and the statement file(s) to the DSS.

    I. If the case can be resolved internally, the DSS forwards it to the Vice-Chancellor for further action.

    II. If the case requires the involvement of the police, DSS briefs the Vice-Chancellor and forwards the case to the police.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: STORAGE AND HANDLING OF LOST AND FOUND ITEMS	
Doc. Number: TU-K/SEC/SOP/0025	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorized By: VICE-CHANCELLOR

1.25 PROCEDURE FOR STORAGE AND HANDLING OF LOST AND FOUND ITEMS (TU-K/SEC/SOP/0025)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To provide guidelines for safe keeping and handling of lost and found items.

2.0   SCOPE

This procedure covers provision of storage and issuance of lost items/documents at all TU-K campuses.

3.0   REFERENCES

TU-K Strategic Plan (2015-2020)

4.0   TERMS USED

  4.1 ABBREVIATIONS

          a) OB   - Occurrence Book

          b) QM   - Quality Manual

          c) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

a) Lost and found items/documents – These are physical objects brought to the security officers that for the time being do not belong to any known person or organisations.

b) Charity – Bodies or Organisations existing for purposes of giving free service of social nature.

5.0 RESPONSIBILITY

a) The Vice-Chancellor is responsible in supervising the implementation of this procedure.

b) The Director Security Services is responsible for the overall implementation and maintenance of this procedure.

6.0 METHOD

a) Lost items or documents are received by a security officer for storage, handling and safe custody.

b) The lost and found items are recorded in the occurrence book (O.B.) and notices put up within the University by the DSS.

c) The Director Security Services seeks proper identification of the owner before recording and handing over the item. The owner signs in the O.B for receiving. If the item has not been claimed within a period of one calendar year, the items or documents are disposed of through the TU-K disposal committee.

d) The DSS then updates the records.

2.0   OFFICE OF THE DEPUTY VICE-CHANCELLOR ADMINISTRATION, PLANNING AND INFRASTRUCTURE (API)

THE TECHNICAL UNIVERSITY OF KENYA	
Document: CONTROL OF RETAINED DOCUMENTED INFORMATION	
Doc. Number: TU-K/ADMIN/SOP/0026	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

2.1 PROCEDURE ON CONTROL OF RETAINED DOCUMENTED INFORMATION (TU-K/ADMIN/SOP/0026)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

a) To establish a mechanism for records identification, storage, protection, retrieval, retention and disposition.

b) To ensure that records remain legible.

2.0   SCOPE

This procedure applies to all authorised and issued records within the University.

3.0   REFERENCES

a) The Kenya National Archives and Documentation Service Act

b) The TU-K (QM)

c) The TU-K Strategic Plan (2015-2020)

d) University Code of Ethics

4.0   TERMS USED

4.1 ABBREVIATIONS

a) QM - Quality Manual.

b) TU-K (QM) - The Technical University of Kenya Quality Manual.

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

a) The DVC-API is responsible for supervising the implementation of this procedure.

b) The Records Manager is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

6.1 General

Records generated and maintained in the University are kept as forms, registers, correspondences, circulars, and memos, examination scripts, among others.

6.2 Record Identification

6.2.1 Forms

Forms in the University are identified through indexing as follows:

a) The first part is TU-K, denoting the Technical University of Kenya, followed by a forward slash.

b) The second part is the initials of the Department/Office where the form is established, followed by a forward slash.

c) The third part is the 'FORM', followed by a forward slash.

d) The last part is allocated a serial number depending on the forms in the Department/Office, starting with 001.

e) The unique reference number so created is placed in the top left-hand corner of the form header.

f) The revised version of the form bears the date of revision and revision version at the bottom left hand corner of the form footer.

6.2.2 Registers

Registers in the University are identified through indexing as follows:

a) The first part is TU-K, denoting The Technical University of Kenya, followed by a forward slash.

b) The second part is the initials of the Department/Office of origin, followed by a forward slash.

c) The third part is '**REG',** denoting register, followed by a forward slash.

d) The last part is allocated a serial number depending on the registers in the Department/Office, starting with 001.

e) Each register bears a specific subject matter.

6.2.3 Correspondences

Correspondences in the University are identified through indexing as follows:

a) The first part is TU-K, denoting The Technical University of Kenya, followed by a forward slash.

b) The second and subsequent parts in hierarchical order (where applicable) are the initials of the Department/Office of origin, followed by a forward slash.

c) The third part is initials for the subject matter, followed by a forward slash.

d) The fourth part is the folio number in brackets followed by a forward slash.

e) The last part is the file volume number, e.g. VOL 1.

6.2.4 Circulars

Circulars in the University are identified through indexing as follows:

a) The first part is TU-K, denoting The Technical University of Kenya, followed by a forward slash.

b) The second and subsequent parts in hierarchical order (where applicable) are the initials of the Department/Office of origin, followed by a forward slash.

c) The third part is initials for the subject matter, followed by a forward slash.

d) The fourth part is the folio number in brackets followed by a forward slash.

e) The last part is the file volume number, e.g. VOL 1.

6.2.5 Memos

Memos in the University are identified through indexing as follows:

a) The first part is TU-K, denoting The Technical University of Kenya, followed by a forward slash.

b) The second and subsequent parts in hierarchical order (where applicable) are the initials of the Department/Office of origin, followed by a forward slash.

c) The third part is initials for the subject matter, followed by a forward slash.

d) The fourth part is the folio number in brackets followed by a forward slash.

e) The last part is the file volume number, e.g. VOL 1.

6.3   Storage and Protection

a) Staff files and files of confidential nature are maintained and protected from damage by being stored in cabinets.

b) General records are maintained in files and protected from damage by being stored in cabinets or shelves.

6.4   Filing

6.4.1 Identification of File Folder

File folders are identified through indexing as follows:

a) The first part is TU-K, denoting The Technical University of Kenya, followed by a forward slash.

b) The second part is the initials of the Department/Office of creation, followed by a forward slash.

c) The third part is the initials of the subject matter or personal file (PF) number in the case of staff files followed by a forward slash.

d) The fourth part is allocated a serial number depending on the files opened in the Department/Office, starting with 001.

e) The last is the volume starting from VOL 1.

6.4.2 Folioing of File Content

a) File contents are folioed back to front, starting with one (1) as the file grows.

b) Red ink is used to write the folio number in the top right-hand corner of the document and circled.

c) A folio sheet (file grid) is maintained and updated on the front of every file.

6.5   File Retrieval

a) The officer in charge of filing in the various areas maintains a master register of all files ever created and maintained in the Department/Office for easier retrieval. The master register uniquely identifies the files.

b) The officer in charge of filing maintains a file index to facilitate retrieval.

c) The officer in charge of filing avails requested records within 10 minutes of request.

d) The officer in charge of filing maintains file movement registers and or tracer cards for files held within their area of jurisdiction.

6.6   Retention and Disposition

Retention and disposition of records in the University is guided by the National Archives and Documentation Services Act, CAP 19 of the Laws of Kenya.

7.0   APPENDICES

Sample forms.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: RECRUITMENT AND HIRING OF STAFF	
Doc. Number: TU-K/HRS/SOP/0027	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

2.2 PROCEDURE FOR RECRUITMENT AND HIRING OF STAFF (TU-K/HRS/SOP/0027)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure an impartial, competitive and transparent recruitment and hiring procedure of all members of staff.

2.0   SCOPE

This procedure applies to all TU-K positions.

3.0   REFERENCES

a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA

b) Kenya Employment Act 2007

c) Kenya Industrial Training Act 2007

d) Kenya Labour Relations Act 2007

e) The Technical University of Kenya Appointment and Promotion Criteria

f) The Technical University of Kenya Employee files

g) The Technical University of Kenya HR Policy Manual

h) The Technical University of Kenya Salary Scale Manual

i) The Technical University of Kenya Strategic Plan

j) The Technical University of Kenya Terms of Service

k) University Code of Conduct

l) Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

a) QM   - Quality Manual

b) TU-K   - The Technical University of Kenya

c) DVC-API   - Deputy Vice-Chancellor- Administration, Planning and Infrastructure

d) DIR- HRS   - Director Human Resource Services

e) HRS   - Human Resource Services

f) HoD   - Head of Department

g) UASU   - Universities Academic Staff Union

h) KUSU   - Kenya University Staff Union

i) KUDHEIHA   - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

a) The Vice-Chancellor is responsible for administration of this procedure.

b) The DVC-API is responsible for the supervision of the implementation of this procedure.

c) The DIR-HRS is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

ADMINISTRATION

a) The HoD determines job vacancy and position requirements.

b) The DIR-HRS examines job vacancy and position requirements as per the University Terms of Service. If the job vacancy and position requirements are within the University establishment, DIR-HRS advertises the position(s).

c) The DIR-HRS receives and acknowledges the receipt the application either through snail mail, e-mail or SMS.

d) The DIR-HRS summarises the application documents and organises for short-listing of applicants.

    I. If there are no suitable applicants acceptable after short-listing, the job is re-advertised.

II.   If there are qualified candidates, the DIR-HRS organises for interviews.

III.   If no candidate is suitable after the interviews, the DIR-HRS re-advertises the job.

e) The DIR-HRS makes an offer of appointment to the successful candidate.

I.   If recruited candidate rejects job offer, DIR-HRS reviews other interviewed applicants for suitable replacement or re-advertises the position.

II.   If successful candidate accepts the job offer and the induction process begins.

ACADEMIC

a) The HoD determines job vacancy and position requirements.

b) The DIR-HRS examines job vacancy and position requirements as per the University Terms of Service. If the job vacancy and position requirements are within the University establishment, DIR-HRS advertises the position(s).

c) The DIR-HRS receives and acknowledges the receipt the application either through snail mail, e-mail or SMS.

d) The DIR-HRS sorts the application documents and forwards to the relevant faculty for short-listing of applicants.

e) Dean of faculty constitutes a shortlisting committee comprising of

I.   Dean who is the chair of the committee

II.   Chair of department

III.   Director of schools within the faculty

IV.   Two representatives from the department

V.   Three members of faculty board who are not members of the department involved

f) The shortlisted names are submitted to the DHRS within three weeks.

g) DHRS seeks consultation with the Vice-Chancellor for constitution for an appointment committee.

h) DHRS prepares the relevant documentation and notifies the committee.

i) DHRS communicates to the applicant and committee the date of interview.

j) The DHRS services communicates to the candidate the results of the interview.

Document: EMPLOYEE CLASSIFICATION AND GRADING	
Doc. Number: TU-K/HRS/SOP/0028	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

2.3 PROCEDURE FOR EMPLOYEE CLASSIFICATION AND GRADING (TU-K/HRS/SOP/0028)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    To ensure that job descriptions/terms of service of employees are reviewed and updated periodically.

2.0   SCOPE

This procedure applies to all TU-K employees.

3.0   REFERENCES

    a) University Code of Conduct

    b) Public Officers Ethics Act

    c) The Technical University of Kenya Strategic Plan

    d) The Technical University of Kenya Salary Scale Manual

    e) The Technical University of Kenya Terms of Service

    f) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA

    g) The Technical University of Kenya Employee files

    h) Kenya Employment Act 2007

    i) Kenya Industrial Training Act 2007

j) Kenya Labour Relations Act 2007

k) The Technical University of Kenya HR Policy Manual

4.0   TERMS USED

4.1 ABBREVIATIONS

a) QM   - Quality Manual

b) TU-K   - The Technical University of Kenya

c) DVC-API   - Deputy Vice-Chancellor- Administration, Planning and Infrastructure

d) DIR-HRS   - Director Human Resource Services

e) HRS   - Human Resource Services

f) UASU   - Universities Academic Staff Union

g) KUSU   - Kenya University Staff Union

h) KUDHEIHA   - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K(QM) apply.

5.0   RESPONSIBILITY

a) The DVC-API is responsible for the supervision of the implementation of this procedure.

b) The DIR-HRS is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) The management determines classification and grading requirements.

b) The DIR-HRS examines classification and grading matrix.

   I.   If the job classification and grading requirements are within the University policy, the DIR-HRS updates personnel records.

   II.   If the job classification and grading requirements are not within University policy, the DIR-HRS advises management accordingly.

c) The DIR-HRS invokes the procedure for promotions where necessary and advises management accordingly.

Document: SALARY, COMPENSATION AND BENEFITS	
Doc. Number: TU-K/HRS/SOP/0029	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

2.4 PROCEDURE FOR SALARY, COMPENSATION AND BENEFITS (TU-K/HRS/SOP/0029)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To attract and retain high calibre personnel by providing competitive remuneration.

2.0   SCOPE

This procedure applies to all current and prospective TU-K employees.

3.0   REFERENCES

a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA

b) Kenya Employment Act 2007

c) Kenya Industrial Training Act 2007

d) Kenya Labour Relations Act 2007

e) The Technical University of Kenya Employee files

f) The Technical University of Kenya HR Policy Manual

g) The Technical University of Kenya Salary Scale Manual

h) The Technical University of Kenya Staff Development Policy

i) The Technical University of Kenya Strategic Plan

j) The Technical University of Kenya Terms of Service

k) University Code of Conduct

l) Public Officers Ethics Act

4.0   TERMS USED

4.1 ABBREVIATIONS

a) DIR- HRS   - Director Human Resource Services

b) DVC-API   - Deputy Vice-Chancellor- Administration, Planning and Infrastructure

c) HRS   - Human Resource Services

d) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0   RESPONSIBILITY

a) The DVC-API is responsible for the supervision of the implementation of this procedure.

b) The DIR-HRS is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) The DIR-HRS conducts compensation and benefits surveys of comparable organisations for determining market pay point for each grade.

b) The DIR-HRS examines and benchmarks jobs to determine compensation, working conditions and advises management accordingly.

	THE TECHNICAL UNIVERSITY OF KENYA
Document: ORIENTATION AND INDUCTION OF STAFF	
Doc. Number: TU-K/HRS/SOP/0030	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

2.5 PROCEDURE FOR ORIENTATION AND INDUCTION OF STAFF (TU-K/HRS/SOP/0030)

GENERAL

> **Distribution**
>
> **As per clause 6.1 (c) in the maintained documented information**
>
> **Records of Change**
>
> **As per clause 6.2 in the maintained documented information**

1.0   PURPOSE

> To familiarise and introduce new employees to the university.

2.0   SCOPE

> This procedure applies to all new TU-K employees.

3.0   REFERENCES

> a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA
>
> b) Kenya Employment Act 2007
>
> c) Kenya Industrial Training Act 2007
>
> d) Kenya Labour Relations Act 2007
>
> e) The Technical University of Kenya Employee files
>
> f) The Technical University of Kenya HR Policy Manual
>
> g) The Technical University of Kenya Induction and Orientation Manual
>
> h) The Technical University of Kenya Strategic Plan
>
> i) The Technical University of Kenya Terms of Service
>
> j) University Code of Conduct

k) Public Officers Ethics Act

4.0   TERMS USED

4.1 ABBREVIATIONS

a) DIR- HRS   - Director Human Resource Services

b) DVC-API   - Deputy Vice-Chancellor- Administration, Planning and Infrastructure

c) HR   - Human Resource

d) QM   - Quality Manual

e) TU-K   - The Technical University of Kenya

f) UASU   - Universities Academic Staff Union

g) KUSU   - Kenya University Staff Union

h) KUDHEIHA   - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0   RESPONSIBILITY

a) The DVC-API is responsible for the supervision of the implementation of this procedure.

b) The DIR-HRS is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) The DIR-HRS receives and registers the new employee on the reporting day.

b) The DIR-HRS assigns HR personnel to orientate and induct the new employee.

c) The DIR-HRS deploys the new employee to the Department for Induction.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: STAFF PERFORMANCE APPRAISAL	
Doc. Number: TU-K/HRS/SOP/0031	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

2.6 PROCEDURE FOR STAFF PERFORMANCE APPRAISAL (TU-K/HRS/SOP/0031)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    To establish and manage effectiveness in work performance and reward staff appropriately.

2.0   SCOPE

    This procedure applies to all TU-K Staff.

3.0   REFERENCES

    a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA

    b) Kenya Employment Act 2007

    c) Kenya Industrial Training Act 2007

    d) Kenya Labour Relations Act 2007

    e) The Technical University of Kenya Employee files

    f) The Technical University of Kenya Staff Appraisal Form

    g) The Technical University of Kenya Terms of Service

    h) University Code of Conduct

    i) Public Officers Ethics Act

4.0   TERMS USED

4.1 ABBREVIATIONS

a) QM   - Quality Manual

b) TU-K   - The Technical University of Kenya

c) DVC-API   - Deputy Vice-Chancellor- Administration, Planning and Infrastructure

d) DIR-HRS   - Director Human Resource Services

e) HRS   - Human Resource Services

f) UASU   - Universities Academic Staff Union

g) KUSU   - Kenya University Staff Union

h) KUDHEIHA   - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K(QM) apply.

5.0   RESPONSIBILITY

a) The DVC-API is responsible for the supervision of the implementation of this procedure.

b) The DIR-HRS is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) The DVC-API issues a circular to the HoDs notifying them of the commencement of the staff performance appraisal exercise.

b) The DIR-HRS issues Staff Performance Appraisal Forms to staff.

c) All forms completed by the staff are returned to the HoDs.

d) The HoDs complete the Staff Performance Appraisal Form in the presence of the Appraisee.

e) The completed forms are submitted to the Deputy Registrar-HR for final evaluation and approval for issuance of feedback to the appraisee.

f) Where an appraisee disagrees with the Performance Appraisal results, the Vice-Chancellor constitutes a committee to arbitrate.

g) The results of the Staff Performance Appraisal are forwarded by the HoDs to the DVC-API for record.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: DEPLOYMENT AND REASSIGNMENT	
Doc. Number: TU-K/HRS/SOP/0032	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

2.7 PROCEDURE FOR DEPLOYMENT AND REASSIGNMENT (TU-K/HRS/SOP/0032)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure that efficient and effective rationalisation of staff.

2.0   SCOPE

This procedure applies to all TU-K employees.

3.0   REFERENCES

    a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA

    b) Kenya Employment Act 2007

    c) Kenya Industrial Training Act 2007

    d) Kenya Labour Relations Act 2007

    e) The Technical University of Kenya Employee files

    f) The Technical University of Kenya HR Policy Manual

    g) The Technical University of Kenya Strategic Plan

    h) The Technical University of Kenya Terms of Service

    i) University Code of Conduct

    j) Public Officers Ethics Act

4.0   TERMS USED

4.1 ABBREVIATIONS

    a) DIR-HRS   - Director Human Resource Services

    b) DVC-API   - Deputy Vice-Chancellor- Administration, Planning and Infrastructure

    c) HRS   - Human Resource Services

    d) QM   - Quality Manual

    e) TU-K   - The Technical University of Kenya

    f) UASU   - Universities Academic Staff Union

    g) KUSU   - Kenya University Staff Union

    h) KUDHEIHA   - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K(QM) apply.

5.0   RESPONSIBILITY

    a) The DVC-API is responsible for the supervision of the implementation of this procedure.

    b) The DIR-HRS is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

    a) The Management determines deployment and reassignment.

    b) The DIR-HRS examines establishment for deployment and reassignment.

    c) The DIR-HRS communicates decision to the concerned employee and relevant Heads of Department.

    d) HRS updates personnel records.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: STAFF TRAINING AND DEVELOPMENT	
Doc. Number: TU-K/HRS/SOP/0033	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

2.8 PROCEDURE FOR STAFF TRAINING AND DEVELOPMENT (TU-K/HRS/SOP/0033)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    To enhance staff capacity for effective work performance.

2.0   SCOPE

    This procedure applies to all TU-K Staff.

3.0   REFERENCES

    a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA

    b) Kenya Employment Act 2007

    c) Kenya Industrial Training Act 2007

    d) Kenya Labour Relations Act 2007

    e) Kenya Occupational Health and Safety Bill 2007

    f) The Technical University of Kenya Employee files

    g) The Technical University of Kenya Staff Training and Development Form

    h) The Technical University of Kenya Terms of Service

    i) University Code of Conduct

    j) Public Officers Ethics Act

4.0   TERMS USED

4.1 ABBREVIATIONS

a) QM   - Quality Manual

b) TU-K   - The Technical University of Kenya

c) DVC-API   - Deputy Vice-Chancellor- Administration, Planning and infrastructure

d) DIR- HRS   - Director Human Resource Services

e) HRS   - Human Resource Services

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0   RESPONSIBILITY

a) The DVC-API is responsible for the supervision of the implementation of this procedure.

b) The DIR-HRS is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) By 1st February of every year, the DIR-HRS issues a memorandum to all responsible for the implementation of this procedure to forward training and development requirements.

b) The Deans, Directors, HoDs, and supervisors issue or distribute staff training request forms to members of staff.

c) The Deans, Directors, HoDs, and supervisors receive all completed forms by 5th of March of every year.

d) The Deans, Directors, Chairmen and supervisors complete and sign the staff training request form in the presence of the member of staff.

e) The Deans, Directors, HoD, and supervisors submit the completed forms to the Director, HRS for evaluation.

f) The requests are forwarded to Management for consideration.

g) A decision is communicated to the staff member.

h) Update personnel records of successful applicants.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: ADDRESSING EMPLOYEE GRIEVANCES	
Doc. Number: TU-K/HRS/SOP/0034	
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2.9 PROCEDURE FOR ADDRESSING EMPLOYEE GRIEVANCES (TU-K/HRS/SOP/0034)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To address issues that may arise out of the infringement of an employee's rights/entitlements and misunderstandings.

2.0   SCOPE

This procedure applies to all TU-K employees.

3.0   REFERENCES

a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA

b) Kenya Employment Act 2007

c) Kenya Industrial Training Act 2007

d) Kenya Labour Relations Act 2007

e) Kenya Occupational Health and Safety Bill 2007

f) The Technical University of Kenya Employee files

g) The Technical University of Kenya Terms of Service

h) University Code of Conduct

i) Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

    a) DIR-HRS   - Director Human Resource Services

    b) DVC-API   - Deputy Vice-Chancellor- Administration, Planning and Infrastructure

    c) HRS   - Human Resource Services

    d) QM   - Quality Manual

    e) TU-K   - The Technical University of Kenya

    f) UASU   - Universities Academic Staff Union

    g) KUSU   - Kenya University Staff Union

    h) KUDHEIHA   - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K(QM) apply.

5.0 RESPONSIBILITY

    a) The DVC-API is responsible for the supervision of the implementation of this procedure.

    b) The DIR-HRS is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

    a) DIR-HRS receives and analyses, sorts and forwards a formal complaint from the complainant to the DVC- API.

    b) The DVC-API constitutes the Complaints and Grievance Committee. NOTE: Membership of the committee to be determined by the nature of the grievance.

    c) The Complaints and Grievance Committee analyses and makes recommendations.

    d) DVC-API takes actions based on recommendations of the committee

    e) DIR-HRS updates personnel records as appropriate.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: STAFF DISCIPLINE	
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2.10 PROCEDURE FOR STAFF DISCIPLINE (TU-K/HRS/SOP/0035)

GENERAL

   Distribution

   As per clause 6.1 (c) in the maintained documented information

   Records of Change

   As per clause 6.2 in the maintained documented information

1.0   PURPOSE

   To ensure an impartial, transparent and expeditious resolution of disciplinary cases.

2.0   SCOPE

    This procedure applies to all TU-K employees.

3.0   REFERENCES

   a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA

   b) Kenya Economic Crimes Act

   c) Kenya Employment Act 2007

   d) Kenya Industrial Training Act 2007

   e) Kenya Labour Relations Act 2007

   f) The Technical University of Kenya Employee files

   g) The Technical University of Kenya Staff Appointment Letter

   h) The Technical University of Kenya Terms of Service

   i) University Code of Conduct

   j) University Statutes

   k) Public Officers Ethics Act

4.0   TERMS USED

4.1 ABBREVIATIONS

    a) DIR-HRS   - Director Human Resource Services

    b) DVC-API   - Deputy Vice-Chancellor- Administration, Planning and Infrastructure

    c) HRS   - Human Resource Services

    d) QM   - Quality Manual

    e) TU-K   - The Technical University of Kenya

    f) UASU   - Universities Academic Staff Union

    g) KUSU   - Kenya University Staff Union

    h) KUDHEIHA   - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2   DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0   RESPONSIBILITY

    a) The DVC-API is responsible for the supervision of the implementation of this procedure.

    b) The DIR-HRS is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

    a) The disciplinary case is received by the Director, HRS.

    b) The DIR- HRS examines the case and classifies it according to its gravity.

        I.   If the case is not serious, the DIR-HRS handles it appropriately.

       II.   If the case is of serious nature, the DIR-HRS refers it to the DVC-API who constitutes a staff disciplinary committee to handle the case.

      III.   The disciplinary committee receives and analyses the disciplinary case.

      IV.   The committee forwards the report to the DVC-API who forwards the case to the top management for action according to their terms of service.

    c) DIR-HRS updates personnel records as appropriate.

2.11 PROCEDURE FOR STAFF LEAVE MANAGEMENT (TU-K/HRS/SOP/0036)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure that staff appropriately plan for their leave.

2.0   SCOPE

This procedure applies to all TU-K employees.

3.0   REFERENCES

a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA

b) Kenya Employment Act 2007

c) Kenya Industrial Training Act 2007

d) Kenya Labour Relations Act 2007

e) The Technical University of Kenya Employee files

f) The Technical University of Kenya HR Policy Manual

g) The Technical University of Kenya Strategic Plan

h) The Technical University of Kenya Terms of Service

i) University Code of Conduct

j) Public Officers Ethics Act

4.0   TERMS USED

4.1 ABBREVIATIONS

    a) DIR-HRS   - Director Human Resource Services

    b) DVC-API   - Deputy Vice-Chancellor- Administration, Planning and Infrastructure

    c) HRS   - Human Resource Services

    d) QM   - Quality Manual

    e) TU-K   - The Technical University of Kenya

    f) UASU   - Universities Academic Staff Union

    g) KUSU   - Kenya University Staff Union

    h) KUDHEIHA   - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0   RESPONSIBILITY

    a) The DVC-API is responsible for the supervision of the implementation of this procedure.

    b) The DIR-HRS is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

    a) The HoD receives the duly filled leave request form two weeks before the start of the leave.

    b) The HoD forwards leave request with comments to HR for consideration.

    c) The HRS examines request form, computes and updates leave allocation.

    d) If the applicant is an appointee of the Vice-Chancellor, then the DIR-HRS should communicate to the Vice-Chancellor

    e) The DIR-HRS communicates to employee and HoD on leave request.

    f) HRS updates personnel records.

    g) The staff completes a staff movement form on resumption to duty.

7.0   APPENDICES

    a) Leave form

    b) Staff movement form

THE TECHNICAL UNIVERSITY OF KENYA	
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2.12 PROCEDURE FOR CLEARANCE OF STAFF (TU-K/HRS/SOP/0037)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    To facilitate the smooth exit of staff from University service.

2.0   SCOPE

    This procedure applies to all Staff separating from TU-K.

3.0   REFERENCES

    a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA

    b) Kenya Employment Act 2007

    c) Kenya Industrial Training Act 2007

    d) Kenya Labour Relations Act 2007

    e) Kenya Occupational Health and Safety Bill 2007

    f) The Technical University of Kenya Employee files

    g) The Technical University of Kenya Terms of Service

    h) University Code of Conduct and Public Officers Ethics Act

4.0   TERMS USED

4.1 ABBREVIATIONS

    a) QM   - Quality Manual

    b) TU-K   - The Technical University of Kenya

    c) DVC-API   - Deputy Vice-Chancellor- Administration, Planning and Infrastructure

    d) DIR-HRS   - Director Human Resource Services

    e) HRS   - Human Resource Services

    f) UASU   - Universities Academic Staff Union

    g) KUSU   - Kenya University Staff Union

    h) KUDHEIHA   - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0   RESPONSIBILITY

    a) The DVC-API is responsible for the supervision of the implementation of this procedure.

    b) The DIR-HRS is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

    a) The staff member, or a dependent/guardian applies for clearance immediately upon termination, resignation, retirement, disabling injury or death by filling a clearance form available at the Human Resources office.

    b) Once the clearance form is duly completed, it is forwarded to the DIR-HRS for issuance of clearance certificate.

    c) HRS updates personnel records.

7.0   APPENDICES

Staff Clearance Form

2.13 PROCEDURE FOR HR RECORDS MANAGEMENT (TU-K/HRS/SOP/0038)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    To ensure efficient and effective management and control of University HR staff records.

2.0   SCOPE

    This procedure applies to all TU-K HR staff records.

3.0   REFERENCES

    a) The Technical University of Kenya Terms of Service

    b) University Code of Conduct

    c) Public Officers Ethics Act

    d) University Statutes

4.0   TERMS USED

 4.1 ABBREVIATIONS

    a) DIR-HRS   - Director Human Resource Services

    b) DVC-API   - Deputy Vice-Chancellor- Administration, Planning and Infrastructure

    c) HRS   - Human Resource Services

d) QM   - Quality Manual

e) RO   - Records Officer

f) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

a) The DVC-API is responsible for the supervision of the implementation of this procedure.

b) The Director Human Resource Services is responsible for the implementation.

c) The Records Manager is responsible for the maintenance of this procedure.

6.0 METHOD

6.1 Opening a Personal File

a) The administrative assistant issues the new member of staff with a checklist of documents to submit.

b) The Records officer receives the documents and confirms against the checklist.

c) The Records officer opens a personal file, arranges the documents and folios them in a chronological order starting from the bottom.

d) The officer records the details of the file in a master register in order to uniquely identify the file and to facilitate easier retrieval.

6.2 Procedure for Handling Incoming Mail

a) The messenger collects mail from the post office on a daily basis.

b) The clerical officer receives and sorts the mail (Official and personal).

c) Personal mail is placed in directorate/school pigeon holes for collection by the recipients.

d) Official mail is recorded in the mail delivery book then distributed to recipients.

e) The recipients sign in the delivery book upon receiving the mails.

6.3 Procedure for Handling Outgoing Mail (outbound mails)

a) The clerical officer receives mails from generating offices.

b) Register nature of mails (ordinary, registered mails or EMS).

c) Ascertain mail (weight and confidentiality).

d) Mail is franked depending on the amount of postage.

e) The messenger dispatches the mail to the Post Office for posting.

6.4 Procedure for Handling Internal mail

a) The clerical officer receives incoming mail and memos from mail section/creating offices.

b) Mail is classified and registered in the incoming mails register.

c) The clerk files and folios all the correspondences and marks the files to action officers.

d) The files for action are entered into the file movement register and dispatched to action officers.

e) The person receiving the file signs the file movement register.

6.5 File tracking

a) Folioing

I. The Clerical officer files documents in date order with the earliest ones at bottom and the latest documents at the top.

II. The documents in the file are folio-numbered at the top right-hand corner and circled using a red (ink) pen.

III. The documents are serially numbered from the bottom to the top.

IV. The folio numbers are entered on the folio grid at the top of every file for the action officers to act on them and sign out.

b) File Stock Take

I. The clerical officer checks and notes files retained in offices by action officers.

II. The details of the files found in the action offices are recorded in a file census form.

III. The file census forms are filed for reference.

6.6 File Storage and Protection

a) Access to records repository is restricted to authorized persons only.

b) The repository remains out of bounds for non-registry staff. The door is locked, and clients served from the counter.

c) Staff files of confidential nature are maintained and protected from damage by being stored in lockable cabinets.

d) General records are maintained in subject files and protected from damage by being stored in cabinets or shelves.

6.7 File Retrieval

a) A request for a file is made by the user through a phone call.

b) Upon request, the clerical officer locates the file in the cabinet and fills file tracer card.

c) The file is retrieved and recorded in the file movement register.

d) The clerical officer dispatches the file to the requesting officer.

6.8   Closing of files

a) The clerical officer receives a written notification i.e. notification of death, resignation or termination from Human Resource. (The date indicated on the letter is regarded as the date in which the file is closed).

b) The written notification is filed in the respective personnel file and folioed.

c) The details are recorded in the closed files register.

d) The clerical officer dispatches the file to the director Human Resource for processing.

e) Once all actions actions/payments due to the member of staff have been processed, the clerical officer fills a file transfer form hence the file is moved to archives for long term storage.

6.9   Retention and disposition

Retention and disposition of HR records in the University is guided by the relevant legislation and university policy documents.

2.14 PROCEDURE FOR MEDICAL TREATMENT (TU-K/UHWS/SOP/0039)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To provide guideline for medical attention guidelines at the UHWS clinic.

2.0   SCOPE

This procedure applies to all TU-K staff and their bona-fide dependants; students who are on session; as well as any emergency case within the precincts of UHWS.

3.0   REFERENCES

a) Collective Bargaining Agreement Between Management and Staff

b) Kenya Medical Practitioners and Dentists Board CoDe of Professional Conduct

c) Patient File

d) Patients' Rights Charter

e) Relevant Labor Laws including Employment Act NO. 1 of 2007, OSHA 2007, WIBA 2007

f) TU-K Service Charter

g) TU-K Strategic Plan

h) TU-K Terms of Service

i) UHWS SOPs

j) University Code of Ethics

4.0 TERMS USED

4.1 ABBREVIATIONS

a) CO   - Clinical Officer

b) DHWS   - Director of Health and Wellness Services

c) DVC-API   - Deputy Vice-Chancellor- Administration, Planning & Infrastructure

d) MLT   - Medical Laboratory Technologist

e) MRO   - Medical Records officer

f) NO   - Nursing Officer

g) PT   -Pharmaceutical Technologist

h) QM   - Quality Manual

i) TU-K   - Technical University of Kenya

j) UHWS   - University Health and Wellness Services

4.2 DEFINITIONS

a) Clinician – A qualified and registered Medical Doctor or Clinical Officer who serves the patient.

b) Health Service Provider - Any health care professional authorized to take care of patient or those who are medically unwell.

c) Imaging - Technique of creating visual representation of the interior of the body for diagnosis and treatment, i.e. Magnetic Resonance Imaging (MRI).

d) Radiological - The diagnosis and treatment of patient by use of radiant energy like x-rays.

e) Refer - To move, carry or transport a patient from a health service provider or health Unit to another for purpose of further (mostly superior or specialized) medical care.

f) Transfer   - To move, carry or transport patient from a health service provider or health unit to the other for convenience of treatment.

g) Triage - The principle of examining, sorting and allocating patients to determine medical priority.

h) Triage Room - The area allocated for triage.

i) Triage Nurse - The Nurse who performs triage.

5.0 RESPONSIBILITY

a) DVC-API is responsible for the supervision of this procedure.

b) DHWS is responsible for implementation and maintenance of this procedure.

6.0   METHOD

a) The patient is received and registered at the medical records office of UHWS.

b) The patient is directed to the waiting area as the file is retrieved and transferred to the triage room.

c) The triage nurse calls patient to triage room, the vital signs and/or performs any necessary procedure.

d) The triage nurse transfers the patient to the clinician, Laboratory, Pharmacy or discharges the patient.

    I. The clinician attends to the patient and refers the patient either to the laboratory, Pharmacy, hospital, radiological/imaging unit or discharges the patient appropriately.

    II. In the case where a patient is referred to the laboratory, the Medical Laboratory Technologist carries out the tests and takes the results to the referring Clinician who then prioritizes and calls the patient for further treatment.

    III. In the case where a patient is referred to the pharmacy, the patient presents the prescription to the Pharmaceutical Technologist on duty who dispenses the prescribed medication.

    IV. If the patient is referred for external consultation or procedure, the patient presents the request to the external service provider, and thereafter takes the feedback to the referring clinician.

e) If a patient requires admission, the Clinician facilitates admission to the relevant hospital and follows up on the patient's treatment.

2.15 PROCEDURE FOR EMERGENCY TREATMENT (TU-K/UHWS/SOP/0040)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    To guide the provision of emergency medical services.

2.0   SCOPE

    This procedure applies to all TU-K Staff   and   their bona-fide dependants; students who are on session; as well as any emergency case within the precincts of UHWS clinic.

3.0   REFERENCES

    a) Collective Bargaining Agreement Between Management and Staff

    b) Kenya Medical Practitioners and Dentists Board CoDe of Professional Conduct

    c) Patient File

    d) Patients' Rights Charter

    e) Relevant Labor Laws E.g. Employment Act no. 1 of 2007, OSHA 2007, WIBA 2007

    f) TU-K Service Charter

    g) TU-K Strategic Plan

    h) TU-K Terms of Service

    i) UHWS SOPs

j) University Code of ethics

k) Work Instructions for Nursing station

l) Work Instructions for the Clinician

m) Work Instructions for the Health Records Office

n) Work Instructions for the Laboratory

o) Work Instructions for the Pharmacy

4.0 TERMS USED

4.1 ABBREVIATIONS

a) DHWS   - Director of Health and Wellness Services

b) DVC-API   - Deputy Vice-Chancellor- Administration, Planning and Infrastructure

c) HRIO   - Health Records and Information Officer

d) QM   - Quality Manual

e) SOPs   - Standard Operating Procedures

f) TU-K   - Technical university of Kenya

g) UHWS   - Technical University of Kenya Health and Wellness Services

4.2 DEFINITIONS

a) Emergency - Injury or illness that poses immediate risk to a person's life or long-term health.

b) Refer - To move, carry or transport patient from a health service provider or health Unit to another for purpose of further (mostly superior or specialised) medical care.

c) Transfer - To move, carry or transport patient from a health service provider or health unit to the other for convenience of treatment.

d) Health Service Provider - Any health care professional authorized to take care of patient or those who are medically unwell.

5.0 RESPONSIBILITY

a) The DVC-API is responsible for the supervision of the implementation of this procedure.

b) DHWS is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) Health service provider receives information of an emergency.

b) Health service provider gives First Aid or medical care or advises on incident management.

c) When appropriate, the senior most relevant health service provider is informed to take charge.

d) Health service provider activates the emergency system in the health centre as would be appropriate.

e) Health Service Provider completes the treatment or discharges or transfers or refers the patient appropriately, providing the right documentation.

f) The Health Service providers follow and complete the outpatient treatment guide for non-emergency cases regarding documentation.

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2.16 PROCEDURE FOR PROCUREMENT PLANNING (TU-K/PROC/SOP/0041)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure efficient and effective procurement of goods and services.

2.0   SCOPE

This procedure applies to all TU-K procurement plans.

3.0   REFERENCES

a) PPADA 2015 - Public Procurement and Asset Disposal Assets Act 2015

b) PPADGM – Public Procurement and Asset Disposal General Manual

c) PPOA – Government Regulations and Guidelines

d) PPOA Circular – Public Procurement Oversight Authority Circulars

4.0   TERMS USED

  4.1 ABBREVIATIONS

a) CPP   - Consolidated Procurement Plan

b) DSCO   - Director Supply Chain Operations

c) PP   - Procurement Plan

d) PPADA 2015   - Public Procurement and Asset Disposal Assets Act 2015

e) PPADGM   - Public Procurement and Asset Disposal General Manual

f) PPRA   - Public Procurement Regulatory Authority

g) TU-K   - The Technical University of Kenya

h) UMB   - University Management Board

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in this document apply.

5.0 RESPONSIBILITIES

a) The DVC- API is responsible for supervising the implementation of this procedure.

b) The DSCO is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) DSCO receives the proposed procurement plan from heads of units/departments four months before the beginning of the financial year.

b) The DSCO issues a memo to all heads of units/departments to prepare their procurement requirements in the prescribed format, four months before the beginning of the financial year.

c) The heads of units/departments submit a detailed breakdown of the goods, works, services and consultancies required to carry out the activities of their heads of units/departments in the prescribed form.

d) DSCO discusses the PP with the heads of units/departments.

e) The DSCO consolidates the requirements.

f) The DSCO prepares a professional opinion based on the recommendation.

g) The professional opinion is signed by the Vice-Chancellor.

h) The LPO is raised to the effect.

7.0 APPENDICES

Procurement planning templates for Goods/Works/Services

THE TECHNICAL UNIVERSITY OF KENYA	
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Doc. Number: TU-K/PROC/SOP/0042	
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2.17 PROCEDURE FOR PRE-QUALIFICATION OF SUPPLIERS AND CONTRACTORS (TU-K/PROC/SOP/0042)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To identify a list of suppliers who meet the statutory requirements to supply goods and services to TU-K.

2.0   SCOPE

This procedure applies to all suppliers and contractors.

3.0   REFERENCES

a) Government Regulations and Guidelines

b) Public Procurement and Asset Disposal Act 2015

c) Public Procurement and Assets Disposal General Manual

d) Public Procurement and Disposal Regulations 2006

4.0   TERMS USED

4.1 ABBREVIATIONS

a) CPP   - Consolidated Procurement plan.

b) DSCO   - Director of Supply and Chains Operation.

c) PPADA 2015   - Public Procurement and Asset Disposal Authority 2015.

d) PPADGM   - Public Procurement and Asset Disposal General Manual.

e) PPDR 2006   - Public Procurement and Disposal Regulations 2006.

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in this document apply.

5.0   RESPONSIBILITY

a) The DVC-API is responsible for supervising the implementation of this procedure

b) The DSCO is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) The DSCO reviews the CPP and prepares the categories of goods and services required by TU-K.

b) The DSCO forwards the list of goods and services to the Tender Committee for approval.

c) The DSCO prepares the standard pre-qualification documents.

d) The DSCO invites potential suppliers and contractors.

e) The DSCO receives applications within fourteen (14) days from the applicants.

f) Tender Processing Committee opens the received applications.

g) Tender opening committee opens the received applications.

h) The ad-hoc evaluation committee evaluates the application.

i) The evaluation committee presents the proposed list of suppliers and contractors to the Head of Supply Chain for professional advice.

2.18 PROCEDURE FOR DISPOSAL OF OBSOLETE ASSETS (TU-K/PROC/SOP/0043)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To dispose of unserviceable, obsolete, expired, and surplus stores in a transparent, cost effective and safe manner.

2.0   SCOPE

This procedure applies to all disposals of unwanted stores within TU-K Campuses.

3.0   REFERENCES

a) Public Procurement and Asset Disposal Act 2015

b) Public Procurement and Disposal General Manual 2009

c) Public procurement and Disposal Regulations 2006

4.0   TERMS USED

4.1 ABBREVIATIONS

a) DSCO   - Director of Supply and Chains Operation

b) PPADA 2015   - Public Procurement and Asset Disposal Authority 2015

c) PPADGM   - Public Procurement and Asset Disposal General Manual

d) PPDR 2006   - Public Procurement and Disposal Regulations 2006

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in this document apply.

5.0   RESPONSIBILITY

a) The DVC-API is responsible for supervising the implementation of this procedure.

b) The DSCO is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) At the beginning of every quarter, the DSCO issues a memo to user departments to identify stores due for disposal.

b) The user department forwards a list of unwanted stores within four (4) weeks of the request memo to the DSCO.

c) The disposal committee classifies disposable stores.

d) The disposal committee writes a report to the Vice-Chancellor for authority to dispose.

e) The DSCO disposes of the unwanted stores by the end of every quarter.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: PROCURING THROUGH TENDERING	
Doc. Number: TU-K/PROC/SOP/0044	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

2.19 PROCEDURE FOR PROCURING THROUGH TENDERING (TU-K/PROC/SOP/0044)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    The purpose of this procedure is to assess the best bidders/suppliers for the University.

2.0   SCOPE

    This procedure applies to the procurement unit of TU-K.

3.0   REFERENCES

    a) Approved list of Suppliers

    b) Approved Procurement plan

    c) PPOA circular

    d) Procurement Manuals from PPOA

    e) Public Procurement and Asset Disposal Act 2015 and Regulations 2006

4.0   TERMS USED

  4.1 ABBREVIATIONS

    a) DSCO   - Director of Supply and Chains Operation

    b) LPO   - Local Purchase Order

    c) PPADA 2015   - Public Procurement and Asset Disposal Authority 2015

d) PPADGM   - Public Procurement and Assets Disposal General Manual

e) PPDR 2006   - Public Procurement and Disposal Regulations 2006

f) PPRA   - Public Procurement Regulatory Authority

g) UMB   - University Management Board

4.2 DEFINITIONS

a) Tenderer   - A person submitting a tender.

b) User   - The Department which initiates procuring proceedings.

5.0   RESPONSIBILITY

a) The DVC-API is responsible for supervising the implementation of this procedure.

b) The DSCO is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) DSCO receives requests from users with specifications of goods/services and uses the same to prepare tender documents.

b) DSCO advertises the tenders.

c) DSCO receives the bids.

d) The bids are closed and opened by Tender Opening Committee.

e) The Tender Opening Committee opens the bids.

f) The evaluation committee evaluates the bids and give recommendation to the DSCO.

g) DSCO prepares the professional opinion on the recommendation.

h) The Vice-Chancellor signs the professional opinion on the procurement.

i) The contract is prepared by the DSCO as per the agreement.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: PROCURING THROUGH QUOTATIONS	
Doc. Number: TU-K/PROC/SOP/0045	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

2.20 PROCEDURE FOR PROCURING THROUGH QUOTATIONS (TU-K/PROC/SOP/0045)

GENERAL

   Distribution

   As per clause 6.1 (c) in the maintained documented information

   Records of Change

   As per clause 6.2 in the maintained documented information

1.0   PURPOSE

   The purpose of this procedure is to assess the best bidders/suppliers for the University.

2.0   SCOPE

   This procedure applies to the procurement unit of TU-K.

3.0   REFERENCES

   a) Approved list of suppliers

   b) Approved Procurement Plan

   c) PPRA circular

   d) Procurement manuals from PPRA

   e) Public Procurement and Disposal Act 2005 and Regulations 2006

4.0   TERMS USED

  4.1 ABBREVIATIONS

   a) DSCO   - Director of Supply and Chains Operation

   b) LPO   - Local purchase order

   c) PPADA 2015   - Public Procurement and Asset Disposal Authority 2015

d) PPADGM   - Public Procurement and Assets Disposal General Manual

e) PPDR 2006   - Public Procurement and Disposal Regulations 2006

f) PPRA   - Public Procurement Regulatory Authority

g) RFQ   - Request for Quotation

4.2 DEFINITIONS

User - The Department which initiates procuring proceedings.

5.0   RESPONSIBILITY

a) The DVC-API is responsible for supervising the implementation of this procedure.

b) The DSCO is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) DSCO receives requests from users with specifications of goods/services and uses the same to categories and prepare request for quotations.

b) The requests for quotations are dispatched to pre-qualified suppliers or acceptable dealers.

c) The Quotations Opening Committee meets at an appointed date to open the quotations at an agreed venue.

d) Quotations are sorted and those that are complete (three or more) are opened.

e) The quotations are analysed by the Supply Chain Officer who makes recommendations.

f) The DSCO prepares a professional opinion based on the recommendation.

g) The professional opinion is signed by the Vice-Chancellor.

h) The LPO is raised to the effect.

2.21 PROCEDURE FOR FACILITY MAINTENANCE (TU-K/INFRA/SOP/0046)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

The purpose of this procedure is to provide guidelines for the maintenance of infrastructure in the university

2.0   SCOPE

This procedure applies to the Maintenance of all infrastructure and equipment in the entire university.

3.0   REFERENCES

Procurement and Disposal Act 2005

4.0   TERMS USED

4.1 ABBREVIATIONS

a) DPFM   - Director Facilities and Properties Management

b) ME & MS - Manager Engineering and Maintenance Services

c) QM - Quality Manual

d) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0   RESPONSIBILITY

a) The DVC-API is responsible for the supervision of the for the implementation and maintenance of this procedure

b) The DPFM is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

6.1   Preventive Maintenance

a) The DPFM prepares a maintenance schedule and an estimated list of required materials for carrying out the preventive works annually, three (3) months before an annual budget is done.

b) The DPFM assesses infrastructure and equipment for maintenance on need basis.

c) The DPFM assess whether there is internal expertise to carry out the works.

    I.   If there is capacity to execute the works, the DPFM obtains resources as per the procurement procedure.

    II.   The technician in-charge executes the works.

    III.   If there is no capacity, DPFM initiates the preparation of drawings and bills of quantities and the procedure for procurement.

d) The DPFM inspects the works for quality. If the works are not satisfactorily done, the DPFM in charge or the contractor makes necessary adjustments as per the specifications or contract.

6.2   Corrective Maintenance

a) The user completes the work request form for maintenance/repair of building or equipment.

b) The DPFM receives and prioritizes the works.

c) The DPFM assesses the work and determines if there is capacity to execute the work.

    I.   If there is capacity to execute the works, the DPFM obtains resources and executes the works.

    II.   If there is no capacity, DPFM initiates the preparation of drawings and bills of quantities and the procedure for procurement.

d) The DPFM inspects the works for quality. If the works are not satisfactorily done, the DPFM in charge or the contractor makes necessary adjustments as per the specifications or contract.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: CONSTRUCTION OF NEW WORKS	
Doc. Number: TU-K/INFRA/SOP/0047	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorized By: VICE-CHANCELLOR

2.22 PROCEDURE FOR CONSTRUCTION OF NEW WORKS (TU-K/INFRA/SOP/0047)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    To ensure efficient and effective construction of new works.

2.0   SCOPE

    This procedure covers new works carried out in the entire University.

3.0   REFERENCES

    Procurement and Disposal Act 2005

4.0   TERMS USED

    4.1 ABBREVIATIONS

        a) BQ   - Bills of Quantities

        b) C & IDT   - Construction and Infrastructure Development Team

        c) DFPM   - Director Facilities and Properties Management

        d) MoHEST   - Ministry of Higher Education, Science and Technology

        e) MoPW   - Ministry of Public Works

        f) QM   - Quality Manual

        g) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

a) The DVC-API is responsible for the supervision of the implementation of this procedure.

b) The DPFM Management is responsible for the implementation of this procedure.

6.0 METHOD

a) The University prioritises the works in the Financial Year work plan submitted by the user Department/School.

b) The selected work is submitted to the Physical Planning and Development Committee for discussion to determine its viability.

c) The DPFM assesses the work and determines if there is capacity to execute the work.

    I. If there is capacity to execute the works, the DPFM obtains resources and executes the works.

    II. If there is no capacity, DPFM initiates the preparation of drawings and bills of quantities and the procedure for procurement.

d) The DPFM inspects the works for quality. If the works are not satisfactorily done, the DPFM or the contractor makes necessary adjustments as per the specifications or contract.

THE TECHNICAL UNIVERSITY OF KENYA	
Document**:** CLEANING SERVICES	
Doc. Number: TU-K/API/SOP/0048	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorized By: VICE-CHANCELLOR

2.23 PROCEDURE FOR CLEANING SERVICES (TU-K/API/SOP/0048)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    The purpose of this procedure is to provide guidelines for effective cleaning services.

2.0   SCOPE

    The procedure applies to places and spaces used by TU-K.

3.0   REFERENCE

        a) ISO 9001:2015 Standard

        b) TU-K Service Delivery Charter (2013)

4.0   TERMS USED

  4.1 ABBREVIATIONS

        a) DVC - API - Deputy Vice-Chancellor- Administration, Planning & Infrastructure.

        b) D-UCS – Director Campus Services.

  4.2 DEFINITIONS

    For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0   RESPONSIBILITY

   a) The DVC-API is responsible for supervising the implementation of this procedure.

   b) The Director - University Campus Services is responsible for effective implementation of this procedure.

6.0   METHOD

   a) Supervisors report to work before 6:45 a.m. and oversee the signing in and out of the cleaners and sanitary attendants at 7.00 am and 3.00 pm respectively.

   b) Supervisors issue cleaning detergents and disinfectants as required.

   c) The cleaners and sanitary attendants proceed to the designated areas.

   d) The supervisors check to ascertain that the areas worked on are well cleaned and remain clean throughout the day.

   e) The supervisors make regular checks on the cleanliness of the public areas and guide the cleaners and sanitary attendants on ways to improve.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: TRANSPORTATION SERVICES	
Doc. Number: TU-K/TRAN/SOP/0049	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

2.24 PROCEDURE FOR PROVISION OF TRANSPORT SERVICES (TU-K/TRAN/SOP/0049)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0 PURPOSE

    The purpose of this procedure is to provide efficient transportation services to TU-K fraternity.

2.0 SCOPE

    The procedure provides guidelines for provision of transport services at TU-K.

3.0 REFERENCES

    a) Kenya Industrial Training Act 2007

    b) The Technical University of Kenya Strategic Plan

    c) TU-K Statutes

    d) University Code of Conduct

    e) Public Officers Ethics Act

4.0 TERMS USED

  4.1 ABBREVIATIONS

    a) D-UCS   - Director-University Campus Services

    b) DVC-API   - Deputy Vice-Chancellor- Administration, Planning and Infrastructure

    c) F & TM   - Fleet and Transport Manager

d) QM   - Quality Manual

e) TO   - Transport Officer

f) TU-K   - The Technical University of Kenya

g) W/Shop   - Workshop

4.2 DEFINITIONS

User   - Person/Faculty/School/Department requesting for transport service

5.0 RESPONSIBILITY

a) The DVC-API is responsible for the supervision of the implementation and maintenance of these procedures.

b) The F & TM is responsible for the overall implementation and maintenance of this procedure.

6.0 METHOD

a) For local transport requests, the officer in charge of Department or Chairman completes the request for transport form. For long distance trips, the request is through a letter with DVC-API's approval.

b) The F & TM checks on availability of vehicle and driver.

c) F & TM approves the request or schedule the trip to be executed later. In case of the latter, F & TM informs the officer requesting for transport.

d) F & TM allocates vehicle to a driver.

e) Work ticket is signed by the F & TM.

f) Driver carries out checks on the vehicle to ascertain it is ready for a trip.

g) Driver indicates initial mileage and departure time on the work ticket.

h) Requesting user makes use of the vehicle.

i) Driver records mileage covered, and the actual time vehicle returns on the work ticket.

j) Driver gives mechanical report on vehicle performance based on physical vehicle assessment.

7.0 APPENDICES

Request for transport form

THE TECHNICAL UNIVERSITY OF KENYA	
Document: VEHICLE MAINTENANCE	
Doc. Number: TU-K/TRAN/SOP/0050	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

2.25 PROCEDURE FOR VEHICLE MAINTENANCE (TU-K/TRAN/SOP/0050)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    The purpose of this procedure is to provide guidelines for vehicle repair and maintenance services.

2.0   SCOPE

    The procedure covers the Technical University of Kenya motor vehicles repair and maintenance services.

3.0   REFERENCES

    a) Kenya Industrial Training Act 2007

    b) The Technical University of Kenya Strategic Plan

    c) Transport Policy and Procedures Manual

    d) TU-K Statutes

    e) University Code of Conduct

    f) Public Officers Ethics Act

4.0   TERMS USED

4.1 ABBREVIATIONS

a) QM   - Quality Manual

b) TU-K   - The Technical University of Kenya

c) W/Shop   - Workshop

d) DVC-API   -Deputy Vice-Chancellor- Administration, Planning and Infrastructure

e) D – UCS   - Director – University Campus Services

f) F & TM   - Fleet and Transport Manager

g) TO   - Transport Officer

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0   RESPONSIBILITY

a) The DVC-API is responsible for the supervision of the implementation and maintenance of these procedures.

b) The D-UCS assumes the overall responsibility of overseeing these procedures.

c) The F & TM implements the procedures.

6.0   METHOD

a) The driver reports the problem, or when vehicle is due for service or following preventive maintenance checks.

b) The technician inspects and diagnoses the vehicle, makes a report and opens a job card.

c) Defective part is opened, and the technician orders any required spare parts.

d) The F & TM recommends on the parts requisition form.

e) The D – UCS considers the requisition form for approval.

f) Requisition form is submitted to Director, Supply and Chain Operations.

g) The mechanic receives spare parts.

h) The mechanic carries out repairs under the supervision of technician.

i) The technician tests the vehicle to ascertain that the repair was successful. If not successful, the mechanic repeats the job.

j) The technician records the mileage and releases the vehicle to the transport pool.

3.0 OFFICE OF THE DEPUTY VICE-CHANCELLOR ACADEMIC, RESEARCH AND STUDENTS (ARS)

THE TECHNICAL UNIVERSITY OF KENYA	
Document: CURRICULUM DEVELOPMENT AND REVIEW	
Doc. Number: TU-K/AC/SOP/0051	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

3.1 PROCEDURE FOR CURRICULUM DEVELOPMENT AND REVIEW (TU-K/AC/SOP/0051)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    To ensure that curriculum development and review is conducted efficiently and effectively in order to guarantee quality academic programmes.

2.0   SCOPE

    This procedure applies to the development and review of curricula in the entire University.

3.0   REFERENCES

    a) Previous syllabi

    b) Course texts

    c) Vision 2030

    d) CUE guidelines for re-evaluation of curriculum for revised academic programmes

    e) CUE standards and guidelines for university academic programmes

    f) CUE guidelines for designing curricula

4.0 TERMS USED

4.1 ABBREVIATIONS

a) CDC   - Curriculum Development Committee

b) CoD   - Chairperson of Department

c) CUE   - Commission for University Education

d) DAB   - Departmental Academic Board

e) DC   - Deans' Committee

f) DCDRC   - Departmental Curriculum Development and Review Committee

g) DoS   - Director of School

h) DVC-ARS   -Deputy Vice-Chancellor- Academic, Research and Students

i) ED   - Executive Dean

j) FAB   - Faculty Academic Board

k) QM   - Quality Manual

l) RA   - Registrar (Academic)

m) SAB   - School Academic Board

n) SEN   - Senate

o) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in the TU-K(QM) apply.

5.0 RESPONSIBILITY

a) The DVC-ARS supervises the implementation of this procedure.

b) The RA is responsible for the implementation and maintenance of this procedure.

6.0 DEVELOPMENT

a) The CoD receives proposals for development or review of an existing one from various sources (staff, industry, any other).

b) The CoD convenes a DAB which analyses the received proposals and determines the rationale for a comprehensive development and review.

c) The DAB determines the stakeholders request and informs them of the decision.

d) The DAB constitutes a Departmental Curriculum Development and Review Committee (DCDRC) and initiates the review/development process.

e) The DCDRC prepares a memorandum outlining the suggested content and structure of new curricula or revisions to the existing ones, together with a zero-draft based on Commission for University Education (CUE) guidelines and standards and presents these to the CoD.

f)   The DCDRC presents the memorandum and zero draft of the new curriculum or revisions to the DAB for consideration and approval.

g)   The DAB forwards the draft curriculum to the SAB for consideration.

h)   The DAB invites stakeholders to assess the draft curriculum and give their input.

i)   The DCDRC collates and considers the views from the stakeholders' forum and integrates them into the draft curriculum.

j)   The School Academic Board (SAB) considers, analyses and adopts the draft curriculum.

k)   The Faculty Academic Board (FAB) considers, analyses and adopts the draft curriculum and forwards, together with FAB minutes, to the Deans' Committee.

l)   The Deans' Committee considers, analyses the draft curriculum and makes recommendation(s) to the Senate for deliberation.

m) The Senate analyses the curriculum and gives its recommendation(s) for further incorporation by the DCDRC.

n) Upon Senate approval, the curriculum is submitted to CUE for consideration of accreditation.

o)   Upon CUE accreditation, the Curriculum becomes operational.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: STUDENT ADMISSION AND REGISTRATION	
Doc. Number: TU-K/AC/SOP/0052	
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Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

3.2 PROCEDURE FOR STUDENT ADMISSION AND REGISTRATION (TU-K/AC/SOP/0052)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure that admission and registration of students is conducted efficiently and effectively.

2.0   SCOPE

This procedure applies to all TU-K Schools, Departments and Centres.

3.0   REFERENCES

a) The Technical University of Kenya Statutes

b) The Technical University of Kenya Strategic Plan

c) The Technical University of Kenya Students Charter

d) University Code of Conduct and Public Officers Ethics Act

4.0   TERMS USED

4.1 ABBREVIATIONS

a) DVC-ARS   - Deputy Vice-Chancellor- Academic, Research and Students

b) QM   - Quality Manual

c) RA   - Registrar (Academic)

d) SAR - A & R   - Senior Assistant Registrar Admission and Recruitment

e) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

a) Entry Requirements – The minimum academic qualifications required to be eligible for admission into a university programme.

b) Government sponsored students - Students under the regular programme.

c) HELB – Higher Education Loans Board

d) KC.S.E. – Kenya Certificate of Secondary Education

e) KUCCPS – Kenya University & Colleges Central Placement Services, the body responsible for admission of government-sponsored students to public universities.

f) Module II Self sponsored students – Students under the parallel programme.

g) SMIS – Student Management Information System

h) Student Joining Instructions – A set of documents given to admitted students together with the letter of offer.

5.0 RESPONSIBILITY

a) The DVC-ARS supervises the implementation of this procedure.

b) The Registrar (Academic) and Senior Assistant Registrar, Admission and Recruitment are responsible for the implementation and maintenance of this procedure.

6.0 METHOD

6.1 Government-Sponsored Students

a) KUCCPS sets admission criteria.

b) Prospective applicants revise programme choices.

c) KUCCPS receives and processes application forms.

d) KUCCPS places qualified applicants and informs the successful applicants.

e) The Technical University of Kenya receives placement list from KUCCPS.

f) Deans Committee considers list of placed applicants and recommend to Senate to admit

g) Senate considers recommendations of the Dean's Committee and admits students placed by KUCCPS.

h) RA prepares, and issues admission offer letters.

i) RA registers students.

j) RA coordinates orientation.

6.2 Module II/Privately Sponsored Students

a) RA requests programmes to be advertised from DoS.

b) DoS compiles School list and submit request(s) for programmes to be advertised to RA.

c) RA compiles university- wide list of programmes to be advertised.

d) RA requests authority of the Vice-Chancellor to advertise programmes.

e) Vice-Chancellor approves list of programmes to be advertised.

f) RA advertises the programmes.

g) Prospective students apply for the programme.

h) DAB considers applications and shortlists qualified applicants.

i) Deans' Committee approves selection list.

j) RA issues admission offer letters to qualified applicants.

k) RA registers students.

l) RA coordinates orientation for newly admitted students.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: TIMETABLE PREPARATION	
Doc. Number: TU-K/AC/SOP/0053	
Date of Issue: JUNE 2018	Version No: 00
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3.3 PROCEDURE FOR TIMETABLE PREPARATION (TU-K/AC/SOP/0053)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

a) To provide guidelines for timetable preparation at the University.

b) To ensure that all lessons for every class are scheduled in appropriate classrooms.

c) To eliminate conflict that may arise from shared facilities.

2.0   SCOPE

This procedure is applicable to all teaching Departments of the University.

3.0   REFERENCES

a) Teaching curricula

b) Programme Calendar

c) Semester date Schedule

4.0   TERMS USED

4.1 ABBREVIATIONS

a) CoD   - Chairperson of Department

b) DAB   - Departmental Academic Board

c) DR – AS & C   - Deputy Registrar (Academic, Secretariat and Coordination)

d) DVC-ARS   -Deputy Vice-Chancellor- Academic, Research and Students

e) QM   - Quality Manual

f) RA   - Registrar (Academic)

g) STC   - School Timetable Coordinator

h) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

a) The DVC-ARS is responsible for the supervision of the implementation of this procedure.

b) The RA, Deputy Registrar (Academic Secretariat and Coordination) are responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) The DR-AS&C initiates the timetabling process by requesting the CoDs to identify the course units to be taught in the semester, eight (8) weeks before the onset of the next semester.

b) CoD convenes DAB to discuss and consider semester teaching programmes and allocates courses to lecturers.

c) STC keys the teaching allocation data using the timetabling software.

d) STC updates the database and submits the data to DR-AS&C, six (6) weeks before the semester begins.

e) The DR-AS&C plots the timetable and uploads the draft timetable to the user departments, four (4) weeks before the end of the semester.

f) Department timetabler creates the final timetable from the draft timetable template using the timetable software.

g) Department timetabler pins the final timetable on notice boards and uploads it on the student portal 2 (two) weeks before the start of new semester.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: TEACHING OF THEORY LESSONS	
Doc. Number: TU-K/AC/SOP/0054	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

3.4 PROCEDURE FOR TEACHING OF THEORY LESSONS (TU-K/AC/SOP/0054)

GENERAL

  Distribution

  As per clause 6.1 (c) in the maintained documented information

  Records of Change

  As per clause 6.2 in the maintained documented information

1.0   PURPOSE

  To ensure efficient and effective teaching of students within the University.

2.0   SCOPE

  This procedure applies to teaching of theory lessons in the University.

3.0   REFERENCES

  a) ISO 9001:2015 Quality Management System Requirements.

  b) The Technical University of Kenya Examination Policy for Undergraduate, Diploma and Certificate Programmes.

  c) The Technical University of Kenya Statutes.

4.0   TERMS USED

  4.1 ABBREVIATIONS

  a) CoD   - Chairperson of Department

  b) DVC-ARS - Deputy Vice-Chancellor- Academic, Research and Students

  c) FAB - Faculty Academic Board

  d) DAB - Departmental Academic Board

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

5.0 RESPONSIBILITY

a) The DVC-ARS is responsible for the implementation and effective supervision of these procedures.

b) CoD is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) At least four (4) weeks to the beginning of each semester, the CoD convenes a DAB in which course allocation is done in line with the approved teaching timetable.

b) At least one (1) week before the beginning of each semester, each lecturer/course instructor prepares a course outline guided by the course description and submits the same to the CoD for approval.

c) At least one (1) week before the beginning of each semester, the CoD posts a copy of the teaching timetable to the Departmental noticeboard.

d) At the start of the semester, the course lecturer/instructor distributes a copy of the approved course outline to the students.

e) The course instructor attends class as scheduled and delivers the course content.

f) The course lecturer/tutor maintains a class attendance register and analyses percentages on a monthly basis and submits the analysis to the CoD.

g) The CoD monitors class attendance and ensures compliance with examination regulations.

h) The course lecturer/tutor carries out a continuous assessment of students' progress in line with the approved schedule and examination regulations.

i) The course lecturer/tutor sets end-semester exams following the timelines set in the relevant procedure and in accordance with University Examination Regulations and submits the same to the CoD.

j) One (1) week before the end of the teaching programme, the CoD facilitates appraisal of staff teaching performance by students.

Document: TEACHING OF PRACTICAL LESSONS	
Doc. Number: TU-K/AC/SOP/0055	
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3.5 PROCEDURE FOR TEACHING OF PRACTICAL LESSONS (TU-K/AC/SOP/0055)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0 PURPOSE

    To ensure that practical lessons are conducted efficiently and effectively.

2.0 SCOPE

    This procedure applies to teaching of practical lessons in University laboratories and workshops.

3.0 REFERENCES

    a) Course manuals

    b) Syllabi

4.0 TERMS USED

  4.1 ABBREVIATIONS

    a) CoD   - Chairperson of Department

    b) DCT   - Departmental Chief Technologist

    c) DVC-ARS   - Deputy Vice-Chancellor- Academic, Research and Students

    d) SAB   - School Academic Board

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

a) DVC-ARS is responsible for the supervision of this procedure.

b) CoD is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) At least eight (8) weeks to the beginning of each semester, the CoD convenes a DAB in which course allocation is done in line with the approved teaching timetable.

b) At least six (6) weeks before the onset of the practical(s), the lecturer prepares course outlines, laboratory/practical/workshop activity worksheet and teaching aids for the lesson as appropriate and submits practical request to the CoD and Departmental Chief Technologist (DCT).

c) At least four (4) weeks before the date of the practical lesson, the CoD, in liaison with the DCT, requisitions for and prepares any equipment and materials needed for the practical.

d) At least thirty (30) minutes before the lesson, the technical staff prepares all practical materials as requested by the course lecturer.

e) During the first lesson of the practical, the course lecturer circulates course outlines, laboratory/practical/workshop activity worksheet and teaching aids for the lesson and takes the students through the practical assisted by the Technical staff.

f) The technical staff supervises the clearing of the lab/workshop and proper storage of equipment and materials.

7.0 APPENDICES

a) Laboratory worksheet

b) Student absenting form

c) Students' Attendance Registers

d) Teaching Timetable

THE TECHNICAL UNIVERSITY OF KENYA	
Document: TEACHING OF STUDIOS	
Doc. Number: TU-K/AC/SOP/0056	
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3.6 PROCEDURE FOR TEACHING OF STUDIOS (TU-K/AC/SOP/0056)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0 PURPOSE

    To ensure efficient and effective teaching of studio courses and to guarantee quality outcomes.

2.0 SCOPE

    This procedure applies to all studio courses in the entire University.

3.0 REFERENCES

    a) Course texts

    b) Previous Syllabi

    c) Working instructions on teaching and assessment of studios

4.0 TERMS USED

  4.1 ABBREVIATIONS

    a) CoD   - Chairperson of Department

    b) DAB   - Departmental Academic Board

    c) DSO   - Departmental Studio Overseer

    d) DVC-ARS   - Deputy Vice-Chancellor- Academic, Research and Students

e) QM   - Quality Manual

f) SM   - Studio Master

g) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

5.0 RESPONSIBILITIES

a) The DVC-ARS is responsible for supervising the implementation of this procedure.

b) The CoD is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) The CoD prepares and releases a timetable for studio teaching in line with the procedure for timetable preparation.

b) At least eight (8) weeks before the onset of the studio, the CoD, in liaison with DSO, appoints a studio instruction team consisting of a studio master (SM), instructors, technicians and tasks them with formulating a studio brief in line with the relevant course syllabus and work instruction.

c) At least six (6) weeks before the onset of the studio, the SM submits a studio brief to the DSO.

d) At least five (5) weeks before the onset of the studio, the CoD calls a meeting of the DAB to discuss, review and adopt the studio brief.

e) At least five (5) weeks before the onset of the studio, the CoD, in liaison with DSO, requisitions for studio materials, arranges logistics for fieldwork, including transport, accommodation and field guidance.

f) At least two (2) weeks before the onset of the studio, the DSO releases the studio brief to students, together with a list of tools and instruments they are expected to possess.

g) At least two (2) weeks before the onset of the studio, the CoD, in liaison with DSO, ensures that technicians have all the materials required for the studio.

h) During the first week of the studio, the SM launches the studio, and with the assistance of instructors and technicians, ensures that students have all the necessary instruments needed for studio work.

i) The SM ensures that studio instruction proceeds in accordance with the laid out brief and relevant work instructions.

j) The CoD, in liaison with DSO, ensures that studio assessment proceeds in accordance with the laid-out schedule and relevant working instructions.

	THE TECHNICAL UNIVERSITY OF KENYA
Document: INDUSTRY-BASED LEARNING	
Doc. Number: TU-K/AC/SOP/ 0057	
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Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

3.7 PROCEDURE FOR INDUSTRY-BASED LEARNING (TU-K/AC/SOP/0057)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

The purpose of this procedure is to provide guidelines to ensure that students are attached to industries effectively and on a timely basis.

2.0   SCOPE

This procedure is used to place students in industries for attachment in the entire University.

3.0   REFERENCES

a) Teaching Curricula

b) TU-K Strategic Plan (2015-2020)

c) Industrial Attachment Manual

4.0   TERMS USED

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0   RESPONSIBILITY

a) The DVC-ARS is responsible for the implementation and supervision of this procedure

b) D-UIP and SAR-IBLP are responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) The D-IBLC raises a memo through the COD requesting students to identify at least three relevant attachment places one (1) semester prior to commencement of industrial attachment.

b) The D-IBLPC in liaison with the COD receives the list of proposed attachment places from the students and forwards the same to the S-ILO three (3) months prior to commencement of industrial attachment.

c) The D-IBLC harmonises the proposed attachment requests and establishes availability of proposed places and issues letters of introduction.

d) The S-ILO compiles the final placement list and forwards the same to SAR-IBLP.

e) The SAR-IBLP ensures that placed students have an insurance cover.

f) Before the students embark on attachment, the SAR-IBLP, in liaison with the S-ILO and D-IBLC issues students with guidebooks and logbook and briefs them about the IBL.

g) The S-ILO compiles data on student who have reported to institutions of attachment and forwards the same to SAR-IBLP/D-IBLC.

h) The S-ILO, in liaison with D-IBLC prepares a visitation schedule, allocates lecturers and makes the necessary travelling arrangements.

i) The lecturer visits the student in accordance with the approved schedule and assesses his/her progress and performance.

j) The lecturer compiles visitation and assessment reports, together with the logbooks and submits them to D-IBLC/COD.

7.0   APPENDICES

a) Student Introduction Letter

b) Attachment places proposal form

c) Student placement form

d) Attachment Letter

e) Attachment guide

f) Student logbook

g) Lecturer visitation form

h) Visitation schedule form

i) Work Instructions on Placement of Students

j) Work Instructions on IBL Visitation

k) Work Instruction on IBL Assessment

THE TECHNICAL UNIVERSITY OF KENYA	
Document: APPOINTMENT OF EXTERNAL EXAMINERS	
Doc. Number: TU-K/AC/SOP/ 0058	
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3.8 PROCEDURE FOR APPOINTMENT OF EXTERNAL EXAMINERS (TU-K/AC/SOP/0058)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

The purpose of the procedure is to ensure that the appointment of External Examiners conforms to the rules and regulations governing University Examinations and on time.

2.0   SCOPE

This procedure applies to the appointment of external examiners by all teaching departments in the university.

3.0   REFERENCES

a) Common Rules and Regulations for Diploma University Examinations

b) Common Rules and Regulations for Post graduate University Examinations

c) Common Rules and Regulations for Undergraduate University Examinations

d) The Technical University of Kenya Statutes

4.0   TERMS USED

4.1 ABBREVIATIONS

a) CoD   - Chairperson of Department

b) DoS   - Director of School

c) DVC-ARS   - Deputy Vice-Chancellor- Academic, Research and Students

d) ED   - Executive Dean

e) EE   - External Examiner

f) QM   - Quality Manual

g) RA   - Registrar (Academic)

h) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

External Examiner – An independent scholar not within the TU-K teaching fraternity selected and appointed to evaluate the quality of examinations set and to moderate the marking of the same.

5.0 RESPONSIBILITY

a) The DVC-ARS is responsible for supervising the implementation of this procedure.

b) The RA is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) The CoD identifies an External Examiner for the subject area to be examined in accordance with Rules and Regulations approved by the Senate at the beginning of academic year or as need arises.

b) The CoD forwards the external examiner's Curriculum Vitae to be discussed in the DAB and SAB.

c) The ED forwards the EE's Curriculum Vitae forwards to Senate for consideration and approval within two weeks of SAB's meeting.

d) Under special circumstances, the Vice-Chancellor may approve the appointment of the EE, pending ratification at the subsequent regular meeting of the Senate.

e) The DVC-ARS issues letter of appointment to the successful examiner as recommended by the Senate not later than one month following the Senate approval.

f) The appointment does not exceed four consecutive academic years unless otherwise approved by the Senate.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: MANAGEMENT OF EXAMINATIONS	
Doc. Number: TU-K/AC/SOP/ 0059	
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3.9 PROCEDURE FOR MANAGEMENT OF EXAMINATIONS (TU-K/AC/SOP/0059)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    To provide guidelines for effective and efficient management of examinations.

2.0   SCOPE

    This procedure is applicable to the management of University examinations.

3.0   REFERENCES

    a) Examination Policy Manual for Undergraduate, Diploma and Certificate Programmes

    b) Graduate and Advanced Studies Assessment Policy

    c) Syllabi

    d) The TU-K Assessment Policy

4.0   TERMS USED

  4.1 ABBREVIATIONS

    a) CAT   - Continuous Assessment Test

    b) CMS   - Consolidated Mark sheets

    c) CoD   - Chairperson of Department

d) DEB   - Departmental Examination Board

e) DEO   - Departmental Examination Officer

f) DoS   - Director of School

g) DR-E&C   - Deputy Registrar, Examination and Certification

h) E.E.   - External Examiner

i) ED   - Executive Dean

j) ESE   - End Semester Examinations

k) FAB   - Faculty Academic Board

l) I.E.   - Internal Examiner

m) IBL-I   - Industry-based Learning (Internal)

n) OBE   - Open Book Exam

o) OE   - Oral Examinations

p) RA   - Registrar (Academic)

q) SAB   - School Academic Board

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

a) The DVC-ARS and RA are responsible for the supervision of the implementation of this procedure.

b) The DR-E&C and CoDs are responsible for the implementation and maintenance of this procedure.

6.0 METHOD

6.1 Preparation

a) Senate approves Schedule of Semester dates, including dates for End-Semester, Supplementary and Special Examinations latest four (4) weeks to the commencement of succeeding academic year.

b) The DR-E&C provides CoDs with timelines on the examination process for the semester by the second (2nd) week of the semester.

c) The Internal Examiner (IE) submits examination papers to the CoD by the fourth (4th) week of the semester.

d) The CoD calls a DAB meeting to internally moderate draft examinations by the fifth (5th) week of the semester.

e) The CoD forwards the internally moderated examination papers to the External Examiner (EE) by the sixth (6th) week of the semester and ensures that the moderated examination papers are received back by the eighth (8th) of the semester.

f) The CoD forwards the externally moderated examination papers to the DR-E&C, together with the examination timetable by the ninth (9th) week of the semester.

g) The DR-E&C invites the IEs to proofread the examination papers by 10th week of the semester.

h) The DR-E&C does reprographic work, packages and seals final examination papers at least two (2) weeks before the commencement of the examination period.

6.2   Administration

a) The CoD or his/her appointee collects the examination materials from the office of the DR-E&C at least half an hour before the start of the examination, provided that no examination materials are released more than one hour before the examination.

b) The CoD or appointee hands over examination materials, together with answer scripts, class lists and incidence forms to the examination invigilator (EI).

c) The EI administers the examination within the stipulated examination period and in accordance with the relevant working instruction.

d) The EI submits examination answer scripts, attendance lists, and incidence forms to the CoD or Departmental Examination Officer (DEO) immediately after the examination session.

6.3   Processing

a) The DEO, in liaison with the CoD coordinates the marking and submission of results by Internal Examiner.

b) The IE marks the examination, prepares marksheets and submits both the examination scripts and marks within two (2) weeks from the end of examination period.

c) The DEO prepares common mark sheets for consideration by the DEB by the third (3rd) week after the end of the examination period.

d) The CoD, in liaison with the RA, invites the External Examiner to moderate examination results by the fourth (4th) week after the end of semester examinations.

e) The DEO prepares consolidated marksheets (CMS) in compliance with the official rubrics and submits the same to the CoD.

f) The CoD receives CMS and forwards them to the DoS.

g) The DoS convenes a meeting of the SAB to consider and approve examination results by the fifth (5th) week after Semester examinations and hands over the same to the ED.

h) The ED convenes a meeting of the FAB to consider and approve examination results by the sixth (6th) week after the end of Semester examinations.

i) The ED authorizes DoS to release provisional results.

j) DoS ensures result slips are available to students by the beginning of the seventh (7th) week.

k) The same cycle is repeated in the second semester of the academic year. The ED submits provisional results for the academic year, in compliance with the relevant rubric, to DVC-ARS by the seventh (7th) week after the end of the second (2nd) Semester examinations.

l) DVC-ARS forwards the provisional results to RA for onward transmission to Senate, which considers and approves all the results by the eighth (8th) week after the end of Semester examinations.

6.4 Certification and Transcripts

a) The Executive Dean certifies and releases Provisional Examination results by the ninth (9th) week after the end of the second (2nd) Semester examinations.

b) At the end of the programme, the RA prepares the graduation list and certificates in accordance with the relevant work procedure.

c) The DR-E&C prepares and issues academic transcripts to graduates by the fourth (4th) week after graduation.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: EXAMINATION RESULTS APPEAL	
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3.10 PROCEDURE FOR EXAMINATION RESULTS APPEAL (TU-K/AC/SOP/0060)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To provide guidelines on how students raise concerns regarding the conduct of examinations and contest decisions regarding results.

2.0   SCOPE

This procedure is applicable to all University examinations.

3.0   REFERENCES

The Technical University of Kenya Assessment Policy 2010.

4.0   TERMS USED

4.1 ABBREVIATIONS

a) CoD   - Chairperson of Department

b) DEB   - Departmental Examination Board

c) FAB   -Faculty Academic Board

d) SAB   - School Academic Board

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

a) The DVC-ARS is responsible for the supervision of the implementation of this procedure.

b) The RA is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) The student writes to the Executive Dean of the Faculty to appeal against the decision by the Senate within 14 days from the date results were published.

b) The Executive Dean immediately gets briefs from CoD and DoS and compiles a brief to the Vice-Chancellor.

c) The Vice-Chancellor calls upon the Senate Examinations Appeals Committee to review the appeal and provide recommendation within fourteen (14) days after receiving the appeal case.

d) Examinations Appeals Committee forwards its recommendations to the Vice-Chancellor for approval.

e) RA communicates the decision approved by the Vice-Chancellor within seven (7) days from the date of approval.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: HANDLING EXAMINATION IRREGULARITIES	
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3.11 PROCEDURE FOR HANDLING EXAMINATION IRREGULARITIES (TU-K/AC/SOP/0061)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    To ensure that the integrity of University Examinations is maintained and that grades obtained by a student in an examination reflect their individual academic abilities.

2.0   SCOPE

    This procedure is applicable to cases of all irregularities involving students in all University Examinations.

3.0   REFERENCES

    a) Syllabi

    b) The Technical University of Kenya Assessment Policy 2010

    c) The Technical University of Kenya Statute

    d) The Universities Act

4.0   TERMS USED

  4.1 ABBREVIATIONS

    a) SCSEI   - Standing Committee of Senate on Examination Irregularities

b) DAC - Disciplinary Appeals Committee

c) CoD - Chairperson of Department

d) DAB - Departmental Academic Board

e) DoS - Director of School

f) SAB - School Academic Board

g) ED - Executive Dean

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

5.0 RESPONSIBILITY

a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.

b) The DVC- ARS is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

6.1 Handling Examination Irregularities

a) In the event of an irregularity occurring during the sitting of an examination, invigilator(s) take note of the irregularity and records it in the incidence form, which the student must sign, and collects any evidence.

b) At the end of the examination session, for the course unit, invigilator requests the student to write a statement which should be immediately submitted to the invigilator.

c) Invigilator reports the case to the CoD immediately the student submits the statement and hands over all relevant documents.

d) CoD convenes a meeting of the DAB to review and make recommendations regarding the disciplinary case within one (1) week following the last paper of the examination period.

e) CoD forwards the DAB report on examination irregularities to the DVC-ARS through the DoS and ED within seven (7) days of receiving the DAB recommendation.

f) DVC-ARS forwards the case to the Vice-Chancellor for authority to suspend the student.

g) DVC-ARS in liaison with the Chairman of the Standing Committee of Senate on Examination Irregularities (SCSEI) sets a date for hearing of examination irregularity cases occurring in the semester/term within three (3) weeks after the end of the respective examination period.

h) DVC-ARS communicates the date of the examination irregularity disciplinary meeting to the affected student and parents/guardians, witnesses (invigilators) who detected the irregularity and members of the SCSEI at least two (2) weeks before the case date.

i) The SCSEI meets and interrogate the affected student and witnesses to reach verdicts and recommend appropriate action.

j) The DVC-ARS communicates the decision and recommendation of the SCSEI to the affected student within one (1) week of the hearing and determination of the case.

k) The DVC-ARS presents the report and recommendations of the SCSEI to Senate within one (1) month of sitting for noting and ratification.

6.2   Disciplinary Appeal Process

a) If dissatisfied upon receiving communication from the DVC-ARS regarding the outcome of disciplinary proceedings, the affected student writes to the Vice-Chancellor to appeal against the decision within fourteen (14) days of the decision.

b) The Vice-Chancellor, on behalf of Senate, constitutes a Disciplinary Appeals Committee (DAC) to consider the appeal within fourteen (14) months of the appeal being lodged.

c) The DAC makes its recommendations to the Senate through the Vice-Chancellor, which makes a final ruling on the case within two (2) months.

d) The Vice-Chancellor communicates the decision of the Senate to the student within 7 days of the Senate making a ruling.

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3.12 PROCEDURE FOR GRADUATION (TU-K/AC/SOP/0062)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the control of maintained documented information

1.0   PURPOSE

To ensure only qualified students who have satisfied all University requirements graduate.

2.0   SCOPE

This process covers all students of The Technical University of Kenya.

3.0   REFERENCES

a) The Kenya Technical University of Kenya Statutes

b) The Kenya Technical University of Kenya Service Charter

c) The Kenya Technical University of Kenya Calendar

d) Pass lists from Schools/Departments

4.0   TERMS USED

4.1 ABBREVIATIONS

a) CoD   - Chairperson of Department

b) Dean FAST   - Executive Dean - Faculty of Applied Sciences and Technology

c) Dean FEST   -Executive Dean - Faculty of Engineering Sciences & Technology

d) Dean FSST   - Executive Dean - Faculty of Social Sciences and Technology

e) DoS   - Director of School

f) DR - E & C   - Deputy Registrar, Examination and Certification

g) DVC- ARS   - Deputy Vice-Chancellor- Academic, Research and Students

h) FAB   - Faculty Academic Board

i) QM   - Quality Manual

j) RA   - Registrar Academics

k) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

a) Graduand - A student who has completed his/her academic programme and has been recommended and approved by Senate to graduate.

b) Convocation - The master roll of graduates of the University.

c) Pass lists - The list of names of students who have met the criteria of various awards of certificates, diplomas and degrees.

5.0 RESPONSIBILITY

a) Chancellor - Awards Certificates and Diplomas and confers Degrees.

b) Vice-Chancellor - Appoints the Graduation Planning Committee; constitutes the congregation of TU-K; and announces the end of ceremony and dissolves the congregation

c) DVC-ARS – Chairs the Graduation Planning Committee and is the Master of Ceremony during the graduation day and ensures that this procedure is adhered to.

d) Executive Deans - Chair Faculty Academic Boards and submit pass lists to Senate.

e) Director of Schools - Chair School Academic Boards and submits pass lists to Executive Deans.

f) Registrar (Academic) - Ensures the procedure is executed and prepares the graduation booklet.

6.0 METHOD

a) University Senate sets graduation date.

b) The Schools/Departments discuss examinations and recommend pass lists to be submitted to the Executive Deans.

c) Approved pass lists are forwarded to the Registrar (Academic) through the DVC-ARS for further action.

d) Senate considers the pass lists and forwards to the DVC-ARS for onward transmission to Vice-Chancellor for approval on behalf of the Senate.

e) The Registrar (Academic) forwards the lists to the Senate for approval.

f) Graduands are notified of the graduation date by the Registrar (Academic).

g) Registrar (Academic) invites the graduands to the ceremony.

h) Registrar (Academic) clears graduands and hires out gowns to graduands.

i) DR – E & C prepares graduation roll

j) DR – E & C forwards graduation roll to RA for approval and processing of the Graduation Booklet.

k) Registrar (Academic) prepares the Graduation Booklet

l) Vice-Chancellor appoints the Graduation Planning Committee; constitutes the congregation of TU-K; and announces the end of ceremony and dissolves the congregation.

m) Chancellor - Awards Certificates and Diplomas and confers Degrees.

THE TECHNICAL UNIVERSITY OF KENYA	
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3.13 PROCEDURE FOR RESEARCH (TU-K/AC/SOP/0063)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure quality research is conducted professionally and in accordance with the Rules and Regulations of TU-K.

2.0   SCOPE

The procedure applies to all academic research undertaken by members of the University.

3.0   REFERENCES

a) SGS Rules and Regulations

b) The Technical University of Kenya Research policy document

c) The Technical University of Kenya Strategic Plan

4.0   TERMS USED

4.1 ABBREVIATIONS

a) CoD   - Chairperson of Department

b) DR&KE   - Director, Research and Knowledge Exchange

c) DoS   - Director of School

d) DSGAS   - Director, School of Graduate and Advanced studies

e) DVC-ARS   - Deputy Vice-Chancellor- Academic, Research and Students

f) ED   - Executive Dean

g) QM   - Quality Manual

h) SGAS   - School of Graduate and Advanced studies

i) TU-K   - The Technical University of Kenya

j) URC   - University Research Committee

4.2 DEFINITIONS

a) Ethics Committee - Committee that considers ethical issues in Research proposal.

b) Principal Investigator - The main researcher.

c) Proposal - Statement of area of research interest and methodology.

5.0   RESPONSIBILITY

a) The DVC-ARS is responsible for supervising the implementation of this procedure.

b) DSGAS, in liaison with ED, DoS, CoD is responsible for implementation and maintenance of this procedure.

c) DR&KE is responsible for implementation and maintenance of this procedure.

6.0   METHOD

6.1   Research by Postgraduate Students

a) A student identifies a research topic and develops a concept paper in line with the Department's area of specialty and presents to the Departmental Postgraduate Committee.

b) The Chairman in consultation with the departmental postgraduate committee assesses the concept paper assesses for relevance to the area of study.

c) Graduate committee assigns at least two supervisors to the student from amongst the Faculty with an interest in the study theme.

d) The Supervisors assist the student to develop a research proposal for presentation in the Department, School, and Faculty Postgraduate Committee for review.

e) After making the appropriate recommendations, the student and supervisors sign the proposal and submit it to the Ethics Committee (where applicable) for review and approval.

f) The Department submits the final proposal to the SGAS.

g) The SGAS gives a written approval for the commencement of the research.

h) The student conducts the research according to the proposal and under the guidance of the supervisors.

i) The student documents the results in the form of a dissertation or thesis (as applicable) as per the requirements of the training programme.

j) The student submits the dissertation or thesis to SGAS for examination.

6.2 Research by Staff

a) A staff member identifies a research topic and develops a research proposal on his/her own initiative or in response to a call for proposal by a funding agency, an individual or member of a research team.

b) The staff member submits the proposal to research agency.

c) A copy of the proposal and funding agency details are communicated to DR&KE.

d) The staff member submits the proposal to the Ethics Committee (where applicable) for review and approval. For proposals depending on funding agency, this is done only after the agency approves funding.

e) The Ethics Committee (where applicable) gives a written approval for the research to be conducted.

f) The Staff member conducts the research according to the proposal.

g) The staff member submits progress reports to the funding agency, DR&KE and DVC-ARS.

h) The staff member submits financial records for audit to the TU-K finance office

i) Staff member submits financial audit records to DVC-ARS and DR&KE.

j) The staff member analyses, prepares paper(s) and submits to a peer reviewed journal or publish a book (as the case may be).

k) The staff member submits a copy of the publication to TU-K Library and publication reference to DR&KE.

l) Staff members attending conferences and presenting research papers submits presentation titles, abstracts, dates and location of conference to DR&KE.

THE TECHNICAL UNIVERSITY OF KENYA

Document: AWARD AND MANAGEMENT OF INTERNAL RESEARCH FUND	
Doc. Number: TU-K/AC/SOP/0064	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

3.14 PROCEDURE FOR AWARD & MANAGEMENT OF INTERNAL RESEARCH FUND (TU-K/AC/SOP/0064)

GENERAL

> **Distribution**
>
> **As per clause 6.1 (c) in the maintained documented information**
>
> **Records of Change**
>
> **As per clause 6.2 in the maintained documented information**

1.0   PURPOSE

> To ensure efficiency and transparency in awarding and managing research funds.

2.0   SCOPE

> This procedure applies to research funds set annually for research activities.

3.0   REFERENCES

> a) Kenya Vision 2030
>
> b) TU-K Policy Documents
>
> c) TU-K Statutes 2013
>
> d) TU-K Strategic Plan
>
> e) Universities Act, 2012

4.0   TERMS USED

4.1 ABBREVIATIONS

> a) CoD   - Chairperson of Department
>
> b) DIR. ReKe   - Director, Research and Knowledge Exchange

c) DoS   - Director of School

d) DR&KE   - Director, Research & Knowledge Exchange

e) DSGAS   - Director, School of Graduate and Advanced studies

f) DVC-ARS   - Deputy Vice-Chancellor- Academic, Research and Students

g) ED   - Executive Dean

h) QM   - Quality Manual

i) TU-K   - The Technical University of Kenya

j) URC   - University Research Committee

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

5.0 RESPONSIBILITY

a) The DVC-ARS has the principal responsibility of ensuring the procedure is effectively implemented

b) DR&KE is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) The DVC- ARS communicates to the Executive Deans, DoS and CoDs about the availability of funds in the year. The research grant, to staff of the University, is available each year after approval by council. The grant is available to staff of the University.

b) The CoD communicates to Departmental staff to apply for the available funds by adhering to the procedure for preparation and approval of academic research.

c) The grant applicant submits research proposal to research board.

d) Research board assesses the applications and makes decision to award the grants.

e) The DR&KE communicates their decisions to the successful applicants.

f) The University Secretary drafts the contract agreement for all research grants.

g) The nominated awardees are invited to sign the research contract agreement before being awarded the grant by the DVC-ARS.

h) The awardees undertake research and present the results as per procedure for staff research.

i) The awardees prepare continuous progress reports and account for the grant as per University financial regulations

Document: STAFF-INITIATED RESEARCH GRANTS AND CONSULTANCIES	
Doc. Number: TU-K/AC/SOP/0065	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

3.15 PROCEDURE FOR STAFF-INITIATED RESEARCH GRANTS AND CONSULTANCIES (TU-K/AC/SOP/0065)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0 PURPOSE

To ensure effective and efficient management of research project grants and consultancies.

2.0 SCOPE

This procedure applies to all externally generated grants for research projects and contracted consultancies initiated by TU-K staff.

3.0 REFERENCES

   a) International Auditing Guidelines

   b) International Financial Reporting Standards

   c) Public Audit Act (2003)

   d) Public Procurement and Disposal Act (2005)

   e) The Technical University of Kenya Accounting Manual (2007)

   f) The Technical University of Kenya Financial Regulations (Standard)

   g) The Technical University of Kenya Research Policy

4.0   TERMS USED

4.1 ABBREVIATIONS

a) CoD   - Chairperson of Department

b) D-ES&C   - Director, Enterprise Services and Consulting

c) DoS   - Director of School

d) ED   - Executive Dean

e) ED-FAS   - Executive Director, Financial and Accounting Services

f) ED-IAD   - Executive Director, Institutional Advancement and Development

g) LO   - Legal Officer

h) QM   - Quality Manual

i) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

5.0   RESPONSIBILITY

a) The Vice-Chancellor and ED-IAD are responsible for supervising the implementation of this procedure and ensuring that it is effectively implemented.

b) The D-ES&C and ED-FAS is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) The Project or Consultancy Initiator (funds awardee) notifies the Vice-Chancellor of award of project grant or consultancy contract.

b) The Project Initiator enters a tripartite contract between him/herself, the Project Financiers and the TU-K.

c) The ED-FAS sets up a Project or Research Grant Account from which the funds can be expended.

d) The Project Financier deposits funds in the Project or Grant Account.

e) The Project Initiator writes to the Vice-Chancellor for authority to procure project related goods and services.

f) The Project Initiator accounts for advance funds.

THE TECHNICAL UNIVERSITY OF KENYA
Document: NOMINATION AND AWARD OF EXTERNAL SCHOLARSHIPS
Doc. Number: TU-K/AC/SOP/0066

Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

3.16 PROCEDURE FOR NOMINATION AND AWARD OF EXTERNAL SCHOLARSHIPS (TU-K/AC/SOP/0066)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To rationally allocate available of scholarship(s) to staff.

2.0   SCOPE

The procedure applies to all externally originating scholarships available for all staff of the University.

3.0   REFERENCES

a) Donor Requirements

b) Staff Development and Training Policy

c) Terms and Conditions of Service

4.0   TERMS USED

4.1 ABBREVIATIONS

a) AD-PCE   - Assistant Director, Professional and Continuing Education

b) CoD   - Chairperson of Department

c) DCOLE   - Director, Centre for Open and Lifelong Education

d) Donor Agency - Is the Institution that offers possible number of scholarships to the University for Staff development

e) DoS   - Director of School

f) DSGAS   - Director, School of Graduate and Advanced studies

g) DVC-ARS   - Deputy Vice-Chancellor- Academic, Research and Students

h) ED   - Executive Dean

i) QM   - Quality Manual

j) Staff   - Staff member pursuing post-graduate studies

k) TU-K   - The Technical University of Kenya

l) URC   - University Research Committee

4.2   DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

5.0   RESPONSIBILITY

a) The DVC-ARS has the principal responsibility of ensuring the effective implementation of the procedure.

b) DCOLE and AD-PCE are responsible for maintenance of this procedure.

6.0   METHOD

a) The DVC-ARS communicates to the EDED, DoS and CoDs about the availability of external scholarships to all staff of the University, spelling out the application procedure, eligibility, terms and deadlines.

b) The CoD communicates to Departmental staff to apply for the scholarship following the procedure for preparation and approval of academic research.

c) The applicant submits the scholarship application to the DCOLE for consideration.

d) The DCOLE receives and verifies each application to ensure compliance with the donor conditions and terms and refers back to applicants that do not comply for rectification and compliance.

e) The DCOLE facilitates the shortlisting of eligible applicants in line with agreed upon criteria.

f) The DVC-ARS informs all applicants regarding the outcome of the vetting process.

g) The DVC-ARS drafts the transmission letter for the Vice-Chancellor's approval after which, the application dossiers of successful applicants are dispatched to the donors.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: ACCESS TO LIBRARY AND INFORMATION MATERIALS	
Doc. Number: TU-K/AC/SOP/0067	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorized By: VICE-CHANCELLOR

3.17 PROCEDURE FOR ACCESS TO LIBRARY AND INFORMATION MATERIALS (TU-K/AC/SOP/0067)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    To ensure effective and efficient access to the library and information resources.

2.0   SCOPE

    The procedure covers all authorised users of the Technical University of Kenya library.

3.0   REFERENCES

    a) ISO 9001: 2015 Standards

    b) Library Rules and Regulations

    c) LMIS   - Technical University of Kenya Library Management Information System

    d) OPAC   - Online Public Access Catalogue

4.0   TERMS USED

  4.1 ABBREVIATIONS

    a) CoDs   -   Chair of Departments

    b) DLLRS -   Director, Library and Learning Resource Services

    c) IL   -   Information Literacy

d) LMIS -   Library Management Information System

e) OPAC -   Online Public Access Catalogue

f) QM -   Quality Manual

g) SL-UCS -   Senior Librarian, User and Circulation Services

h) TU-K -   Technical University of Kenya

4.2 DEFINITIONS

Information Literacy - A set of skills required by an individual to recognise when information is needed and have the ability to locate, evaluate and use the required information effectively.

5.0 RESPONSIBILITY

a) DVC-ARS supervises the implementation of this procedure.

b) The DLLRS is responsible for the implementation and maintenance of this procedure.

c) SL-UCS coordinates Information Literacy Training and oversee that users access the required information resources.

6.0 METHOD

a) DLLRS sends memos to all the CoDs for the intended training by the first week of the semester.

b) SL-UCS conducts IL training by the fourth week and enrols the new students into the LMIS.

c) Registered users access information materials through the OPAC.

d) SL-UCS charges and discharges information materials to registered users through the LMIS and overdue fine is charged for overdue books.

e) Re-shelving of discharged information materials back to the shelves to ensure access to the same materials if required again.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: ACQUISITION OF INFORMATION MATERIALS	
Doc. Number: TU-K/AC/SOP/0068	
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3.18 PROCEDURE FOR ACQUISITION OF INFORMATION MATERIALS (TU-K/AC/SOP/0068)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure that the library acquires relevant information materials to facilitate teaching, learning, and research.

2.0   SCOPE

The procedures cover selection, ordering, receiving and processing of information resources in the Technical University of Kenya Library.

3.0   REFERENCES

a) ISO 9001: 2015 Standards

b) TU-K - Library Acquisition Manual

4.0   TERMS USED

4.1 ABBREVIATIONS

a) CoDs   -   Chairs of Departments

b) DLLRS   -   Director, Library and Learning Resource Services

c) DoS   -   Deans of Schools

d) LMIS   -   Library Management Information System

e) SL-CDS -   Senior Librarian, Collection Development Services

f) SL-UCS -   Senior Librarian, User and Circulation Services

g) QM   -   Quality Manual

h) TU-K   -   Technical University of Kenya

i) TU-KLS -   Technical University of Kenya Library Services

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0   RESPONSIBILITY

a) DVC-ARS supervises the implementation of this procedure.

b) The DLLRS is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) SL-CDS circulates publishers' catalogues to the Schools and Departments and requests them to select relevant information sources both print and non-print in their area of specialisation.

b) DoS/CoDs identify, evaluate and select relevant information resources in all formats for acquisition.

c) DoS/CoDs approve information materials order lists and submit to the DLLRS.

d) SL-CDS compiles a consolidated list from all the schools and departments and forwards the same forwards to Director Procurement for their acquisition.

e) SL-CDS receives, verifies, tallies and stamps the information materials received from procurement.

f) SL-CDS authenticates the information materials and forwards them to the SL-UCS for cataloguing and classification.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: ORGANISATION AND RETRIEVAL OF INFORMATION MATERIALS	
Doc. Number: TU-K/AC/SOP/0069	
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3.19 PROCEDURE FOR ORGANISATION AND RETRIEVAL OF INFORMATION MATERIALS (TU-K/AC/SOP/0069)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure that library information resources are described and organised efficiently to facilitate retrieval and access by users.

2.0   SCOPE

The procedures cover cataloguing and classification of all information resources acquired within the Technical University of Kenya Library to enhance retrieval and access.

3.0   REFERENCES

a) Anglo-American Cataloguing Rules

b) ISO 9001: 2015 Standards

c) Library Cataloguing & Classification Manual

d) Library of Congress Classification schedules

4.0 TERMS USED

4.1 ABBREVIATIONS

a) AACR2 - Anglo American Cataloguing Rules (Second Edition)

b) DLLRS - Director, Library and Learning Resource Services

c) LC - Library of Congress

d) LMIS - Library Management Information System

e) OPAC - Online Public Access Catalogue

f) QM - Quality Manual

g) SL-CDS - Senior Librarian, Collection Development Services

h) SL-UCS - Senior Librarian, User and Circulation Services

i) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

a) Cataloguing – The process of describing documents held in a library collection and providing entry points to them.

b) Classification – The process of determining the main subject of a document and expressing it by the most appropriate notation derived from a defined scheme.

5.0 RESPONSIBILITY

a) DVC-ARS supervises the implementation of this procedure.

b) The DLLRS is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) SL-CDS captures the bibliographic details of the information resources using AACR2 and LC and enters into the LMIS.

b) SL-CDS uploads the cataloguing and classification details into the LMIS for users' view through the OPAC.

c) SL-CDS hands over the catalogued, classified and processed information materials to the SL-UCS for display and shelving.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: SENATE MEETINGS	
Doc. Number: TU-K/AC/SOP/0070	
Date of Issue: JUNE 2018	Version No: 00
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

3.20 PROCEDURE FOR SENATE MEETINGS (TU-K/AC/SOP/0070)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure that Senate meetings are conducted efficiently and effectively.

2.0   SCOPE

This procedure applies to all Senate and its Standing Committee Meetings.

3.0   REFERENCES

a) Graduation list for Faculties/Schools

b) List for Courses for the Semester

c) List of Lecture Halls and their capacity

d) Quality Manual

e) The Technical University of Kenya Examination Policy Manual for Undergraduate, Diploma and Certificate Programmes

f) The Technical University of Kenya Statutes

4.0   TERMS USED

4.1 ABBREVIATIONS

a) CUE   - Commission for University Education

b) DVC-ARS   - Deputy Vice-Chancellor- Academics, Research and Students

c) QM   - Quality Manual

d) RA   - Registrar Academic

4.2 DEFINITIONS

a) Examinations   - All examinations for the Technical University of Kenya.

b) Semester   - An Academic term typically lasting 16 weeks.

c) Senate   - Supreme Academic organ of the University.

d) Senators   - Directors of Schools, Chairpersons of Departments, Directors of Units.

e) Statutes   - Technical University of Kenya Statutes.

5.0   RESPONSIBILITY

a) Vice-Chancellor chairs the Senate Meetings.

b) DVC-ARS chairs Senate Standing Committee Meetings.

c) Registrar (Academic) ensures overall operation of this procedure.

d) Senate sets graduation ceremony dates, approves graduation list.

e) Graduation Planning Committee ensures overall organisation for the ceremony, preparation for graduation is complete and organisation for rehearsals.

6.0   METHOD

6.1   Method for Management of Senate Meetings

a) Almanac is prepared and forwarded to Senate Committee for approval.

b) Information on meeting dates is received.

c) Agenda is compiled, and Documents produced.

d) Notices are sent out to Committee members.

e) Agenda items are compiled and sent out in folders.

f) Secretariat services are provided at the meeting.

g) Minutes are prepared and forwarded for signature and circulation.

6.2   Method for graduation planning and preparation

a) Planning and Preparation

I.   Planning of graduation consists of preparing all items needed for graduation in place.

II.   Date for graduation is set two months before the actual day.

III. Gowns are hired or taken to the laundry and issued to the Faculties/Schools.

IV. Graduation Planning Committee meetings are convened to monitor preparations.

V. Letters of invitations are sent to students who have qualified.

VI. Advertisement in the local dailies to inform prospective graduands of the requirements of graduation is affected.

VII. Graduation Booklet is organized and printed in time and made ready for the ceremony.

b) Graduation

I. Graduands report to the graduation square in time and sit in their right places

II. Graduation booklets are distributed to the graduands on Faculty basis.

III. Invited guests are ushered in and programme of event and the graduation booklet distributed to them.

IV. Graduation ceremony then takes place.

6.3 METHOD FOR PREPARATION OF UNIVERSITY CALENDAR

a) There will be consultations done through the Office of the DVC-ARS for inclusion of activities in the calendar.

b) Recommended activities are included in the calendar.

c) Recommendations are forwarded for approval by Senate.

d) Approved calendars are distributed to Faculties and Schools.

Document: MONITORING COURSE DELIVERY	
Doc. Number: TU-K/AC/SOP/0071	
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3.21 PROCEDURE FOR MONITORING COURSE DELIVERY (TU-K/AC/SOP/0071)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To ensure the effective and complete delivery of course content.

2.0   SCOPE

This procedure applies to the entire academic division in TU-K.

3.0   REFERENCES

TU-K Strategic Plan

4.0   TERMS USED

4.1 ABBREVIATIONS

a) QM   - Quality Manual

b) TU-K   - The Technical University of Kenya

c) DVC-ARS   - Deputy Vice-Chancellor- Academic, Research and Students

d) DPQM   - Director Planning and Quality and Management

e) PQM   - Planning and Quality Management

f) DSSS   - Director Student Support Services

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

a) The DVC-ARS is responsible for the supervision of the implementation of this procedure.

b) The CoDs is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) The DVC-ARS develops the monitoring tool for course delivery evaluation

b) DPQM uploads the tool into TU-K website for the tool online administration

c) Two weeks before end of every semester, DPQM provides the link to the questionnaire within the TU-K website through the DSSS office.

d) Two weeks after end of semester, DPQM downloads the filled questionnaires.

e) The filled questionnaires are coded, analysed and findings reported by the office of DPQM.

f) A copy of the findings is sent to DVC-ARS for information and action.

7.0 APPENDICES

Course Delivery Evaluation Tool

3.22 PROCEDURE FOR BURSARY ALLOCATIONS (TU-K/DSSS/SOP/0072)

GENERAL

> **Distribution**
>
> **As per clause 6.1 (c) in the maintained documented information**
>
> **Records of Change**
>
> **As per clause 6.2 in the maintained documented information**

1.0   PURPOSE

To ensure that transparent process in awarding bursaries to needy students.

2.0   SCOPE

This procedure applies to the administration of bursaries.

3.0   REFERENCES

Bursary allocation manual.

4.0   TERMS USED

4.1   ABBREVIATIONS

a) DSSS   - Director, Student Support and Services.

b) DVC-ARS   - Deputy Vice-Chancellor- Academics Research and Students.

c) FO   - Finance Officer in charge of Financial Services and Accounting.

d) QM   - Quality Manual.

e) TU-K   - Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

a) The DVC-ARS is responsible for the supervision of the implementation of this procedure.

b) The DSSS is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) The Vice-Chancellor receives funds from funding organisations and forwards to the FO.

b) The Vice-Chancellor instructs the DVC-ARS to initiate bursary allocation process.

c) The DVC-ARS instructs the DSSS to issue a notice to students informing them about the availability of bursaries. The notice explains the application process, submission deadline and the date of release of the results through an appropriate medium.

d) The DSSS receives duly completed bursary application forms in readiness for consideration by an ad hoc Bursary Allocation Committee whose names are recommended by the DVC-ARS and approved by the Vice-Chancellor.

e) The ad hoc Bursary Allocation Committee evaluates all the applications based on prescribed criteria. Including but not limited to the two-thirds (2/3) gender rule.

    I. The committee shortlists applicants who meet the set criteria.

    II. The committee accepts and determines the amount to be allocated to applicants who meet all the requirements.

f) The DSSS forwards the list of beneficiaries to the DVC-ARS for evaluation.

    I. If the allocation is not satisfactory, the DVC-ARS recommends appropriate action.

    II. If the DVC-ARS has no objection, the list of beneficiaries is forwarded to the Vice-Chancellor for approval.

g) The DSSS publishes and displays the list of beneficiaries on the university website.

h) The Finance Officer credits the students' account with the amount of bursary allocated.

7.0 APPENDICES

Bursary allocation form

THE TECHNICAL UNIVERSITY OF KENYA	
Document: UNIVERSITY HOSTEL ROOM ALLOCATION	
Doc. Number: TU-K/DSSS/SOP/0073	
Date of Issue: JUNE 2018	Version No: 00
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3.23 PROCEDURE FOR UNIVERSITY HOSTEL ROOM ALLOCATION (TU-K/DSSS/SOP/0073)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To provide guidelines for room allocation in the TU-K hostels.

2.0   SCOPE

This procedure is applicable to the management of student rooms' allocation at TU-K hostels.

3.0   REFERENCES

Regulations governing students' residential conduct.

4.0   TERMS USED

4.1 ABBREVIATIONS

a) AD-SAC   - Assistance Director- Student, Accommodation and catering

b) DSSS   - Dean of Students Support and Services

c) DVC-ARS   - Deputy Vice-Chancellor- Academic Research and Students

d) FM   - Finance Manager

e) QM   - Quality Manual

f) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

a) The DVC-ARS is responsible for the supervision of the implementation of this procedure.

b) The DSSS is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) DSSS places a notice on the students' portal announcing application dates, room allocation dates and check-in dates.

b) Students apply for accommodation online within two weeks from the date of application announcement.

c) Continuing student applicants are extracted from the list of ranked applicants and allocated beds.

    I. The balance of rooms is allocated to applicants in the descending order from the most-needy as per ranked applicants' list.

    II. Unsuccessful applicants are placed on the pending list.

    III. Upon expiry of the check-in period, pending applicants are allocated unoccupied rooms and the rest notified as unsuccessful and referred to alternative accommodation.

d) Successful applicants pay and present bank slips to finance office.

e) Students present fee statement, room allocation sheet and proof of payment of accommodation fees to the SAC office for check-in.

f) The student then proceeds to the hostel where the house-keeper administers the accommodation as per approved check-in documents.

3.24 PROCEDURE FOR UNIVERSITY HOSTEL HOUSEKEEPING SERVICES (TU-K/DSSS/SOP/0074)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To provide guidelines for the provision of students' hostel housekeeping services at the TU-K

2.0   SCOPE

This procedure is applicable to the management of student housekeeping services at TU-K.

3.0   REFERENCES

Regulations governing students' residential conduct.

4.0   TERMS USED

4.1 ABBREVIATIONS

a) DSAS   - Dean of Students Affairs and Services

b) DVC-ARS   - Deputy Vice-Chancellor- Academic, Research and Students

c) QM   - Quality Manual

d) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

a) The DSSS is responsible for the supervision of the implementation and maintenance of this procedure.

b) The Cateress is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) The housekeeper receives the room allocation list from the DSSS.

b) The housekeeper receives housekeeping materials from procurement and keeps them in the internal store.

c) The housekeeper inspects the rooms. If rooms are in order, students are checked in and if not, the housekeeper assigns them for cleaning or reports to maintenance department for any repairs.

d) The housekeeper checks in students, issues them keys and beddings.

e) The caretaker assistants' clean public areas within the hostels and inspect the rooms from time to time to ensure non-residents are not accommodated.

f) At the end of the booked period, the caretaker inspects the room status and gives a report to the housekeeper. If the room is in order, the housekeeper checks out students and if not, the housekeeper gives a report to the DSSS for necessary action.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: CATERING SERVICES TO STUDENTS	
Doc. Number: TU-K/DSSS/SOP/0075	
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3.25 PROCEDURE FOR CATERING SERVICES TO STUDENTS (TU-K/DSSS/SOP/0075)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0 PURPOSE

    To provide guidelines for the provision of catering services at TU-K

2.0 SCOPE

    This procedure is applicable to the management of food and beverage production and service for all units in the TU-K.

3.0 REFERENCES

    a) Food production manual
    b) Recipes

4.0 TERMS USED

  4.1 ABBREVIATIONS

    a) DSAS   -   Dean of Students Affairs and Services

    b) DVC-ARS   -   Deputy Vice-Chancellor- Academic, Research and Students

    c) QM   -   Quality Manual

    d) TU-K   -   The Technical University of Kenya

4.2 DEFINITIONS

Remedial Action - This is an action taken when food is not enough for all customers.

5.0   RESPONSIBILITY

a) The DSSS is responsible for the supervision of the implementation of this procedure.

b) The cateress is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) The DSSS gives a list of the number of students offered accommodation to the Cateress at the beginning of the semester.

b) The Cateress prepares a menu taking into consideration the above.

c) The Cateress raises a requisition, listing requirements and quantities to procurement. All the supplies are received by the store man and certified by the Cateress. Foodstuffs and cleaning materials are sorted and stored separately according to type. The perishable goods are ordered from the supplier directly. The non-perishable goods are delivered to the internal store with a delivery note and received. The non-perishable goods are ordered from the internal Store using the Internal Requisition Form or Register.

    I.   If the supply is complete, the storekeeper of the Internal Store issues the goods to the Section Cooks.

    II.   If the supply is incomplete, the cateress reviews the menu or requests the supplier for alternative food items.

d) The section cooks prepare the food as per the menu.

e) The cateress inspects the prepared food before it is presented.

f) The cashier/head cook receives money or meal vouchers from customers and issues a receipt.

    I.   If the food is satisfactory, the waiters serve it to the customers.

    II.   If the food is unsatisfactory, the cateress requests the Section Cooks to take corrective action.

g) During food serving, the cateress maintains continual supervision to monitor food quantities and quality of service.

    I.   If all the customers are served, the waiters carry out the clearance.

    II.   If the food is insufficient, the cateress takes remedial action.

h) The kitchen assistants carry out washing up.

i) The cashier clears the cash register and prepares a sales analysis.

j) The cateress compares the sales and expenditure for the day and also prepares a monthly sales analysis.

THE TECHNICAL UNIVERSITY OF KENYA	
Document: SPORTS, RECREATION, ADMINISTRATION & MANAGEMENT	
Doc. Number: TU-K/DSSS/SOP/0076	
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3.26 PROCEDURE FOR SPORTS, RECREATION, ADMINISTRATION & MANAGEMENT (TU-K/DSSS/SOP/0076)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To effectively organise, prepare and ensure that the students engage in university approved sports, games and recreation activities and programmes.

2.0   SCOPE

This procedure covers the organisation and management of sports, games and recreational activities involving students and members of the TU-K staff.

3.0   REFERENCES

a) CUE guidelines

b) Relevant university policy

4.0   TERMS USED

4.1 ABBREVIATIONS

a) ADCAS   - Assistance Director Co-Curricular Activities and Services

b) DSSS   - Director, Student Support Services

c) DVC – ARS   - Deputy Vice-Chancellor- Academic, Research and Students

d) EAUSF   - East African Universities Sports Federation

e) FO   - Finance Officer

f) KUSA   - Kenya Universities Sports Association

g) QM   - Quality Manual

h) SATU-K   - Students Association of Technical University of Kenya

i) TU-K   - Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

5.0 RESPONSIBILITY

a) The DSSS is responsible for the supervision of the implementation of this procedure.

b) ADCAS is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) The ADCAS designs programmes for students and staff recreation, sports and games and receives details of events and other activities that form the calendar of events.

b) The ADCAS in liaison with the coaches and team captains recruits and registers students in their University teams depending on their talents.

c) The ADCAS in liaison with the coaches and team captains, plans and organises students training and practice programmes as per the various teams' needs.

d) The ADCAS in liaison with the coaches and SATU-K Sports Secretary draws up an annual budget for sports, games and recreational requirements.

e) The ADCAS presents his budget to the DSSS, then to DVC-ARS, and the Finance Officer for allocation and further to the Vice-Chancellor for approval.

f) The ADCAS keeps weekly records and reports of sports and recreation activities and expenditure.

g) The ADCAS supervises and manages fixtures, events and competition.

h) The ADCAS coordinates and supervises the main events and ensures awards are presented to the outstanding players, teams or clubs.

i) The ADCAS explores and establishes exchange programmes and linkages for talented student athletes with likeminded universities and institutions either within or outside the country.

3.27 PROCEDURE FOR STUDENTS GUIDANCE AND COUNSELLING (TU-K/DSSS/SOP/0077)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0   PURPOSE

    To ensure that professional counselling services are offered as per the individual needs.

2.0   SCOPE

    This procedure is used for counselling of individual students seeking guidance or counselling on their own initiative or on referral.

3.0   REFERENCES

    Kenya Counsellors Psychological Association Code of ethics

4.0   TERMS USED

    4.1 ABBREVIATIONS

        a) DSSS   - Dean, Student Support Services

        b) DVC-ARS   - Deputy Vice-Chancellor- Academic, Research and Students

        c) QM   - Quality Manual

        d) TU-K   - Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0   RESPONSIBILITY

a) The DSSS is responsible for the supervision of the implementation of this procedure.

b) The Counsellor/Chaplain is responsible for the implementation and maintenance of this procedure

6.0   METHOD

a) The Counsellor/Chaplain receives completed intake forms from the client.

b) The Counsellor/Chaplain determines the urgency of the case.

    I.   If the case is urgent, the Counsellor/Chaplain undertakes crisis counselling to stabilise the client.

    II.   If the case is not urgent, the Counsellor/Chaplain books an appointment for the client.

c) The Counsellor/Chaplain counsels the client depending on the need. If the case requires an assignment or involvement of significant others, the Counsellor/Chaplain seeks consent of the client, gives the assignment and carries out follow up action.

d) The Counsellor/Chaplain writes a report for reference and the referring office or the client where applicable.

e) The Counsellor/Chaplain either terminates the counselling session or refers to another counsellor/doctor. The Counsellor/Chaplain and client complete termination form.

4.0 OFFICE OF THE DEPUTY VICE CHANCELLOR- TECHNOLOGY, INNOVATION AND PARTNERSHIPS (TIP)

THE TECHNICAL UNIVERSITY OF KENYA	
Document: INSTITUTIONAL AND INDUSTRIAL LINKAGES	
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4.1 PROCEDURE FOR ESTABLISHING INSTITUTIONAL AND INDUSTRIAL LINKAGES (TU-K/TIP/SOP/0078)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To facilitate strategic and social partnerships with government agencies, industries and institutions to enhance innovation, technological competency and expertise of staff and students.

2.0   SCOPE

This procedure applies to all departments in TU-K.

3.0   REFERENCES

a) TU-K Statutes

b) University Code of Conduct and Public Officers Ethics Act

c) Kenya Industrial Training Act 2007

d) The Technical University of Kenya Strategic Plan

4.0   TERMS USED

4.1 ABBREVIATIONS

a) DGCE   - Director of Global and Community Engagement

b) DUIP   - Director of University Industry Partnerships

c) DVC   - Deputy Vice-Chancellor

d) MOC   - Memorandum of Cooperation

e) MOU   - Memorandum of Understanding

f) QM   - Quality Manual

g) TIP   - Technology, Innovation and Partnerships

h) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply in addition to:

Collaboration documents - These are legal documents indicating the level of partnership

for both parties, and the schedule of implementation of activities under the agreement.

5.0   RESPONSIBILITY

a) The DVC-TIP is responsible for the supervision of the implementation of this procedure.

b) Directors in TIP are responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) TU-K receives a written application/request for partnership or have a meeting concerning the collaboration/partnership or seeks partnership/collaboration with relevant institutions and forwards to the relevant directorate.

b) The Directorate advices and facilitates discussions with the institution or company to formulate the MOU or MOC or agreement.

c) The departments concerned, in consultation with relevant Director, develop the draft documents.

d) Director submits the draft documents to DVC-TIP.

e) DVC-TIP forwards the acceptable draft documents to the University Secretary for advice and amendments of the document. If draft document not acceptable, DVC-TIP forwards document to departments for consultation with Director for revision, alignment, amendments and adjustments as advised by the University Secretary.

f) The University Secretary prepares the legal documents for signature by both parties.

g) Original Signed document is returned to DVC-TIP and copy to University Secretary and Department for record and safe keeping.

THE TECHNICAL UNIVERSITY OF KENYA

Document**:** CONDUCTING OUTREACH PROGRAMMES	
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4.2 PROCEDURE FOR CONDUCTING OUTREACH PROGRAMMES (TU-K/TIP/SOP/0079)

GENERAL

Distribution

As per clause 6.1 (c) in the maintained documented information

Records of Change

As per clause 6.2 in the maintained documented information

1.0   PURPOSE

To promote the study of science in schools with an orientation towards gender balance and to provide communities with skills for development and income generation.

2.0   SCOPE

Schools and community groups that meet the approved selection criteria.

3.0   REFERENCES

a) Kenya Industrial Training Act 2007

b) The Technical University of Kenya Strategic Plan

c) TU-K Statutes

d) University Code of Conduct and Public Officers Ethics Act

4.0   TERMS USED

4.1 ABBREVIATIONS

a) DGCE   - Director of Global and Community Engagement

b) DUIP   - Director of University-Industry Partnerships

c) DVC   - Deputy Vice-Chancellor

d) MOC   - Memorandum of Cooperation

e) MOU   - Memorandum of Understanding

f) QM   - Quality Manual

g) TIP   - Technology, Innovation and Partnerships

h) TU-K   - The Technical University of Kenya

4.2 DEFINITIONS

a) Communities – Urban, rural and professional groups

b) Inter-Community engagements – Engagements across professions institutions and grass route communities

5.0   RESPONSIBILITY

a) The DVC-TIP is responsible for supervising the implementation and maintenance of this procedure.

b) Directors GCE is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

a) The DVC-TIP appoints divisional and outreach committees.

b) Outreach committee evaluates school outreach activities and/or community projects and recommends the theme for the year.

c) Divisional committee decides the criteria for the selection of schools, communities and groups to visit.

d) A budget and schedule for outreach activities and inter-community engagement is drawn up by DGCE for the year to be included in the divisional budget and approved by DVC-TIP.

e) School outreach and/or community project activities are conducted with updates and reports submitted at the divisional meetings.

f) A quarterly review of activities is done to monitor and evaluate and posted on the university web site.

g) Annual report compiled and submitted to DVC-TIP for evaluation by the divisional committee.

THE TECHNICAL UNIVERSITY OF KENYA	
Document**:** TVET INSTITUTIONAL AND INDUSTRIAL LINKAGES	
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4.3 PROCEDURE FOR ESTABLISHING TVET INSTITUTIONAL AND INDUSTRIAL LINKAGES (TU-K/TIP/SOP/0080)

GENERAL

    Distribution

    As per clause 6.1 (c) in the maintained documented information

    Records of Change

    As per clause 6.2 in the maintained documented information

1.0 PURPOSE

To facilitate strategic TVET partnerships with government agencies, industries and institutions to enhance educational, innovation, technological competency and expertise of staff and students.

2.0 SCOPE

This procedure applies to all departments in TU-K.

3.0 REFERENCES

    a) KATTI and Technical University of Kenya MOU

    b) Kenya Industrial Training Act 2007

    c) The Technical University of Kenya Strategic Plan

    d) TU-K Statutes

    e) University Code of Conduct and Public Officers Ethics Act

4.0   TERMS USED

4.1 ABBREVIATIONS

   a) DVC   - Deputy Vice-Chancellor

   b) KATTI   - Kenya Association of Technical Training Institutions

   c) MOC   - Memorandum of Cooperation

   d) MOEST - Ministry of Education, Science and Technology

   e) MOU   - Memorandum of Understanding

   f) QM   - Quality Manual

   g) TIP   - Technology, Innovation and Partnerships

   h) TU-K   - The Technical University of Kenya

   i) TVET   -Technical and Vocational Education and Training

4.2 DEFINITIONS

MOU documents – These are legal documents indicating the level of partnership for both parties and the schedule for implementation of activities under the agreement.

5.0   RESPONSIBILITY

   a) The DVC-TIP is responsible for supervising the implementation and maintenance of this procedure.

   b) Director TVET is responsible for the implementation and maintenance of this procedure.

6.0   METHOD

   a) TU-K receives a written application/request for partnership or have a meeting concerning the TVET collaboration/partnership, or seeks collaboration/partnership with relevant institutions.

   b) The TVET directorate advises and facilitates discussions with the institution or company to formulate the MoU, MoC or Agreement.

   c) The departments concerned, in consultation with the TVET Director, develop the draft documents.

   d) The TVET Director submits the draft to the DVC-TIP.

   e) DVC-TIP forwards the acceptable draft documents to the University Secretary for advice and amendments of the documents. If draft documents not acceptable DVC-TIP Forwards document to departments for consultation with Director TVET for revision, alignment, amendments and adjustments as advised by the University Secretary.

   f) DVC-TIP forwards the acceptable draft documents to the University Secretary for advice.

   g) The University Secretary prepares the legal documents for signature by both parties.

h) Original signed documents are returned to the DVC-TIP. Copies of the same are kept by the University Secretary, Director TVET and Departments for implementation, record and safe keeping.

THE TECHNICAL UNIVERSITY OF KENYA	
Document**:** ESTABLISHING INSTITUTIONAL ADVANCEMENT AND DEVELOPMENT PARTNERSHIPS	
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4.4 PROCEDURE FOR ESTABLISHING INSTITUTIONAL ADVANCEMENT AND DEVELOPMENT PARTNERSHIPS (TU-K/TIP/SOP/0081)

GENERAL

> **Distribution**

> **As per clause 6.1 (c) in the maintained documented information**

> **Records of Change**

> **As per clause 6.2 in the maintained documented information**

1.0   PURPOSE

To facilitate strategic Institutional advancement developments, partnerships with government agencies, industries and Institutions to enhance educational, innovation, technological competence and expertise of staff and students.

2.0   SCOPE

This procedure applies to all departments in TU-K.

3.0   REFERENCES

   a) TU-K Statutes.

   b) Kenya Industrial Training Act 2007.

   c) The Technical University of Kenya Strategic Plan.

   d) University Code of Conduct and Public Officers Ethics Act.

4.0 TERMS USED

4.1 ABBREVIATIONS

a) DIAD   - Director of Institutional Advancement and Development

b) DVC   - Deputy Vice-Chancellor

c) MOC   - Memorandum of Cooperation

d) MOU   - Memorandum of Understanding

e) QM   - Quality Manual

f) TIP   - Technology, Innovation and Partnerships

g) TU-K   - The Technical University of Kenya

4.2 DEFINITION

MOU documents – These are legal documents indicating the level of partnership for both parties and the schedule for implementation of activities under the agreement.

5.0 RESPONSIBILITY

a) The DVC-TIP is responsible for supervising the implementation and maintenance of this procedure.

b) DIAD is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) TU-K receives a written application/request for partnership or have a meeting concerning the IAD collaboration/partnership, or seeks collaboration/partnership with relevant institutions.

b) The IAD directorate advises and facilitates discussions with the institution or company to formulate the MoU, MoC or Agreement.

c) The departments concerned, in consultation with the DIAD, develop the draft documents.

d) The DIAD submits the draft to the DVC-TIP.

e) DVC-TIP forwards the acceptable draft documents to the University Management for advice and amendments of the documents. If draft documents not acceptable DVC-TIP forwards document to departments for consultation with DIAD for revision, alignment, amendments and adjustments as advised by the University Secretary.

f) DVC-TIP forwards the acceptable draft documents to the University Secretary for advice.

g) The University Secretary prepares the legal documents for signature by both parties.

h) Original signed documents are returned to the DVC-TIP. Copies are kept by the University Secretary, DIAD and Departments for implementation, record and safe keeping.

THE TECHNICAL UNIVERSITY OF KENYA	
Document**:** INSTITUTIONAL TRAVEL ARRANGEMENTS	
Doc. Number: TU-K/ADMIN/SOP/0082	
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4.5 PROCEDURE FOR INSTITUTIONAL TRAVEL ARRANGEMENTS (TU-K/TIP/SOP/0082)

GENERAL

> **Distribution**

> **As per clause 6.1 (c) in the maintained documented information**

> **Records of Change**

> **As per clause 6.2 in the maintained documented information**

1.0   PURPOSE

> To guide in the preparation of travel for external institutional engagements.

2.0   SCOPE

> University officers invited for external institutional engagements.

3.0   REFERENCES

> a) Kenya Industrial Training Act 2007
>
> b) The Technical University of Kenya Strategic Plan
>
> c) TU-K Statutes
>
> d) University Code of Conduct and Public Officers Ethics Act.

4.0   TERMS USED

4.1 ABBREVIATIONS

> a) QM   - Quality Manual
>
> b) TU-K   - The Technical University of Kenya
>
> c) DVC   - Deputy Vice-Chancellor

d) TIP   - Technology, Innovation and Partnerships

e) MOU - Memorandum of Understanding

f) MOC - Memorandum of Cooperation

g) AIE   - Authority to Incur Expense

h) MOU - Memorandum of Understanding

i) MOC - Memorandum of Cooperation

4.2 DEFINITION

AIE – Financial document for funds expenditure.

5.0 RESPONSIBILITY

a) The DVC-TIP is responsible for supervising the implementation and maintenance of this procedure.

b) The administrative heads and finance officer are responsible for the implementation and maintenance of this procedure.

6.0 METHOD

a) TU-K receives invitation or conference (location) details and forwards to the relevant Division, Department or Section.

b) A written request for flight and ticket quotations from university pre-qualified travel agents is prepared and dispatched.

c) A written request for travel insurance quotations from university pre-qualified insurance agents which are evaluated on receipt.

d) Acceptable quotations are forwarded to the Vice-Chancellor for financial approval. If the quotations and finances are not approved, the invitee is advised accordingly.

e) On approval of quotations and finances, an AIE and imprest are prepared and forwarded to the Financial Controller for approval and processing.

f) AIE and imprest is authorised, money is sent to the staff's account, tickets and insurance are purchased and travel documents prepared.

g) Officer attends the meeting or conference and on return fills imprest surrender form and submits to the finance office with supporting evidence.