Faculty Member Guidance

2014- 2015
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1 Hiring Procedure
Based on the need of an academic department, a designated committee (college or university based) will review CVs and recommend candidates for Faculty Member positions.

1.1 The Office of Administration and Human Resources will conduct the following:
   a. IELTS-based English Test (native English citizens or similar are exempt from the test).
   b. ICDL-based Computer Test (Computer major or certified Microsoft Office users are exempt from the test).
   c. Organize a short presentation (committee must attend the presentation).

1.2 Based on the results of 1.1, OAHR will send an Offer Letter or Declining Letter.

1.3 If the candidate refuses the Offer Letter, the head of the department will either modify the Offer Letter or moves on to other candidates.

1.4 Upon the acceptance of the offer letter, OAHR moves to the Contract Process.

2 Contract Process
OAHR requests digital copies of the following documents from the Candidate:

2.1 Signed Offered Letter

2.2 First two pages of the passport

2.3 Completed Medical Form: The physician needs to complete the attached Medical Form. A scanned copy needs to be sent to OAHR a scanned copy and an original copy also needs to be given to OAHR. The Application must be stamped by authorities in the country where the medical exam was obtained. (See appendix 1 for the medical Form)

2.4 Official copies of the documents and transcripts

2.5 Three recent references

2.6 Employee Emergency Contact information (see Appendix 2 for the Form)

2.7 Upon the approval of the Candidate, he/she can arrange for traveling to Sulaymani.
3 Faculty Member Expectations upon Arrival to Sulaymani

Faculty Member expectations should be as follow:

3.1 Before arriving to Sulaymani, the Faculty Member needs to inform OAHR about the travel itinerary in order to arrange for the accommodation and other travel guidelines, (See Appendix 3 for the Travel Policy)

3.2 Faculty Member submits the original copies of the documents and transcripts to OAHR

3.3 OAHR will prepare hard copy of the contract to be signed by the Faculty Member and Director of OAHR with witnesses: Director of Accountant,

3.4 Faculty Member will submit a copy of the air ticket to OAHR,

3.5 OAHR will assist the Faculty Member to get KUST ID and residency (which takes approximately one week).

3.6 Email Account: KUST will generate an email account for the faculty member based on the following format, name.name@komar.edu.iq, Internet access and printer code.

4 Accommodation

For those who have accommodation in their offer letter, KUST provides a furnished apartment. Note, a Faculty Member with only a spouse may reside on campus; however, A Faculty member with children must live outside the campus. Prior information should be given to KUST at least before two weeks regarding the number of primary dependents in order to plan accommodations accordingly. If there is more demand than we can offer, two faculty members of the same gender may share the same apartment; each will have an individual room. (see Appendix 4 for Accommodation policy)
5 KUST Gym

KUST provides a gym for Faculty Members located in the General Apartments

(see appendix 5 KUST Gym policy)

6 Financial Issues

6.1 KUST pays salaries in the last working day of the month. A new Faculty Member receives the first month payment by the end of the month if the arrival date is during the first two weeks of the month or receives it at the end of the following month if the arrival date is during the last two weeks of the month.

6.2 All Faculty Members will be paid on a monthly basis whether they are on duty or on leave. All expenses occurred on behalf of the university or college will be compensated by the end of the month.
7 Paid Leave and Working Hours Process

7.1 Faculty Member: (Vice President, Dean and Chairperson)

7.1.1 Salaries as were approved by the BOT

7.1.2 Length of the Contract will be for 24 Months.

7.1.3 Annual paid Leave is for 30 days = 172 hours (Based On BOT approval)

7.1.4 Second year Annual Paid Leave is 45 days = 257 hours

7.1.5 Three days Emergency Leave (e.g. Accident, prison, close relative death) (Not compensated)

7.1.6 Unused paid leave will not be accumulated to the next year contract.

7.1.7 Sick Leave is for 10 days = 80 hours (Based on BOT approval)

7.1.8 Faculty Members should not request for leave during classes.

7.1.9 Faculty members should receive his/her leave at the end of the contract.

7.1.10 (30) days leave can be taken in Date of July 15th to August 15th.

7.1.11 45 days leave can be taken in Date of July 7th to August 21st.

7.1.12 Working days will be 5 days (Saturday or Sunday to Thursday) based on the Academic schedule.

7.1.13 Working hours is 40 hours per week.

7.1.14 Operation hours are from 8:00 am to 5:00 pm.

7.1.15 Holiday will be set according to the KUST Calendar, based on OAHR order, in coordination with the President’s office and with the Department Heads.

7.1.16 Accommodation: will be provided if not the University will compensate as the following:

   a- Vice President will be reimbursed $600/ per month

   b- Dean will be reimbursed $500/ per month

   c- Chairperson will be reimbursed $400/ per month

   d- KUST will pay the transportation expenses up to $100/ month
7.2 Faculty Member: (Lecturers, Assistant Lecturer, Senior Instructor and Instructor)

7.2.1 Salaries as were approved by the BOT

7.2.2 Length of the Contract will be for 12 or 24 Months.

7.2.3 First year Annual Paid Leave is 30 days = 172 hours

7.2.4 Second year Annual Paid Leave is 45 days = 256 hours

7.2.5 Three days Emergency Leave (e.g. accident, close relative death, prison) (Not compensated)

7.2.6 Paid Sick Leave is for 10 days = 80 hours (Based on BOT approval)

7.2.7 Unused paid leave will not be accumulated to the next year contract

7.2.8 Faculty members should not request for the leave during classes unless it is an emergency.

7.2.9 Faculty members should receive his/her leave at the end of the contract.

7.2.10 (30) days leave can take the paid leave in Date of July 15th to August 15th.

7.2.11 (45) days leave can take the paid leave in Date of July 7th to August 21st.

7.2.12 Working days will be 5 days (Sunday to Thursday) based on the Academic schedule.

7.2.13 Working hours is 40 hours per week.

7.2.14 Operation hours from 8:00 am to 5:00 pm.

7.2.15 Holiday will be set according to the KUST Calendar, based on OAHR order, in coordination with the President’s office and with the Department Heads.
8 Health Allowance

Based on what mentioned in the offer letters to the contracted faculty members 2012-2013, KUST has made an agreement with local Shorish hospital which is the nearest place to the current KUST campus to have health treatment of all KUST members includes (faculty, staff and student).

For any medical treatment, you may follow the instructions stated below:

a. Asking for medical Form from office of Admin & HR
b. HR office will fill the form, than the form should be taken to the hospital.
c. The service of treatment includes (Dentistry, Optical, General Health except Gynecology).
d. Bringing back the receipt to HR office to refund the user.
e. Shorsh Hospital will be available from (8:00 am to 12:00 pm).

Note: you will be refunded with the receipts plus 1000 ID for the bill.

9 Process of Taking Leave

9.1 Faculty Member has right to take his/her paid leave, during semester if the faculty member does not have class.

9.2 Faculty member has no right to cancel the class.

9.3 Requesting the leave before 24 hours,

9.4 Requesting a form from HR (310-L)

9.5 Filling the form if it is for (Sick, Normal or emergency Leave)

9.6 having his/her supervisor permission

9.7 Returning the Leave form to HR.
10 Renewal or End of Contract Process

10.1 At the end of 10th months of starting the contract, OAHR will inform the Faculty Member in writing whether his/her contract will be Renewed.

10.2 In the case of the contract renewal, the Faculty Member shall inform the OAHR in writing of the acceptance or rejection of the renewal within 15 days of issuing the letter.

10.3 When the Faculty Member accepts the stay at KUST, he/she will work on the new assignment of responsibilities for the coming academic year. The Faculty Member has the choice to stay in the same accommodation or move to another.

10.4 In case of non-renewal, OAHR will give the Faculty Member 15 days to evacuate the University accommodation. Within 15 days, the Faculty Member shall obtain the clearances: (see the Appendix 6 for Clearance form)

11 Termination of the Contract

11.1 KUST has the right to end the contract of a Faculty Member if he/she has violated one of the principles of professional conduct and ethics, couldn’t fulfill assigned responsibilities, or if the University Council found the termination to be in the best interest of the University. Termination Procedures are listed in Chapter Six (6.2) of the Faculty Handbook.

11.2 The terminated Faculty Member must obtain clearance as mentioned in item.

11.3 The terminated Faculty Member has the right of a return-ticket, 15 days accommodation, a maximum of 15 days salary starting from the date of the termination letter.
12 Resignation

12.1 Faculty Member has the right to resign according to the Faculty Member Handbook, 6.1.

12.2 There are two types of resignations: unharmed resignation and harmed resignation.

1.1.1 Unharmed Resignation: The unharmed resignation occurs when the Faculty Member resigns by the end of the semester or when he has no teaching responsibilities during the semester.

1.1.2 Harmed Resignation: The harmed resignation occurs when a Faculty Member resigns during the semester and has teaching responsibilities, not given tests, or final exam according to the syllabus, or not passing grades to OSAR according to the instructions.

11.3 Instructions for Unharmed Resignation: Faculty Member has the right for the followings:
   a. Keeping salaries and one-half of the cost of air ticket.
   b. Faculty Member has no right of paid-leave.

11.4 Instructions for harmed Resignation: KUST shall take one or more of the following actions:
   a. Faculty Member should be charged a total fees collected by the students for the courses or labs taught by the faculty.
   b. Faculty Member should return to the University the amount paid for the ticket, salaries paid from starting the semester to the resignation date.
   c. If Faculty Member refrained from paying the amount mentioned in (a) and (b), KUST will sue the Faculty Member for the amount in the local court in Sulaymaniah.
   d. Faculty Member might be prevented from traveling outside of Kurdistan until the case is resolved.
13 Compensation:

13.1 External Lecturer:

13.1.1 Theoretical courses: The fees for teaching is ($150 300, 450) per (1, 2, 3) credit hour per month regardless to the instructor rank. If the external lecturer teaches two section of the same course, the first section collect $150 per hour per month and the second repeated section is $100 per hour per month.

13.1.2 Lab courses: The fees for 3-hours lab is $300 per month. Repeated Labs will be paid the same amount.

13.1.3 Non-Academic English courses: 20 teaching hours per week considered a full-time teaching load, which is equivalent to teach 15 credit hours academic courses. It will pay the same amount as lab’s. Since the minimum teaching hours per week per English course is 10, the total payable compensation is ($900) monthly

13.2 Internal Lecturer

13.2.1 If the Internal lecturer teaches extra hours outside of the normal working hours (8:00 am- 5:00 pm), he/she will be treated as external lecture

13.2.2 External and Internal Lecturers must have a supervisor’s approval for working extra hours at Komar University

13.2.3 External and Internal Lecturers must have contract before start teaching

13.2.4 External and Internal Lecturers must make up any missing classes due to sickness, normal Leave, holiday, etc.). In case of not making up the classes, the instructor will not get paid for the missing one.

13.2.5 If the Internal lecturer teaches extra hours during the normal working hours (8:00 am- 5:00 pm), he/she will earn 75% of that of external lecturers. Below are the compensations for teaching different classes:
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<tr>
<th></th>
<th>External Lecturer (One Section)</th>
<th>External Lecturer (Two Sections)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRH</td>
<td>I CRH</td>
<td>2 CRH</td>
</tr>
<tr>
<td>Theoretical (50 min/1 CRH per week)</td>
<td>150</td>
<td>300</td>
</tr>
<tr>
<td>Laboratory (3 hrs/lab for 4 lectures)</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>English courses (10 hrs/week)</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Internal Lecturer (One Section)</th>
<th>Internal Lecturer (Two Sections)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRH</td>
<td>I CRH</td>
<td>2 CRH</td>
</tr>
<tr>
<td>Theoretical (50 min/1 CRH per week)</td>
<td>112.5</td>
<td>225</td>
</tr>
<tr>
<td>Laboratory (3 hrs/lab for 4 lectures)</td>
<td>225</td>
<td></td>
</tr>
<tr>
<td>English courses (10 hrs/week)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14 Evaluation

Purpose: The policy of the Komar University of Science and Technology is to ensure that all faculty members meet high standards during their work. Therefore, it is required that a faculty evaluation process conducted every semester. The goal of Fall Evaluation is to promote meaningful feedback between supervisor and employee and faculty and student. The goal of the Spring Evaluation is to decide on the renewal of the contract and type and amount of the promotion. (see Appendix 7 Evaluation form).

15 Teaching Faculty Responsibilities

14.1 Course Syllabus: Prior to teaching a course, the faculty must prepare a complete syllabus for each course he/she is teaching. The syllabus should follow the KUST’s Syllabus Standard Format. A copy of the syllabus should be sent to Office of Quality Assurance (OQA) and to be shared with faculty members. After the syllabus has been approved by OQA, a copy should be sent to the President Office.

1.2 Textbook and References: The faculty should use one textbook as a main source for the course. The textbook should be selected based on its availability in the market. A digital copy of the textbook should be available on Moodle and Library. Homework assignments should be mainly from the textbook. In addition, the faculty should recommend three (3) references on the subject; they should be kept in the Library.

15.1 Teaching Course: The faculty should meet students weekly according to the published schedule. Faculty must start and finish the class according to the schedule. If for any reason, the faculty miss a class, he/she must make up the missing one.

15.2 Homework Assignment: The Faculty gives weekly homework assignments which are related to the topics covered in the class. The homework is collected and graded based on predefined rubrics. Solutions of the homework shall be posted on Moodle (LMS), and a hardcopy is reserved in the Library.

15.3 Office Hours: The faculty is required to meet with the enrolled students of his/her course during a predefined office hours, which are listed in the Syllabus, Moodle and posted outside the Faculty office. Students have the right to communicate with the faculty via other means.

15.4 Quiz, Test, and Exam: They are assessment tools which can be defined by each educational institution. At KUST, the terms are defined as follow:

15.5 Quiz: Short-type questions (10-15 minutes long) given to students during the class to assess students’ learning about materials covered in the same class or previous one. No preparation is required. It is possible to be open book or notebook.
15.6 Test: Longer than Quiz (about one hour) given to students to assess students learning about several subjects/topics. Preparation is required. No open book or notebook. Test questions should assess learning outcomes of the course.

15.7 Exam: Usually longer than a test and more comprehensive. Preparation is required. No open book or notebook. Exam questions should assess learning outcomes of the course.

15.8 Absence Report: Faculty must take student attendance in the beginning of each class. Based on the KUST Attendance Policy, the faculty must report to OSAR monthly about students’ absences. OSAR will send a note to faculty with a copy to his/her file if the report is delayed.

15.9 Grade Report: Faculty must report grades to OSAR monthly. By the end of the semester and prior to the final exam, the faculty must send OSAR a detailed report about grades (HW, Quiz, Tests) and their average. After the final exam and at given date, the faculty sends the final grades to OSAR in the provided format. OSAR will send a note to faculty with a copy to his/her file if the report is delayed.

15.10 Course Logbook: The faculty must keep a hard copy of all materials (Presentations, homework and solutions, and tests and their solutions) in the Logbook in the Library. The OQA will check on the logbook frequently. OQA will send a note to faculty with a copy to his/her file if the logbook has not updated.

15.11 Moodle: KUST is using Moodle as a learning system. Faculty must be familiar in using the service. KUST IT center will help faculty who are not familiar with the system. The OQA will check on the Moodle frequently. OQA will send a note to the faculty with a copy to his/her file if the course on Moodle has not updated.

15.12 Course Assessment: By the end of the semester, the Faculty must fill the Course Assessment Form and return it to OQA.
Appendix 1: Faculty Member Medical Form

MEDICAL HISTORY AND EXAMINATION FORM INSTRUCTIONS
(Modified from the Original Fulbright Medical Examination Form)

NAME of Faculty
(Photo)

Date of Birth:
Permanent Address:

FOR University Use:
The applicant’s history, physical examination results, and examining physician’s opinion have been reviewed and are found to be complete/incomplete and meet the standards/do not meet the standards for the proposed academic position in Kurdistan region.

REVIEWED BY: __________________________ DATE: ____________
SIGNATURE: ___________________________________________
ORGANIZATION: ________________________________________
MEDICAL HISTORY AND EXAMINATION FORM

I. MEDICAL HISTORY

MEDICAL HISTORY MUST BE COMPLETED BY THE APPLICANT IN ENGLISH AND SIGNED BEFORE VISITING THE EXAMINING PHYSICIAN

PLEASE TYPE OR PRINT IN INK

1. NAME: ___________________________________________ ___________________________ ___________________________
   Last  First  Other

2. DATE OF BIRTH: __________________________________ Month/Day/Year

3. SEX: ☐ Male  ☐ Female

4. PLACE OF ORIGIN OR PERMANENT RESIDENCE: ____________________________________________
   City  Country

5. PRESENT ADDRESS: ____________________________________________
   Home or Residence  City  Country

6. GRANT LOCATION: (If known) ____________________________________________
   University/City/State

7. DATES: ____________________________________________
   From  To

8. Indicate “YES” or “NO”. “YES” answers MUST be explained in the space provided. (Additional space available on Page 2 of this form.)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Have you ever had any significant or serious illness(es) or injuries? (State nature of problems/places/dates.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>Have you ever had any operations or been advised by a physician to have an operation? (Describe and give places/dates.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td>Have you ever been a patient in a mental hospital or sanitarium or treated by a psychiatrist? (Give places/dates.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td>Do you currently take medication for treatment of a medical condition (list name/dose) or do you require the use of a medical device?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Do you now have or have you ever had any of the conditions listed below? (Check “YES” or “NO” for each Item.)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>CHECK EACH ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Epilepsy, convulsions, fits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>Eye disease, vision defect in one or both eyes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td>Tooth or gum disease (periodontal disease).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td>Asthma, emphysema, or other lung conditions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td>Tuberculosis or exposure to tuberculosis.</td>
<td></td>
<td></td>
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<tr>
<td>(f)</td>
<td>High/low blood pressure, heart disease.</td>
<td></td>
<td></td>
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<tr>
<td>(g)</td>
<td>Stomach, liver (hepatitis), gallbladder disease.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h)</td>
<td>Hernia (rupture)/Genito-Urinary/Rectal Disorder.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td>Kidney or bladder condition, stone or blood.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(j)</td>
<td>Diabetes, sugar in the urine.</td>
<td></td>
<td></td>
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<tr>
<td>(k)</td>
<td>Joint disease or injury, swollen or painful joints.</td>
<td></td>
<td></td>
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<tr>
<td>(l)</td>
<td>Back pain, or spinal condition, use of back brace.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(m)</td>
<td>Tropical diseases (malaria, bilharzia, amoebiasis, leprosy, filariasis, yaws, etc.).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n)</td>
<td>Depression, anxiety, attempted suicide or other psychological symptoms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(o)</td>
<td>Drug or narcotic habit such as marijuana, cocaine, heroin, LSD, or any derivatives.</td>
<td></td>
<td></td>
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<tr>
<td>(p)</td>
<td>Bleeding disorder. blood disease, sickle cell anemia.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(q)</td>
<td>Tumor, abnormal growth, cyst, or cancer.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(r)</td>
<td>Skin disorder growths psoriasis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(s)</td>
<td>Gynecological disease/abnormal menses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(t)</td>
<td>Hearing impairment.</td>
<td></td>
<td></td>
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</tbody>
</table>

10. If you answered “YES” to any item in Question 9, please explain in detail (include dates of occurrence, treatment, and outcome):
11. Name two individuals who could be notified in case of emergency.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Telephone number(s)</td>
<td>Telephone number(s)</td>
</tr>
<tr>
<td>Relationship:</td>
<td>Relationship:</td>
</tr>
</tbody>
</table>

12. I certify that I have reviewed the foregoing information supplied by me, and that it is true and complete to the best of my knowledge. I understand that if any of this information is found to be substantially inaccurate or incomplete, it may be grounds for termination of my contract and my return home.

SIGNATURE: ___________________________________________ DATE: ____________________________
MEDICAL HISTORY AND EXAMINATION FORM

II. PHYSICAL EXAMINATION FORM

THIS PHYSICAL EXAMINATION FORM MUST BE COMPLETED IN ENGLISH BY A DESIGNATED AND QUALIFIED PHYSICIAN AFTER REVIEWING THE EXAMINEE’S MEDICAL HISTORY (PART I), CONDUCTING A PHYSICAL EXAMINATION, AND ASSESSING LABORATORY AND X-RAY RESULTS. THE EXAMINING PHYSICIAN MUST COMMENT ON ALL POSITIVE AND/OR SIGNIFICANT FINDINGS AND SIGN WHERE INDICATED.

PLEASE TYPE OR PRINT IN INK

1. APPLICANT’S NAME: ___________________________________________ ___________________________________________ ___________________________________________ Last First Other

2. HEIGHT: ___________________ in or cm

3. WEIGHT: ___________________ lb or kg

4. CORRECTED VISION: 20: _________ 20: _________ Left Right

5. BLOOD PRESSURE: ___________________________________________ syst./diast.

6. PULSE RATE: ___________________________________________ Circle whether regular or irregular

7. URINALYSIS: Sugar Albumin Microscopic examination

8. ELECTROCARDIOGRAM REPORT (If indicated by history or physical examination):

9. BLOOD SEROLOGY TEST FOR SYPHILIS: Test Used: ☐ Pos ☐ Neg

10. A SKIN TEST FOR TUBERCULOSIS IS REQUIRED OF ALL APPLICANTS UNLESS A BCG VACCINATION HAS BEEN GIVEN RECENTLY. If vaccinated and a PPD skin test is contraindicated, a chest X-Ray is required to rule out active tuberculosis. Tuberculin Skin Test: PPD Test: ☐ Pos ☐ Neg BCG Vaccine Given: ☐ No ☐ Yes Date of Series: __________________________ Date and Result of Chest X-Ray: ______________________________________________________

11. CLINICAL EVALUATION: (Please provide an answer to each item. Abnormal findings must be fully explained in the space provided.)

<table>
<thead>
<tr>
<th>Item</th>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>DESCRIBE ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Head, Nose, Mouth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>Ears, Hearing Acuity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td>Eyes, Visual Acuity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td>Lungs and Chest/Breast.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td>Heart, Rhythm and sounds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f)</td>
<td>Vascular System.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g)</td>
<td>Abdomen, Hernia, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h)</td>
<td>Rectum/Prostate, Hemorrhoids, Fistula.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td>Urinary System.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(j)</td>
<td>Spine and Extremities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(k)</td>
<td>Skin, Lymph Nodes, Scars.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(l)</td>
<td>Neurological System/Reflexes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(m)</td>
<td>Emotional Stability.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. THE PHYSICIAN MUST COMMENT ON ALL ITEMS MARKED “YES” IN THE MEDICAL HISTORY (PART I) AND COMMENT ON ANY CONDITION DISCOVERED DURING THE EXAMINATION.

13. PHYSICIAN’S SUMMARY STATEMENT AND DIAGNOSIS:
14. IMMUNIZATION REQUIREMENTS

The applicant is responsible for obtaining the required immunizations for entry into Iraq. The WHO International Certificate of Vaccination is the proper document for recording immunizations or vaccinations. Universities require proof of immunization against the following diseases:

MEASLES (Rubeola)
- Date of Live Immunization:
- or Date of Disease:

RUBELLA
- Date of Immunization:
- or Date of Rubella Titer:

POLIO
- Date series completed, type:

MUMPS
- Date of Immunization:

DIPHTHERIA (DPT), Whooping Cough, Tetanus
- Date series completed:

TETANUS BOOSTER (Most Recent):

NOTE: HISTORY OF DISEASE IS NOT ACCEPTABLE PROOF OF IMMUNITY TO RUBELLA.

RESULTS: _______________

I have completed my physical examination to the best of my knowledge and have reviewed the applicant’s medical history, laboratory evaluations, tuberculin skin tests, and immunization record. I certify that the applicant is free of active tuberculosis, and any other contagious diseases.

It is my opinion that the applicant’s physical and emotional condition is satisfactory for a full course of study, research, or lecturing in an academic environment and that there are no limitations on activity or special assistance expected for the duration of the grant period proposed.

☐ YES  ☐ NO

SIGNATURE: ____________________________ NAME OF PHYSICIAN (printed): ____________________________

DATE: ________________ COUNTRY WHERE LICENSED: ______________________ NUMBER: ______________________

ADDRESS OF PHYSICIAN: ____________________________
Appendix 2: Emergency Contact Information

**Employee Emergency Contact Form**

Name: 
Position in KUST: 
Home Telephone: 
Mobile Number: 
E-mail: 
Home Address: 
Blood Type: 
Chronic disease: 
Allergic To: 

**Emergency Contact Info:**

1- Name: 
   Relationship: 
   Home Telephone: 
   Mobile Number: 

2- Name: 
   Relationship: 
   Home Telephone: 
   Mobile Number: 

Employee signature:
Appendix 3: KUST Travel Policy

Travel Arrangement Policy

2012

Based on item (4.1.G Travelling) of the Faculty Handbook, the procedures to implement the policy are as follows:

First: KUST will pay:

1.1 A round trip ticket to those who are hired from outside Iraq.
   a. Up to $ 1500 for travel originated from the Middle East; Egypt west and Iran east.
   b. Up to $ 2000 for travel originated from Europe, Asia and Africa.
   c. Up $ 2500 for travel originated from the rest of the World.

1.2 Only the amount of the travel expenses will be reimbursed. This amount covers one round-trip air ticket, ground transportation to/from the airport and one night accommodation (each way), which may be needed during the trip.

1.3 The ticket is for the employee only.

Second: Procedure:

2.1 Travel expenses will be reimbursed once the contract is signed, and on handing in a receipt of the expenses, e.g. air ticket, taxi, hotel, etc., to OAHR.( to copy the receipts)

2.2 If the air ticket was purchased for a round-trip, only an amount equivalent to one way (half the price of the ticket) will be reimbursed according to 2.1, whilst the other half has to wait until two months before the departure.

Third: Payment:

3.1 The employee should hand in the receipt and/or related documents to OAHR.
3.2 Office of Accounting will reimburse the employee based on order from OAHR.
3.3 Tickets and/or any related documents should be kept with both the Accounting office and OAHR.

Fourth: Resignation

4.1 If the faculty member resigns during the first semester, the employee should pay back the amount of the ticket that has been received from KUST, before his/her departure.

4.2 If the resignation occurs at the end of the first semester with the approval of KUST he/she receives 50% of the ticket’s cost.

4.3 The faculty member will receive 100% of the ticket cost if he/she continues until the end of the first year contract.
KUST Accommodation Policy

To create a safe and hospitable environment for KUST employees, visitors and guests, this policy was issued.

Employees are guaranteed accommodation once stated in their contracts and agreed by KUST’s President.

Who will get accommodation?

- Academic and non-Academic staff according to the terms and conditions of their contracts.
- Visiting members to KUST.
- Any individual recommended by KUST’s President

Accommodation charge & other supplementary services

$200 charge is required for the accommodation and services by KUST.

Occupants of the apartments will be provided electricity, water, Internet connection.

Housekeeping

All KUST apartments are self-catered, and the accommodation is mainly flats, each of 1-2 bedrooms, a bathroom with a toilet and a separate kitchen.

While KUST apartments are self-catered, garbage collection service is provided on daily basis (except holidays) once left outside the apartments’ main door.

Liability and responsibilities

Occupants of the apartments should comply with the following:

- The occupant has to sign an inventory list of the furniture found in the apartment, at the time of moving in and moving out. Any missing asset or property damage must be replaced by the occupant.
- Occupant members are responsible for keeping the original internal design of the apartment: walls, panels, secondary roofing, kitchen cabinets or painting unless it is authorized by the HR administration office. Any damage of the apartment must be fixed by the occupant, unless the damage occurred unintentionally.
- Occupants can ONLY be accompanied by their spouses. No children, relatives and boyfriend/girlfriend are allowed to stay overnight; occupants will be responsible of such misconduct.
- Any damage to the furniture and/or assets should be reported to HR administration office as soon as possible. Occupant’s guests in the apartments must comply with the safety and security polices of KUST.
- No alcohol, smoking and forbidden drugs are allowed in the general/common areas or any place outside the apartment.
- No guns or weapons of any kind are allowed in the apartment.
- No scientific experiments are allowed in the apartment.
- For security reason, KUST’s main gate is closed after 06:00 pm every day, and occupants, who want to go out or stay outside after this time, need to inform the on-duty security guard in advance to open the entrance gate. The security outside of KUST is a personal responsibility.

Appendix 5: KUST Gym Policy

KUST provided provides a GYM gym for Faculty Members located in the General apartments.

Please find the below the policy for KUST GYM:

5.2. Participation is at your own risk.
5.3. Users are responsible for reading and adhering to the published policies.
5.4. Users are responsible for reading the manual of the gym-equipment carefully.
5.5. Please be respectful for others presence, especially those in the activity areas. Spitting, inappropriate language, verbal abuse and fighting will not be tolerated.
5.6. Athletic attire and clean & athletic footwear are required.
5.7. In order to keep facilities clean and safe for use, please wipe your feet when entering the gym room. Users are encouraged to change outdoors shoes before entering the activity spaces.
5.8. Participants should attend to matters of personal hygiene as well as cleanliness of workout outfits.
5.9. Water bottles, smoking, and alcohol are not permitted.
5.10. Food and beverages are not allowed in the gym area.
5.11. Equipment and facilities should be only used for their intended purposes. Modification is prohibited. Please report equipment malfunction or damage to Admin & HR office OAHR.
5.12. After using the equipment please turn the machines off.
Appendix 6: Faculty Member Clearance Form

Office of Administration and Human Resources
Faculty Clearance Form

16 Name (Printed)/Date of Starting Process:

17 Department/College_______________________________

(Please supply the information requested below, secure the proper signatures, and return the complete form to the Office of the President.)

<table>
<thead>
<tr>
<th>Issue number</th>
<th>Customer requirement or issue</th>
<th>Supervisor Name/Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Syllabi, course materials, exams submitted to Department Chair/or Office Quality Assurance.</td>
<td>( ) Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>( ) No</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grates, absence report, or any of student document/reports submitted to Office of Student Affairs-Office of the Registrar</td>
<td>( ) Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>( ) No</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Course Assessment Report submitted to Office of Quality Assurance.</td>
<td>( ) Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>( ) No</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Library records cleared with University Library.</td>
<td>( ) Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>( ) No</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Office equipment and Keys, Computer, Printer, ID submitted to Office of Admin/HR.</td>
<td>( ) Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>( ) No</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Signing Accounting document, Conflict Of Interests document, Confidentiality Document In the Office of Admin/HR.</td>
<td>( ) Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>( ) No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Signing Accounting Document.</td>
<td>( ) Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>( ) No</td>
<td></td>
</tr>
</tbody>
</table>
I, ____________________________, Faculty members of ____________________________, declare that I will not break any rules and instructions stated in the KUST document, “Conflict of Interests”. Should I break the rules or instructions, I am giving the right to Komar University of Science and Technology to sue me for any damage caused by my action, in Kurdistan or Country of my Residence ____________________________

Signature of the Employee/Date________________________

Signature of the Director of Admin/HR/Date________________________

I, ____________________________, Faculty members of ____________________________, declare that I will not break any rules and instructions stated in the KUST document Confidentiality. Should I break, I am giving the right to Komar University of Science and Technology to sue me for any damage caused by my action, in Kurdistan or Country of my Residence ____________________________

Signature of the Employee/Date________________________

Signature of the Director of Admin/HR/Date________________________

I, ____________________________, Faculty members of ____________________________, declare that I will follow the rules and instructions stated in the KUST Research Policy. Should I break the policy, I am giving the right to Komar University of Science and Technology to sue me for any damage caused by my action, in Kurdistan or Country of my Residence ____________________________

Signature of the Employee/Date________________________

Signature of the Director of Admin/HR/Date________________________

I, ____________________________, Faculty members of ____________________________, declare that I received all my salary from Komar University of Science and Technology and cleared all financial aspects from my employment.

Signature of the Employee/Date________________________

Signature of the Director of Accounting/Date________________________

Upon receiving the above clearances, OAHR will arrange for paying the Faculty Member the amount due whether in cash or sending the money to a bank account of the faculty’s choice.
Appendix 7: Faculty Evaluation Form