

HR POLICY MANUAL



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I. Annexures

Annexure 1: Code of Professional Ethics for Teaching Faculty (COPE)

In addition to the 'Code of Conduct prescribed for UPES Employees' under Code of Conduct, the teaching faculty in addition shall be required to abide by the following 'Code of professional Ethics' laid down by the University Grants Commission (UGC).

1. Teachers and their responsibilities:

1.1. Whoever adopts teaching as a profession assumes the obligation to conduct himself / herself in accordance with the ideal of the profession. A teacher is constantly under the scrutiny of his students and the society at large. Therefore, every teacher should see that there is no incompatibility between his precepts and practice. The national ideals of education which have already been set forth and which s/he should seek to inculcate among students must be her/ his own ideals. The profession further requires that the teachers should be calm, patient and communicative by temperament and amiable in disposition.

1.2. Teachers should:

- 1.2.1 Adhere to a responsible pattern of conduct and demeanor expected of them by the community;
- 1.2.2 Manage their private affairs in a manner consistent with the dignity of the profession;
- 1.2.3 Seek to make professional growth continuous through study and research;
- 1.2.4 Express free and frank opinion by participation at professional meetings, seminars, conferences etc. towards the contribution of knowledge;
- 1.2.5 Maintain active membership of professional organizations and strive to improve education and profession through them;
- 1.2.6 Perform their duties in the form of teaching, tutorial, practical, seminar and research work conscientiously and with dedication;
- 1.2.7 Co-operate and assist in carrying out functions relating to the educational responsibilities of the School and the University such as: assisting in appraising applications for admission, advising and counseling students as well as assisting the conduct of University and School examinations, including supervision, invigilation and evaluation; and



1.2.8 Participate in extension, co-curricular and extra-curricular activities including community service.

2. Teachers and the Students

2.1. Teachers should:

- 1.2.1 Respect the right and dignity of the student in expressing her/ his opinion;
- 1.2.2 Deal justly and impartially with students regardless of their religion, caste, political, economic, social and physical characteristics;
- 1.2.3 Recognize the difference in aptitude and capabilities among students and strive to meet their individual needs;
- 1.2.4 Encourage students to improve their attainments, develop their personalities and at the same time contribute to community welfare;
- 1.2.5 Inculcate among students scientific outlook and respect for physical labor and ideals of democracy, patriotism and peace;
- 1.2.6 Be affectionate to the students and not behave in a vindictive manner towards any of them for any reason;
- 1.2.7 Pay attention to only the attainment of the student in the assessment of merit;
- 1.2.8 Make themselves available to the students even beyond their class hours and help and guide students without any remuneration or reward;
- 1.2.9 Aid students to develop an understanding of our national heritage and national goals;
- 1.2.10 Refrain from inciting students against other students, colleagues or administration.
- 1.2.11 Take notice of any unbecoming & unruly behavior or any act(s) of breach of discipline by a student or group of students and report the same promptly to the appropriate authority.

3. Teachers and Colleagues

1.1. Teachers should:

- 1.2.1 Treat other members of the profession in the same manner as they themselves wish to be treated;
- 1.2.2 Speak respectfully of other teachers and render assistance for professional betterment;



- 1.2.3 Refrain from lodging unsubstantiated allegations against colleagues to higher authorities; and
- 1.2.4 Refrain from allowing considerations of caste, creed, religion, race or sex in their professional endeavor.

4. Teachers and Authorities

4.1. Teachers should:

- a. Discharge their professional responsibilities according to the existing rules and adhere to procedures and methods consistent with their profession in initiating steps through their own institutional bodies and/or professional organizations for change of any such rule detrimental to the professional interest;
- Refrain from undertaking any other employment and commitment including private tuitions and coaching classes which are likely to interfere with their professional responsibilities;
- c. Co-operate in the formulation of policies of the institution by accepting various offices and discharge responsibilities which such offices may demand;
- d. Co-operate through their organizations in the formulation of policies of the other institutions and accept offices;
- e. Co-operate with the authorities for the betterment of the institutions keeping in view the interest and in conformity with dignity of the profession;
- f. Should adhere to the conditions of contract
- g. Give and expect due notice before a change of position is made; and
- h. Refrain from availing themselves of leave except on unavoidable grounds and as far as practicable with prior intimation, keeping in view their particular responsibility for completion of academic schedule.

5. Teachers and Non-Teaching Staff:

- 5.1. Teachers should treat the non-teaching staff as colleagues and equal partners in a cooperative undertaking, within every educational institution; and
- 5.2. Teachers should help in the function of joint staff-councils covering both teachers and the non-teaching staff.

6. Teachers and Guardians



Teachers should try to see through teachers' bodies and organizations, that institutions maintain contact with the guardians, their students, send reports of their performance to the guardians whenever necessary and meet the guardians in meetings convened for the purpose for mutual exchange of ideas and for the benefit of the institution.

7. Teachers and Society

5

7.1. Teachers should:

- a. Recognize that education is a public service and strive to keep the public informed of the educational programmes which are being provided
- b. Work to improve education in the community and strengthen the community's moral and intellectual life;
- c. Be aware of social problems and take part in such activities as would be conducive to the progress of society and hence the country as a whole;
- d. Perform the duties of citizenship, participate in community activities and shoulder responsibilities of public offices;
- e. Refrain from taking part in or subscribing to or assisting in any way activities which tend to promote feeling of hatred or enmity among different communities, religions or linguistic groups but actively work for National Integration.



Annexure 2: Acknowledgement Form for Code of Conduct (UPES – Way of Life)

To,
Director - HR,
University of Petroleum and Energy Studies,
Bidholi, Via Prem Nagar,
Dehradun, Uttarakhand 248007
Dear Sir / Madam,
I, Mr. / Ms, (designation), have received, read and understood the Code of Conduct stated in the UPES- Way of Life.
I solemnly affirm that to the best of my knowledge and belief, I will fully comply with the provisions of the Code of Conduct and the Principles of Engagement, during the course of my employment at UPES.
I hereby acknowledge that I have been made aware that I can contact the Reporting Manager or any other member of the University of UPES for any clarification that I may require.
Signature:
Employee Name:
Employee ID No.:
Place:
Date:



Annexure 3: Job Description Format

Job Title:					
Department / School:	Department / School:				
Location:		Designation:			
Brief description:					
Reporting Structure	Role directly reports to	Role directly reports to: Positions repor			
reporting directors					
Essential Qualifications					
Essential skills / experience					
Key Roles / responsibilition	Key Roles / responsibilities:				
•					
Behavioral competencies:					
Technical / Functional competencies:	•				
	Name	Designation	Date		
Prepared by:					
Reviewed by:					



Annexure 4-A: Interview Evaluation Form for Faculty

Interview Evaluation Form			
Personal Details			
Name:			
Position Applied For:			
Source of CV:			
Department / School:			
Academic Qualifications:			
Total Years of Experience:			
Current Company/ Institute/University			
Current Designation:			
Current Location:			
Notice Period:			

For Faculty Members:

Panel Interview -1

Assess the candidate on the following parameters on a four-point scale as defined below:

Rating Scale: 1 – Unacceptable; 2 – Marginal; 3- Meets Requirements; 4 – Outstanding

Parameters	Interviewer 1	Interviewer 2
Academic Discipline Expertise Has sufficient credentials, industry expertise and/or experience in the domain to teach		
Analytical Thinking: The ability to approach a problem by using a logical, systematic, sequential approach		



Communication and Interpersonal Skill: Confidence, positive interaction, clarity and content in communication		
Action Oriented: Takes on new initiatives and tough challenges with a sense of urgency, high energy and enthusiasm		
Any Other Competency (as required)		
Overall Rating		
Additional Comments		
Recommendations	Interviewer 1	Interviewer 2
Recommendations Recommendation (Shortlisted / Rejected / On Hold)	Interviewer 1	Interviewer 2
Recommendation (Shortlisted /	Interviewer 1	Interviewer 2
Recommendation (Shortlisted / Rejected / On Hold)	Interviewer 1	Interviewer 2
Recommendation (Shortlisted / Rejected / On Hold) Signature and Date	Interviewer 1	Interviewer 2

Demo Class in a Classroom Setup (If applicable)

Assess the candidate on the following parameters on a four-point scale as defined below: Rating Scale: 1 – Unacceptable; 2 – Marginal; 3- Meets Requirements; 4 – Outstanding

Parameters	Interviewer 1	Interviewer 2	Interviewer 3
Teaching Delivery/ Learning Facilitation Skills: Manages small and			
large class, blended, hybrid and/or online			



class, ensures participation, manages time and attention effectively			
Communicates Effectively: Adapts oral and written communication approach and style to the audience and based on the message. Also listen attentively to others.			
Student focus: Places a top priority on understanding and meeting students learning needs. Motivated by the chance to improve students' success outside the institution.			
Drives Engagement: Makes students feel welcomed, understood and valued. Creates a learning environment that is compelling, challenging and productive.			
Any Other Competency (as required)			
Overall Rating			
Additional Comments			
Recommendations	Interviewer 1	Interviewer 2	Interviewer 3
Recommendation (Shortlisted / Rejected / On Hold)			
Signature and Date			
Name			
Designation			
Final Approval by Vice-Chancellor			

Panel Interview – 2

Assess the candidate on the following parameters on a four-point scale as defined below: Rating Scale: 1 – Unacceptable; 2 – Marginal; 3- Meets Requirements; 4 – Outstanding

Parameters	Interviewer 1	Interviewer 2	Interviewer 3



Contribute knowledge to the discipline: Compelled by the opportunity to contribute through research, scholarship professional practice or creativity.			
Situational Adaptability: Recognizes and adapts to situations that call for different approaches to the facilitation of learning, influencing, relationship building and leading			
Cultivates Innovation: Anticipates new issues and challenges, encourages diverse thinking, introduces new ways of looking at problems to explore creative opportunities.			
Global, Cross cultural Perspective: Works to optimize the contributions from diverse perspectives, experiences, backgrounds, cultural norms and way of communicating			
Any Other Skills (as required)			
Any Other Skills (as required)			
Overall Rating			
Additional Comments			
Recommendations	Interviewer 1	Interviewer 2	Interviewer 3
Recommendation (Shortlisted / Rejected / On Hold)			
Signature and Date			
Name			
Designation			
Final Approval by Vice-Chancellor			





Annexure 4-B: Interview Evaluation Form for Non - Faculty

Interview Evaluation Form			
Personal Details			
Name:			
Position Applied For:			
Source of CV:			
Department / School:			
Academic Qualifications:			
Total Years of Experience:			
Current Company/ Institute/University			
Current Designation:			
Current Location:			
Notice Period:			

Interview -1

Assess the candidate on the following parameters on a four-point scale as defined below:

Rating Scale: 1 – Unacceptable; 2 – Marginal; 3- Meets Requirements; 4 – Outstanding

Parameters	Interviewer 1	Interviewer 2
Customer Focus: Building strong customer relationships and delivering customer-centric solutions		
Innovation: Creating new and better ways for the organization to be successful		
Drives Result: Consistently achieving results, even under tough circumstances		



Any Other Competency (as required)		
Overall Rating		
Additional Comments		
Recommendations	Interviewer 1	Interviewer 2
Recommendation (Shortlisted / Rejected / On Hold)		
Signature and Date		
Name		
Designation		
Final Approval by Vice-Chancellor		

Panel Interview –2

Assess the candidate on the following parameters on a four-point scale as defined below:

Rating Scale: 1 – Unacceptable; 2 – Marginal; 3- Meets Requirements; 4 – Outstanding

Parameters	Interviewer 1	Interviewer 2
Collaborates: Building partnerships and working collaboratively with others to meet shared objectives		
Being Resilient: Rebounding from setbacks and adversity when facing difficult situations		



Instill Trust: Gaining the confidence and trust of others through honesty, integrity and authenticity		
People Leadership (for managers): Leads by example when it comes to finding and developing talent with a focus on talent acquisition strategies, setting performance targets that raise Code and development of high potential talent		
Any Other Competency (as required)		
Overall Rating		
Additional Comments		
Recommendations	Interviewer 1	Interviewer 2
Recommendations Recommendation (Shortlisted / Rejected / On Hold)	Interviewer 1	Interviewer 2
Recommendation (Shortlisted /	Interviewer 1	Interviewer 2
Recommendation (Shortlisted / Rejected / On Hold)	Interviewer 1	Interviewer 2
Recommendation (Shortlisted / Rejected / On Hold) Signature and Date	Interviewer 1	Interviewer 2



Annexure 5: Reference Check Format

Details of Candidate:				
Name of Candidate:	Position applied for:			
Department / School:	Location:			
Details of Reference:				
Reference Name:	Designation:			
Company/ University Name:	Contact Details:			
Mode of Reference Check: Telephone / Email				
In what capacity do you know this candida	te? How long?			
How would you rate the teaching expertise of 1 to 5? 1 being the lowest and 5 being the				
How would you rate the technical expertise of the candidate on a scale of 1 to 5? 1 being the lowest and 5 being the highest?				
How would you rate the overall performance being the lowest and 5 being the highest?	ce of the candidate on a scale of 1to 5? 1			
How would you describe the candidate's be towards fellow colleagues?	ehavior and professional attributes			



Would you re-hire this candidate? If No, please comment Would you recommend him / her to us? If No, please comment Name Signature Date Reference Check done by:



Annexure 6: Letter of Intent

[Date]	
Sub: Letter of Intent as [Designation]	
Dear [Name],	
Pursuant to our interactions, we are pleased to offe UPES. You will be based at [Location]. You will prima Department/ Head of Department - Department].	
Your annual salary will be INR [amount] Lacs, be employment are provided in the Annexure.	oreak-up of which and other terms of
During the period of employment, you will not associ without prior written approval of Authorized Signatory	
Further, you are required to act as per the Principles of Conduct.	s of Engagement of UPES and the Code
You are requested to submit the documents as a par in the attached Annexure. This offer is subject to so and successful reference checks.	· · · ·
Please send a signed and scanned copy of this letter by [Date].	er to confirm the acceptance of the offer
We welcome you to UPES and wish you a rewarding	g career with us.
With best wishes.	
For UPES	
Authorized Signatory	
I accept the terms and conditions specified above.	
Date:	Signature:
	Name:



Annexure 7: Induction Feedback Form

Induction Feedback Form				
Name Employee ID				
Designation	Department / School			

Rate the below mentioned statements on a scale of 1 to 5

1-I strongly agree with the statement; 2-I agree with the statement; 3-I neither agree nor disagree with the statement; 4-I disagree with the statement; 5-I strongly disagree with the statement

#	Statement	Rating
1	I received my employment offer and associated information in a timely manner	
2	I knew where to report, who to see and felt welcomed on my arrival	
3	After completing the induction, I gained an understanding of UPES and its expectations from me	
4	My induction was helpful and informative	
5	I gained an understanding of UPES policies, code of conduct	
6	I gained an understanding of the UPES operations and where to look for more information	
7	I knew who to ask for help and was provided with assistance and support when I required	
8	I have met my colleagues / team members and others whom I work closely with	
9	My role was effectively explained and I feel well- informed about it	
10	I know how and when my performance will be evaluated	
11	I feel a part of UPES	



Suggestions for improvements in the Induction Process			
Signature	Date		



Annexure 8: Probation Assessment Form

Personal Details					
Employee Name:		Date of Joining:			
Design	ation:	Reporting To:			
Department / School:					
Location	on:	Confirmation Due Date:			
	Rating Scale				
5	Exceptional Achiever	Significantly exceeds expectations on all major aspects of KRAs			
4 High Achiever Consistently meets all major aspects of		Consistently meets all major aspects of KRAs			
3 Consistent Achiever		Meets most of the major aspects of KRAs, needs reasonable guidance			
2	Needs Improvement				
1	Under Achiever	Meets few aspects of the KRAs			

A. Key Result Areas (KRAs)

KRAs	Description		Targets		
KRA1:					
KRA2:					
KRA3:					
Sign Off					
Appraisee Signature		Date			
Appraiser Signature		Date			



C. Interim Performance Review:

KRAs	Achievement	Employee Self rating	Appraiser's rating
KRA1:			
KRA2:			
KRA3:			
Overall Comme	nt		
Employee		Sign:	Date:
HOD/Reporting Manager		Sign:	Date:

D. Probation Assessment -1

KRAs	Achievement	Employee		Appraiser		
MAS	Acmevement	Comment	Rating	Comment	Rating	
KRA1:						
KRA2:						
KRA3:						
Overall Comme	nt					
Employee		Sign:		Date:		
HOD/Reporting Manager		Sign:		Date:		
Recommendation (Confirmation/ Extension)						
Approving Auth	ority		Sign:			

E. Probation Assessment -2 (For faculty)



KRAs	Achievement	Empl	oyee	Appraiser		aiser
MAS	Acmevement	Comment	Rati	ng	Comment	Rating
KRA1:						
KRA2:						
KRA3:						
Overall Comme	nt					
Employee		Sign:			Date:	
HOD/Reporting Manager		Sign:			Date:	
Recommendation (Confirmation/ Extension)						
Approving Auth	ority			Sign:		

In case probation is extended and the employee is placed on Performance Improvement Program (PIP), relevant forms of PIP shall be used for evaluation



Annexure 9: Probation Confirmation Letter

Date:
[Name of Employee] [Location] UPES
Subject: Confirmation Letter
Dear [Name],
With reference to your appointment letter dated, we are pleased to inform you that your employment with UPES has been confirmed with effect from (date).
Kindly accept our congratulations on the same.
You shall be governed by the Principles of Engagement effective at the time of your appointment and to such policies as may be applicable from time to time.
Sincerely,
For UPES
Authorized Signatory



Annexure 10: Probation Extension Letter

Date:
[Name of Employee] [Location] UPES
Subject: Extension of Probation Period
Dear [Name],
Based on the discussions held with you during your probation assessment review on (date), the University is of the view that you require further improvements in various areas like:
1.
2.
3.
4.
I appreciate your realization on some of your shortcomings in your performance during the probation period of your appointment and noting your willingness to improve those weaknesses to excel in deliverable in the coming months, I would like to extend your probation period for months until (date) and place you on Performance Improvement Program.
Thank you for your understanding and cooperation. I am sure you will show your hard and dedicated work in the coming months to become a regular employee of UPES family.
Yours Sincerely,
For UPES
Authorized Signatory



Annexure 11: Travel Authorization Form

		Travel A	uthorization F	orm		
Date						
Name	of Employee					
Emplo	oyee ID					
Desig	nation					
Depar	tment / School					
Trave	l Details					
Dome	stic / International					
Locati	on of Visit					
Count	ry of Visit					
Date of	of Journey					
			Onward J	lourney	Return J	ourney
Mode	of Travel (Air / Tra	ain / Bus / Car)				
Class	of Travel					
Flight	/ Train No.					
S. No.	Employee Name	Designation	Department / School	Mobile No.	Emergency Name and Num	Contact
1						
2						
3						
4						
5						
	Approva	ıl	Nan	ne	Signature	Date
Schoo	ol/ Functional Hea	d				



Annexure 12: Travel Advance Requisition Form

	Travel Advance For	rm	
Name of the Employee			
Employee ID			
Designation			
Department / School			
	Travel Advance Deta	ails	
Amount Required (in figures)			
Amount Required (in words)			
Currency (INR / USD / GBP / Euro)			
Place of Visit			
Purpose of Visit			
Date of Departure			
Date of Return			
Approvals	Name	Signature	Date
Submitted by			
Approved by			
Α	Acknowledgement of A	dvance	
Date of Advance Given			
Amount Received			
Signature of Vice-Chancellor			
Signature of Employee			



Annexure 13: Travel Expense Claim Form

Details of Travel						
Place of Visit			Purpose of Visit:			
Start Date:			Return Date:			
	Details of Travel (Domestic)					
Mode of Travel	Date	Description	Entitlements	Amount		
Taxi / App Based Cabs	XX-XX-XXXX	From and to	On Actuals			
Bus / Auto / Metro	XX-XX-XXXX	From and to	On Actuals			
Total (A)				(total)		
	Details o	of Travel (Domest	ic / International)			
From Date	To Date	Mode of Travel	Amount (INR)	Remarks		
Total (B)				(total)		
	Details o	of Hotels (Domest	ic / International)			
From Date	To Date	Hotel Per Day	Number of Days	Amount (INR)		



Total (C)				(total)	
	Details	of Meals (Domes	stic / International)		
From Date	To Date	Meal Per Day	Entitlement Per Day	Amount (INR)	
Total (D)				(Total)	
	Details of	Incidentals (Don	nestic / International)	<u> </u>	
From Date	To Date	Number of Days	Incidentals Per Day	Amount (INR)	
Total (E)				(Total)	
	Total Rei	mbursement Am	ount (A+B+C+D+E)		
Α		Local Tra	avel		
В		Trave	ıl		
С					
D		Meals			
E	Incidentals				
Total				(Total)	
Approval	Na	ıme	Signature	Date	
Prepared By					
Approved By					





Annexure 14: Local Travel Expense Claim Form

Details of Travel							
Mode of Travel	Date	Description	Purpose	Distance Travelled (km)	Entitlements	Amount	
Taxi / App Based Cabs		From and To			On Actuals		
Own 4- wheeler		From and To			INR 12 per km	Km * 12	
Own 2- wheeler		From and To			INR 6 per km	Km * 6	
Bus / Auto / Metro		From and To			On Actuals		
Total						(total)	

Approval	Name	Designation	Signature	Date
Prepared By				
Approved By				



Annexure 15: Training Feedback Form

Date:

Training Feedback Form					
Nan	me Employee ID				
Des	ignation				
Trai	ning Program				
Rate	e the below mention	oned statements on a se	cale of 1 to 10		
1 (lc	west) to 10 (highe	est)			
#	Criteria			Rating	
1	Program structu	re			
2	Program conten	t			
3	Duration of the p	orogram			
4	Knowledge of th	e trainer			
5	Ability of the trainer to explain concepts and link it with live examples				
6	Usefulness of th	e program			
You	r key learning fro	om the program			
Wha	at would you like	us to focus on / impre	ove in the program?		
Any other comments:					
Sign	nature		Date		



Annexure 16: Contract Employee Appraisal Form

	Personal Details					
Employ	vee Name:	Date of Joining:				
Design	ation:	Reporting To:				
Depart	ment / School:	Total Experience:				
Location:		Contract Start Date:	Contract End Date:			
		Rating Scale				
5	Very Good	Exceeds expectations				
4 Good		Meets expectations				
3 Average		Somewhat meets expectations				
2 Below Average		Does not meet expectations				
1	1 Very Poor Consistently belo		ow expectations			

A. Key Result Areas (KRAs)

Description	Actual Achievement	Self-Rating	Reviewer's Rating
KRA1:			
KRA2:			
KRA3:			
KRA4:			
KRA5:			
KRA6			

B. Key Competence Areas:



S. No	Competencies	Self - Rating	Reviewer's Rating
1			
2			
3			
4			
5			

C. Appraisee's Comments		
Please list any other achievements not included in your objectives:		
What were the key highlights or learning from your contract period?		
Were you provided adequate support to perform your duties? Please comment.		
Training and development programs attended in the last 1 year (Please mention topic, duration, facilitator and location of program)		



<u>Technical</u>	<u>Behavioral</u>			
Appraiser				
<u>Technical</u>	<u>Behavioral</u>			
E. Appraiser's comments				
Please provide an overall rating / comment on the contract employee's performance during the probation.				
Was the conduct or behavior of the appraisee satisfactory? If no, please provide details.				
Sign Off				
Appraisee Signature	Date			

Appraisee

D. Identification of Training and Development Needs



Appraiser Signature		Date	
Recommendation to A	pproving Authority		
Sign Off by Approving	Authority		



Annexure 17: Contract Renewal Letter	
Date:	
[Name of Employee]	
[Location]	
UPES	
Subject: Renewal of Contract	
Dear [Name],	
This is reference to your Letter of Contract dated [Date], this is to inform you that the Universi is pleased to renew your contract for a period of [Duration] with effect from [Date], unless extended in writing; your contract with the UPES will come to an end on [Date]	•
Your honorarium has also been revised and enclosed in the Annexure .	
On behalf of UPES, we thank you once again for your contribution to the University and loc forward to your continued commitment in achieving and surpassing our goals. You shall a in accordance with the Principles of Engagement of UPES, as in force and as amended from time to time. All other terms and conditions of the original contract of association remainschanged.	ct m
Kindly sign the duplicate copy of this letter as token of your acceptance.	
With best wishes,	
Yours sincerely,	
For UPES	
Authorized Signatory	



Annexure 18: Contract Completion Letter

Date:
[Name of Employee]
[Location]
UPES
Subject: Closure of Contract
With reference to your letter for Contract dated January 13, 2017, your contract with UPES will come to an end on December 31, 2017.
We at UPES and its flagship community are appreciative of your contributions since the time you have been associated with us. You have guided and advised us on the various activities of the University and provided valuable support in our endeavor of institution building.
We acknowledge your contribution and wish you a very healthy life ahead. We are sure that we can rely on your support in any other future endeavor.
Thanking you.
Yours sincerely,
For UPES
Authorized Signatory



Annexure 19: Letter for PIP

Date:
[Name of Employee] [Location] UPES
Subject: Performance Improvement Program
Dear [Name],
Based on the discussions held with you by during your performance review on (date), the University is of the view that you require further improvements in various areas.
We appreciate your realization on some of your shortcomings in your performance during the year and noting your willingness to improve those weaknesses to excel in deliverable in the coming months, we are implementing a Performance Improvement Program for months from(date) to(date) to assist you in meeting performance Code going forward.
In order to support you through this process, you will meet with your manager on a regular basis who will monitor and discuss your progress against the performance goals that will be identified on the Personal Improvement Plan.
While it is our hope and expectation that you will respond positively to the Performance Improvement Program and improve your performance level, it is important for you to understand that failure to meet performance Code on a sustained basis may result in termination of employment.
Thank you for your understanding and cooperation. We are sure you will show your hard and dedicated work in the corning months.
Sincerely,
For UPES
Authorized Signatory



Annexure 20: Performance review during PIP Form

Performance Improvement Program Form							
Personal Details							
Employee Name				Employee Designation			
Appraiser Name				Appraiser Designation			
Last Rating Recei	ved			Period of PIF)		
PIP Start Date				PIP End Date	е		
Action Plan							
Improvement Area	Outo Desi	comes red	Actions to Be Taken	Strategies	Supp	ort	Timeline
Areas where the employee needs to improve upon	-	loyee is ected to	What the employee needs to do to improve performance?	How the employee will achieve the outcomes?	What supp does empl e hav	ort the oye	By when should this activity be completed?

Review 1			
Assessment			
Improvement Area	Outcomes Desired	Appraisee Comments	Appraiser Comments



Review 1			
Recommendations			
Reviewer	Overall Comments	Signature	Date
Appraiser			
Next Level Manager			
HR			

Review 2 (If Applicable)				
Assessment	Assessment			
Improvement Area	Outcomes Desired	Appraisee's Comments	Appraiser's Comments	
Recommendations				



Review 2 (If Applicable)			
Reviewer	Overall Comments	Signature	Date
Appraiser			
Next Level Manager			
HR			

Final Recommendations by Director (HR) / Vice-Chancellor			
Name		Signature	
Designation		Date	



Annexure 21: PIP Extension Letter

Date:
[Name of Employee]
[Location]
UPES
Subject: Extension of Performance Improvement Program
Dear [Name],
Based on the discussions held with you by during your Performance Improvement Program review on (date), the University is of the view that you require further improvements in various areas.
I appreciate your realization on some of your shortcomings in your performance during the Performance Improvement Program period and noting your willingness to improve those weaknesses to excel in deliverable in the coming months, I would like to extend your Performance Improvement Program period for months until (date).
Thank you for your understanding and cooperation. I am sure you will show your hard and dedicated work in the corning months.
Sincerely,
For UPES
Authorized Signatory



Annexure 22: Resignation Acceptance Letter

Date:
[Name of employee]
[Designation]
Sub: Acceptance of Resignation
Dear [name],
This is with reference to your resignation letter dated The University has accepted your resignation.
You will be relieved from the services of the University on, after closing hours as communicated to you. Your relieving will be subject to submission of clearance form, return of all University property and information in your possession and handover of complete charge.
We wish you all the best in your future endeavors.
Regards,
For UPES
Authorized Signatory



Annexure 23: Exit Interview Form

Employee Name	Employee ID	
Department	Location	
Reporting Manager	Separation Date	

Please select and rank (1 to 3) top three reasons that prompted you to leave employment with UPES:

J	FLO.
	Lack of growth & development opportunities
	Medical grounds
	Unattractive remuneration
	To pursue higher studies
	Absence of a challenging responsibility
	Family related problems
	Excessive work pressure
	Inadequate recognition of your efforts
	Lack of suitable location
	Absence of a congenial work environment
	Lack of pleasant work relationship with immediate superior.
	Any other reason, not listed above (please specify)
	Additional Remarks:

1.	Is there anything the	Organization could have done to retain y	you?
----	-----------------------	--	------

2. What did you like most about your job?

3. What did you like least about your job?



4. Are you open to the idea for re-joining UPES at a future date?
() Yes () No () Not Sure
5. What suggestions do you have to make this organization a better place to work?
HR Department/ Interviewer's Comments

	Name	Signature	Date
Exiting Employee			
Reporting Manager/ Head of Department			
HR			



Annexure 24: Exit / Clearance Form

Р	ersonal Details			
Employee Name:	Employee ID:			
Designation:	Department / School:			
Location:	Date of Joining:			
Date of Resignation:	Last working day:			
Permanent Address:				
City: State: F	Pin Code:			
Residential Telephone No:	Mobile No:			
Personal Email ID:				

This is to inform all concerned that **(Employee Name)** has resigned from the services of the University. The University has accepted the resignation and he / she will be relieved from duty on **(Relieving Date)**, hence please do not issue him / her anything after acknowledging this final clearance.

Please write your remarks and sign under the relevant section so that we can process his / her full and final settlement.

Concerned Department	Particulars (Return of UPES Property Data and Documents)	Status (Cleared / Not Cleared)	Signature	Date
Reporting Manager (at the level of Head of Department or above)	Files and Official Documents (Hard Copies) Files and Official Documents (Soft Copies) Pending Work Any external commitments			



Concerned Department	Particulars (Return of UPES Property Data and Documents)	Status (Cleared / Not Cleared)	Signature	Date
	Official mails to be forwarded			
Finance	Imprest Amount Advance Notice pay Loan Any other dues			
Library	Library books Any Dues			
Information Technology	Laptops Data Cards, Printer and other accessories Pen Drive Manuals Back-up of data			
Human Resources	UPES ID Card Keys of Work Station (if any) Any other files / Document			
Cafeteria	Any cafeteria dues			

	D	eclaration
information of any	of the University nor when the university of the	ne above and certify that I am not carrying any will share any confidential and proprietary ith any external party, directly or indirectly afirm that I have collected all my personal
Name:	Signature:	Date:



Annexure 25: Relieving Letter

[Date]
Sub: Relieving Letter
Dear [Name],
This is with reference to your resignation dated [Date]. Your resignation has been accepted and you are relieved from the services of the University effective close of University hours on [Date].
We wish you all success in your future endeavors.
Sincerely,
For UPES
Authorized Signatory



Annexure 26: Experience Letter

[Date]

To Whomsoever It May Concern

This is to certify that [Name] was employed with UPES from [Date] till [Date], and his employment particulars are as under:

Emp. ID:	
Designation:	
Department / School:	
Location:	
Last drawn cash compensation:	
We wish [him / her] all the very best in [his / her] future endeavors.	
Sincerely,	
For UPES	
Authorized Signatory	



II. Version Control

Version Number	Revision Date	Changes Made	Created by	Approving Authority