



**ZUELLIG FAMILY
FOUNDATION**

HUMAN RESOURCES

POLICIES AND PROCEDURES MANUAL

As of 30 November 2023

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This Manual has been approved by top management for implementation effective June 1, 2013. Questions concerning interpretation or application of personnel policy statements and provisions contained in this Manual should be referred to HR for clarification and advice.

The online version is updated to reflect changes and edits necessitated by decisions and actions of management, and updates in compliance with applicable laws. In order to make it easier for the reader to know what has changed from the last version, updates are indicated as follows:

¹Amended
¹2019 version

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Foreword

This Human Resource Policy and Procedures Manual describes the philosophy, principles and commitment of **Zuellig Family Foundation (ZFF)** to its most valuable resource—its staff. The Manual formalizes into policies the existing practices in the Foundation in the area of human resource management and development (HRMD).

This Manual is designed to achieve the following learning objectives:

1. Staff can explain the general policies on HRMD.
2. Supervisors, managers and directors can implement fair, effective and consistent application of HRMD policies and procedures with the guidance of Human Resources.
3. Staff, managers and directors can explain the context and purpose of various HRMD policies and procedures in the workplace.
4. Managers and directors can explain their responsibilities and levels of authority.
5. Managers, directors and staff can exemplify commitment to observe and demonstrate HRMD policies and procedures.

The contents of this Manual are presented according to functional areas. These are:

1. Manning, Talent Acquisition, Onboarding and Offboarding
2. Performance Management and Staff Development
3. Compensation and Benefits
4. Payroll, Timekeeping and Leaves
5. Employee Engagement
6. Standards and Expectations for the Workplace

Each functional area is organized by chapter and section for easy navigation and reference. ¹ This document shall be subject to review three (3) years after its reissuance. Any updates on local labor laws and/or regulations related to any section of this Manual shall be annexed to this Manual and cascaded to all staff simultaneously.

Any procedure not elaborated in this Manual shall be raised with the Executive Committee (Excom) for an appropriate recommendation to be actioned by HR.



Vision

Catalyst for the achievement of better health outcomes for all Filipinos

Mission

Enable local health systems to effectively achieve better health outcomes for all Filipinos through leadership and governance in partnership with key stakeholders

Goals

1. All trained local health leaders have improved Bridging Leadership competencies.
2. All trained local health leaders are able to strengthen local health systems with resilient and sustainable community-driven arrangements for better health outcomes.
3. Partnerships with government and other stakeholders are institutionalized for leadership and local health systems development.
4. Lessons learned and pieces of evidence are disseminated to advocate responsive policies and programs in public health and governance.



ZFF Core Values

Integrity

- Goals and objectives consistent with commitment to our stakeholders
- Consistency of actions, values, methods, measures, principles, expectations and outcomes
- Honesty, sincerity, and transparency in all our actions

Duty

- A sense of mission and commitment to purpose
- Willful acceptance of assigned tasks and perseverance toward their completion
- Effective and efficient contribution in light of individual and team goals

Reliability

- Accomplishment of work based on targets and agreed expectations (i.e., quality, quantity, and timeliness)
- Sense of ownership and accountability for all work performed
- Dependability to complete tasks amidst the demands and challenges of work

Simplicity

- Efficient and judicious use of resources
- Programs fulfilled and services rendered in a low-key but high-impact manner
- No-frills performance of work

Care for Our People

- Recognizing people as our most important asset
- Facilitating staff advancement
- Giving high regard to staff welfare in terms of safety and security



Zuellig Family Foundation: A Legacy of Strategic Giving

The Zuellig Family Foundation (ZFF) reinforces the idea of healthcare beyond medical missions and dole outs. It chooses to change the landscape of social responsibility by arming health leaders with the information and skills to improve the health of the poor.

The Foundation is rooted in the distinctive context of the Zuellig family's enterprises in the Philippines. It was in 1901 when the young Frederick E. Zuellig came to Manila for business opportunities. After finding a job in a Swiss trading company, he became a partner in the well-known firm Lutz & Co., which he would later buy and name F.E. Zuellig Inc. After World War II, his Manila-born sons, Dr. Stephen Zuellig and Gilbert Zuellig expanded internationally and diversified into various business interests.

The Foundation's vision evolved from a tradition of individual philanthropic engagements and the corporate citizenship of the Zuellig Group of companies. In carrying out the Zuellig family's mandate to address specific deficiencies in community healthcare, the Foundation has gone beyond conventional grant-making and performed an active institutional role in the social development and progress of the Philippines.

In 1997, the Zuellig Group announced the establishment of the Pharmaceutical Health and Family Foundation during the inauguration of the state-of-the-art manufacturing plant and distribution center of Interphil Laboratories, Inc. and Zuellig Pharma Corporation in Canlubang, Laguna. The Foundation initially aimed to address the health requirements of local communities in the neighborhood.



Four years later, the Foundation was renamed the Zuellig Foundation and given a broader scope by consolidating selected social responsibility programs of the Zuellig companies in the Philippines. The Foundation redirected its attention to advocacy for public health policy reforms and training health leaders and professionals in best practices. On the occasion of the 100th anniversary of the Zuellig family's engagement in Philippine business, Dr. Stephen Zuellig announced the new programs of the renamed Foundation as well as a grant of ₱100 million to support its work.

In 2008, the board of trustees initiated a review of the Foundation's objectives in relation to the country's health situation, with a special focus on improving health outcomes for the poor. The assessment of "the health of the nation" concluded that health inequities need to be addressed systematically, in order to achieve meaningful improvements in health indicators, particularly among the poor.

To respond more effectively to the challenges of the Philippine health sector, the Foundation recast its strategies to strengthen the capabilities of the country's public healthcare systems and improve access to healthcare for the poor, especially in rural areas. This strategic reorientation coincided with the repositioning of the Foundation's institutional identity. To denote its autonomy from the business operations of the Zuellig Group, the Foundation adopted a new name: Zuellig Family Foundation. While the subsidiaries and affiliates of the Zuellig Group continue to pursue their respective corporate social responsibility programs, the Foundation concentrates its efforts and resources on the specific philanthropic mission articulated by the Zuellig family. This is to promote effective and sustainable healthcare systems in the Philippines, with an emphasis on primary healthcare services in rural communities.

The Foundation stands as a defined manifestation of the Zuellig family's desire to sustain a legacy of making healthcare an operative factor of nation-building and improving the quality of life for all Filipinos.

ZFF Management

The Board of Trustees

The Foundation's highest governing body is the Board of Trustees, which provides oversight and policy directions, and approves strategic and yearly operational plans. The Board of Trustees is composed of four (4) officers and seven (7) board members. ¹They are as follows:

Chairperson
President and Executive Director
Treasurer
Corporate Secretary
Members

Executive Committee

The Executive Committee (Excom) is composed of the President, Executive Director, Deputy Executive Director, Portfolio Directors (PD), HR, Finance, Administration, Information Management Systems (IMS), Strategy and Partnerships (S&P), Institute, Corporate Communications, and Executive Assistant (EA). It will meet twice a month. The Executive Assistant, or someone duly designated by the Executive Director, shall serve as Excom Secretary. The Secretary shall release the notice of meeting and the agenda three (3) days before the meeting. The minutes will be circulated for approval.

The suggested order of the meeting will be as follows:

1. Call to Order
2. Approval of the Minutes
3. Calendar of Activities
4. Portfolio and Unit Reports
 - a. Updates on operations
 - b. New developments
5. Other Matters
6. Adjournment

Implementing Guidelines ---

Inherent in building a culture are leadership, people, and the organizational structure. All of which are interrelated to protect the values of the organization. These HR policies and guidelines provide structure and document leadership direction for the people who form part of the organization. The way things are done is also influenced by the structure in place. It is an expectation that all employees abide by the policies and guidelines of the Foundation. The policies are to be implemented by:

1. Having the HR Manual and related forms accessible to all staff regardless of tenure and position (core, project-based and fixed-term staff), online or in print
2. Restricting substitutions of approved forms
3. Honoring service level agreements relevant to the provisions of this Manual
4. Resolving questions, disputes, or conflicting interpretations of the provisions through the Excom and, if needed, through legal advice.
5. Having amendments to the provisions of this Manual effected through consultation with the Excom and approved by the President. Approved amendments are communicated to all employees. Note that amendments and new policies cannot be implemented retroactively.

Non-compliance with the provisions of this Manual is construed as a deviation from the Foundation standards, which may be subject to appropriate sanctions as stipulated in the code of conduct.

Chapter I:
**Staffing, Talent Acquisition,
Onboarding, and
Offboarding**

Chapter I	:	Staffing, Talent Acquisition, Onboarding, and Offboarding	Date	:	December 1, 2022
Section A	:	Staffing Plan	Supersedes	:	June 1, 2013

POLICY

The Foundation develops staffing plans aligned with its goals, contingent on the Work and Financial Plan (WFP).

COVERAGE

All Portfolio and Institutional Management Units

DEFINITION OF TERMS

1. **Organizational Chart** - This refers to visual representation of hierarchy and structure within an organization.
2. **Plantilla** - This refers to active personnel containing essential information such as the unit, name of the incumbent, date of hire, position, job grade, and compensation and benefits budget.
3. **Staffing Plan** - This refers to the Staffing Budget Plan prepared by HR during the WFP process. The plan contains the quantity of staff, job grade, recommended rate per month and budget. The plan is submitted to the S&P for consolidation with the MOOE Budget.

REGULATIONS

To ensure proper budgeting of all required positions in the Foundation, the following shall be observed:

1. HR shall prepare and consolidate all the Staffing Plans derived from the proposed WFP submitted by portfolio and institutional management teams.
2. HR shall review the consolidated Staffing Plan in collaboration with the Strategy & Partnerships (S&P) Director, as part of the consolidation of the annual WFP.
3. HR and S&P shall recommend approval to the Executive Director.
4. The approved Staffing Plan shall be the basis of action taken by HR on the talent requisition for the following fiscal year.

Chapter I	:	Staffing, Talent Acquisition, Onboarding, and Offboarding	Date	:	January 1, 2023
Section B	:	Job Evaluation System	Supersedes	:	January 1, 2011

POLICY

The Foundation uses a fair and equitable process to assess and determine the value of each job in relation to others in the job hierarchy. This assessment is done through a system called Point Factor Rating, which considers factors like job complexity and accountability. Based on this evaluation, jobs are grouped in a hierarchy, with more complex and skilled roles placed higher and less complex roles lower. Job evaluation focuses on analyzing job requirements using questionnaires and job descriptions.

COVERAGE

All positions

DEFINITION OF TERMS


1. **Job Analysis** - This refers to the process of determining the complexity and characteristics of a particular job using a tool called Job Analysis Questionnaire (JAQ). It involves assessing various approved compensable factors such as problem-solving, leadership and people management, accountability and decision-making, technical know-how, education and experience, communication, contacts and interactions, and working conditions.
2. **Job Description** - This refers to a written representation of an organizational role, including its responsibilities, specific duties, and overall scope. It outlines the unique characteristics and ongoing tasks associated with a particular job, distinguishing it from other positions within the organization. Additionally, a job description specifies the minimum qualifications required for an individual to fulfill the job requirements.
3. **Job Evaluation** - This refers to the process of comparing a job against other positions within the Foundation to determine the appropriate pay rate. A Job Evaluation toolkit, provided in this Manual, contains guidelines for conducting the evaluation.
4. **Salary Structure** - This refers to a pricing structure that aligns with the compensation philosophy of the Foundation. In the case of ZFF, the salary structure was initially designed with eight job levels, but it was later streamlined to five levels following a Point-Factor Comparison method of Job Analysis conducted in 2021. After assessing ZFF's affordability and considering guidance from specific board members, a 50th percentile positioning was recommended to the board on August 5, 2022. Further, it refers to the hierarchical grouping of jobs and corresponding salary ranges. These structures often utilize pay grades or job grades to reflect the external market

value of a job and/or its internal value to the organization.

REGULATIONS

1. HR shall be the Job Evaluation (JE) system owner and administrator.
2. Each position in the Foundation must have a written Job Description or JD (Form 013). The job description which is drawn from accomplished JAQs shall be the basis for job evaluation. The result of the Job Analysis shall be used to update the Job Description as necessary.
3. All job descriptions shall be reviewed as needed to ensure relevance to unit, program, or project context.
4. The job evaluation to be administered using the 2021 tool shall be the basis for determining job grade levels and corresponding prices based on the 2022 Board-approved JE implementing rules and regulations (IRR).
5. The salary structure approved by the Board on August 5, 2022 (effective January 1, 2023 to December 2025), shall be in effect for two (2) years, subject to review depending on re-organization initiatives or external market surveys conducted.
6. All job evaluation outputs completed shall be archived.

PROCEDURES

1. The job evaluation shall commence for newly created positions, updating of responsibilities, or any other organizational changes. A job description must be in place before any JE to be conducted. HR records corresponding approvals and notes in the position grid and pay structure. For existing staff with new responsibilities and newly evaluated job, a memo shall be released to document the change.
 2. Changes in the job evaluation system will require the approval of the Excom.
 3. All pay adjustments must be within the salary structure. The IRR will guide the implementation and decision-making process.
 4. A job grade shall be assigned to each position.
- 

Chapter I	:	Staffing, Talent Acquisition, Onboarding, and Offboarding	Date	:	December 1, 2022
Section C	:	Talent Requisition	Supersedes	:	June 1, 2013

POLICY

The Foundation ensures that the hiring of personnel, whether for replacement or additional staff, is covered through a duly approved Talent Requisition Form (TRF).

COVERAGE

All requisitioning Portfolio and Institutional Management Units

PROCEDURES

1. Before initiating the sourcing of talent through recruitment marketing, the Manager/Director of the requisitioning unit shall complete a TRF (Form 001).
2. An updated job description (JD) must be attached to the TRF, and other relevant documents (memo, email approval, amended annual implementation plan budget) to ensure approval of budget sources for proper booking of the Finance unit.
3. The completed TRF, duly approved and signed by the requisitioning Manager/Director, shall be forwarded to HR for review and processing. In case a position is not provided in the fiscal year approved Staffing Plan, the requisitioning unit shall recommend the creation of said position, subject to the approval of the President and Executive Director.

Chapter I	:	Staffing, Talent Acquisition, Onboarding, and Offboarding	Date	:	September 25, 2023
Section D	:	Recruitment, Selection, and Placement	Supersedes	:	December 1, 2022

POLICY

The Foundation is an equal opportunity employer (EOE), committed to the inclusion and participation of all persons regardless of gender, sexual orientation, gender identification and expression (SOGIE), ethnicity, age, civil status, being differently abled, or faith affiliation. The Foundation shall recruit, hire, and place the best qualified talent to fill vacant positions.

COVERAGE

All candidates for employment

DEFINITION OF TERMS

1. **Hiring** - This refers to the process of making a job offer to the selected applicant, chosen from among other candidates, after they have completed all pre-employment requirements.
2. **Placement** - This refers to the process of assigning candidates to the most suitable job within the organization, taking into account factors such as job demands, qualifications, and compensation.
3. **Recruitment** - This refers to the process of marketing, identifying, attracting, screening, selecting, and hiring qualified applicants to fill vacant positions within the Foundation.
4. **Selection** - This refers to the process of evaluating and choosing the most suitable candidate from a pool of applicants for a particular position.

REGULATIONS

1. The Foundation shall seek out all possible sources of applicants to maintain a useful and updated applicant talent bank.
2. Notice of vacancies shall be posted on the ZFF Career Page.
3. To widen the selection field, applications shall be sourced from a range of talent sources, including professional websites, social media outlets, and career networking communities. A staff referral program will also be a targeted source of talent.
4. HR will ensure a consistent talent pipeline by conducting an on-campus career information campaign to generate interest in our career opportunities.

5. Applicants shall fill out the Application Form and submit their curriculum vitae with a photo.
6. HR shall assess the applicant's profile against the minimum job requirements and conduct preliminary interviews with the use of an Interview Rating Sheet (Form 003).

Job Grade	Rank	Required Minimum Relevant Experience	Educational Background Requirement
1	Assistant	6 months - 2 years of relevant work experience	Completed undergraduate degree
2	Associate	3 - 5 years of relevant work experience	Completed undergraduate degree
3	Manager/Expert	5 - 7 years of relevant work experience	Completed undergraduate degree with relevant certifications or graduate level studies
4	Director	Minimum of 10 years of progressive related work experience and capacity	Completion of a graduate degree, certifications and/or professional designation in a specialized field
5	Senior Director	Minimum of 15 years of progressive related work experience and capacity	Completion of a graduate degree, certifications and/or professional designation in a specialized field

7. Applicants shall take the written examination approved by the requisitioning Manager or Director on the date and time set by HR. Applicants who pass the test shall be given appointment for further screening and interview.
8. Applications for employment from various sources shall be kept on file to ensure a reserve of skilled talent to meet future needs. This is called the Talent Bank, an orderly classification and filing of applicants' information sheets for easy reference and retrieval.
 - a. The Talent Bank shall consist of applicants' information sheets filed according to the type of work that the applicants are best suited for.
 - b. Only applications that indicate suitable qualifications shall be kept in the "Active File".
 - c. The "Active File" shall be maintained in accordance with the file retention program of the Foundation.
9. Based on the test results and the preliminary interview, HR shall identify three (3) candidates that

will be recommended to the requisitioning unit.

10. Qualified applicants shall further undergo a series of interviews to help gauge their acceptance and aptitude for the job at hand.
11. The requisitioning unit shall evaluate applicants' qualifications and then interview them to determine the most suitable person for the job.
12. The final Recommendation to Hire must be prepared by HR, endorsed and recommended by the requisitioning Manager/Director and HRIMSA Director. Final approval will be obtained from the President and Executive Director.

Chapter I	:	Staffing, Talent Acquisition, Onboarding,, and Offboarding	Date	:	December 1, 2022
Section E	:	Employment Classification	Supersedes	:	December 1, 2020

POLICY

The Foundation retains a specific number of positions considered core and regular for purposes of eligibility for the Retirement Benefit. All other positions have either project-based employment classification (charged to external donor partnership projects) or fixed-term employment classification (charged to the internal ZFF budget). Sub-contracted positions will have no employer-employee relationship with the Foundation.

COVERAGE

All staff

DEFINITIONS

1. **Probationary Employee** - This refers to a staff member who is hired to fill a regular position but is required to undergo a probationary or trial period for six (6) months. This period is designed to determine their capability and fitness to perform the job on a regular basis or to complete the period of a project or fixed-term contract.
2. **Regular Staff** - This refers to a staff member who has satisfactorily completed a probationary period of up to six (6) months. Their engagement status is converted to a regular status, indicating that they have met the necessary criteria and are employed on an ongoing basis or to complete the period of a project or fixed-term contract.
3. **Project Employee** - This refers to a staff member who is hired for a fixed period to work on an externally funded project. Their employment contract is coterminous with the length of the assigned project.
4. **Supervisory Staff** - This refers to a staff member who works under the direct supervision of their respective Director. They hold a rank of at least Job Grade 3. As a monthly-salaried employee, they are entitled to payment for rest days and holiday pay. However, a supervisory staff member is not entitled to overtime pay.
5. **Field-based Staff** - This refers to staff members who regularly perform their duties away from the principal place of business or branch office of the employer. Due to the nature of their work, their actual hours of work in the field cannot be determined with reasonable certainty.
6. **Non-Supervisory Staff/ Assistant** - This refers to staff members who do not have a supervisory role and has limited decision-making responsibilities. He/she is entitled to overtime, rest day, and holiday pay as specified in the Philippine Labor Code.

REGULATIONS

1. All staff will be properly classified upon hiring to determine their job grade, position title or designation, compensation, and benefits.
2. The employment contract specifies the employment classification, provisions for probationary period, specific period of employment, and job description (including geographical areas of assignment as necessary).
3. HR shall issue the classification of staff and indicate all the details in the employment contract and attachments.

Chapter I	:	Staffing, Talent Acquisition, Onboarding, and Offboarding	Date	:	December 1, 2022
Section F	:	Background Check	Supersedes	:	January 15, 2011

POLICY

The Foundation conducts background checks on a candidate for employment to determine integrity, performance behavior, values, and ethics.

COVERAGE

All candidates for employment

REGULATION

1. All information gathered from a background check shall be handled with utmost confidentiality.

PROCEDURES

1. Before a candidate is offered employment, HR shall confirm the veracity of given information from character references and previous employer(s). If previously employed, he/she shall be required to submit clearance from his/her previous employer to determine whether he/she left in good faith (this requirement must be submitted no later than the 3rd month of probationary employment).
2. HR shall send an email to the references nominated by the candidate. HR shall use as a guide the Questionnaire for References (Form 004).
3. For selected positions, the Foundation shall enlist the services of a third party provider to conduct due diligence.

POSITIONS REQUIRING ADDITIONAL BACKGROUND CHECK	REQUIRED REPORTS
Senior Director positions - Job Grade 5	Integrity Assessment: Lifestyle, Character, Ethics, Business Impact, Reputation, Current Employment Verification, and General Credit Assessment
HR, Finance, IMS, and Administrative positions - Job Grades 3/4	Integrity Assessment: Lifestyle, Character, Ethics, Business Impact, Reputation, Current Employment Verification, and General Credit Assessment

Chapter I	:	Staffing, Talent Acquisition, Onboarding, and Offboarding	Date	:	December 1, 2022
Section G	:	Job Offer	Supersedes	:	January 15, 2011

POLICY

The Foundation formally communicates the terms of employment to a candidate through a job offer.

COVERAGE

All candidates for employment

REGULATIONS

1. HR shall make the job offer after due consultation with the Requisitioning Manager/Director and HR Manager and approval of the Executive Director.

Steps	Responsibilities
1	HR prepares recommendation to hire memo for approval by requisitioning Unit Head or Director.
2	Unit or Director makes a recommendation to hire after consulting with HR.
3	HR offers/negotiates with the candidate for acceptance of the job offer.
4	HR obtains the candidate's acceptance of the job offer.
5	HR endorses the candidate to the Executive Director (ED) for hiring.
6	HR endorses the negotiated contract to the ED for approval.
7	ED approves the final contract, including the job offer, job description and actual contract.

2. The completed Hiring Recommendation Form (Form 005) will be the basis of the job offer to the selected candidate.
3. Before the job and pay offer is made, HR shall make sure the candidate has complied with all

pre-employment requirements*. In cases of urgent hiring, the submission of pre-employment requirements can come after acceptance of a job offer.

4. HR shall advise the candidate of the terms and conditions of his/her employment and hand over the formal offer to the candidate. The agreed rates, including the effective date and conditions of engagement, shall be stipulated in the contract of services or agreement.

**The job offer can be expedited when 50% of the pre-employment requirements, including reference checks, have been obtained by HR.*

Chapter I	:	Staffing, Talent Acquisition, Onboarding,, and Offboarding	Date	:	December 1, 2022
Section H	:	Medical Examination	Supersedes	:	January 15, 2011

POLICY

The Foundation mandates that all candidates for employment undergo pre-employment physical and medical examinations conducted by an accredited clinic to assess their fitness to work.

COVERAGE

All candidates for employment

REGULATIONS

1. All prospective candidates for employment shall be required to undergo a pre-employment physical and medical examination.
2. A “Not Fit To Work” evaluation shall be a ground for discontinuance of the hiring process.

PROCEDURES

1. HR shall issue a request for a pre-employment physical or medical examination to the prospective candidates.
2. Upon completion of medical examination, the Foundation-accredited clinic shall submit a report to HR.
3. The results of the medical examination shall be the basis for HR to determine if a candidate qualifies for employment.

Chapter I	:	Staffing, Talent Acquisition, Onboarding,, and Offboarding	Date	:	December 1, 2022
Section I	:	Employment Documents	Supersedes	:	June 1, 2013

POLICY

The Foundation follows a standard procedure for the processing of employment papers (201 file).

COVERAGE

All prospective staff

PROCEDURES

1. HR shall consolidate all pre-employment requirements
2. HR shall prepare all the documents necessary to formalize engagement. On the basis of the Hiring Recommendation Form (Form 005), HR shall:
 - 2.1 Prepare the Contract (Form 006);
 - 2.2 Route the employment documents to all approving authorities;
 - 2.3 Send the Summary of Payment Notice to Finance Unit to facilitate payment of fees and other benefits;
 - 2.4 Enroll in SSS, Pag-Ibig, PhilHealth as new staff; and
 - 2.5 Enroll staff in the Foundation's Medical and Life Insurance programs (as applicable)
3. HR shall see to the proper distribution of the engagement documents. The following shall serve as guide for distribution:

Documents	No. of Copies	Distribution
3.1 Application	1	201 file
3.2 1 x 1 ID photo	6	ID card, 201 file
3.3 2 x 2 photo	2	201 file
3.4 Talent Requisition/Action Form	1	HR
3.5 Interview Rating Sheet/s	1	201 file

3.6 Official Transcript of Records	1	201 file
3.7 Diploma	1	201 file
3.8 Applicant's Certification of Previous Employment (If applicable)	1	201 file
3.9 Employment Clearance	1	201 file
3.10 Questionnaire for References	1	201 file
3.11 NBI Clearance/Police Clearance	1	201 file
3.12 SSS, TIN, Pag-Ibig and PhilHealth Numbers	2	Payroll, 201 file
3.13 Dental and Optical Clearances	1	201 file
3.14 Physical Examination Result	1	201 file
3.15 Employment Agreement	2	201 file
3.16 Payroll Notice	2	Finance, 201 file
3.17 Withholding Tax Exemption Form	2	Finance; 201 file
3.18 Professional License	1	201 file
3.19 Marriage Certificate and Birth	4	201 file
3.20 Certificate, including those of spouse and children (if applicable)	1	201 file
3.21 Certificates of Seminars or Trainings Attended	1	201 file
3.22 Orientation Checklist		

Chapter I	:	Staffing, Talent Acquisition, Onboarding,, and Offboarding	Date	:	December 1, 2022
Section J	:	201 File	Supersedes	:	June 1, 2013

POLICY

The Foundation maintains individual 201 files in the Human Resource Management System (HRMS) portal, consisting of staff's personal and engagement records.

COVERAGE

All staff

REGULATIONS

1. The staff's 201 file shall be held in strictest confidence. Only the Directors and Managers have access to the 201 files of their direct reports.
2. The following records shall be contained in the HRMS Employee Profile:
 - a. Scanned copies of personal data including educational background, employment history, transcript of records, NBI/police clearance, test profile and medical examination results;
 - b. Electronic (e)copies of compensation and personnel action data, including pay increases, personnel movements, and performance appraisal reports;
 - c. Electronic copies of records of disciplinary action, such as those resulting from violations of Foundation policies, rules and regulations, if any, and other relevant data concerning the staff; and
 - d. Electronic copies of data relevant to changes in personal status of the staff, such as copies of Marriage Contract, SSS E-1, and E4.
3. All documents shall be turned over to HR for maintenance and control.

Chapter 1	:	Staffing, Talent Acquisition, Onboarding,, and Offboarding	Date	:	December 1, 2022
Section K	:	Staff Identification Card	Supersedes	:	January 15, 2011

POLICY

The Foundation regards the Identification Card as a passport for individuals to gain entry into the organization. Its principal aim is to safeguard the security and safety of both ZFF property and people.

COVERAGE

All staff

DEFINITION OF TERM

1. **Staff ID** - This refers to a card assigned to an individual staff member, that bears a specific staff number and includes information such as staff member's name, Tax Identification Number (TIN), Social Security System (SSS) number, and address. Additionally, the card features a recent photograph of the staff member and is duly signed by the Foundation's President and Executive Director.

REGULATIONS

1. There shall be one type of ID card for regular, probationary, and project/fixed-term staff indicating ID validity.
2. The staff ID is the property of the Foundation and shall be recognized as a valid entry pass to Foundation facilities.
3. All staff shall wear and visibly display the staff ID within the Foundation premises at all times. This is not transferable between staff.
4. Staff IDs and security information should not be shared with non-Foundation personnel.
5. The loss of staff ID should be reported immediately to HR.
6. The cost of newly issued staff badges and their replacement due to wear and tear shall be at the Foundation's expense.
7. Staff leaving the Foundation due to resignation, retirement, or completion of a contract must, on the day of effective employment, return their ID card. No clearance or monies due shall be released without first surrendering the staff ID.

PROCEDURES

1. New hires shall be provided with a staff ID signed by the Foundation's President and Executive Director.
2. The number in the staff ID shall be the perpetual number assigned to him/her. In the event of separation, the same number shall no longer be assigned.
3. HR shall be responsible for the issuance and control of staff IDs.

Chapter I	:	Staffing, Talent Acquisition, Onboarding,, and Offboarding	Date	:	December 1, 2022
Section L	:	Orientation of New Staff	Supersedes	:	January 15, 2011

POLICY

The Foundation conducts an orientation for new staff to help them assimilate into the ZFF organization. The orientation covers various topics, including the vision, mission, and goals of the organization, the 10-year strategy (including the operational plan), program descriptions and current projects in the portfolio, institutional policies and processes, and the overall work culture and inner workings of the organization.

COVERAGE

All newly hired staff

PROCEDURES

1. HR will conduct a general orientation for newly hired staff during the probationary period. This orientation aims to introduce them to the organization's vision, mission, goals, plans, structure, programs, partnerships, institutional management policies, procedures, work arrangements, and culture.
2. A probationary checklist will be provided and explained to the new hire.
3. On the first week of a new hire's onboarding, the supervisor (Manager or Director) shall lead a more thorough orientation of the assigned unit's (or project's or portfolio's) strategy, roadmap, annual implementation plan, and individual expectations (quarterly targets as they relate to the unit's or project's annual targets).
4. The Annual Performance Plan (APP) of the new hire must be accomplished, reviewed, and approved by the supervisor (1st level rater) and 2nd level rater (Director concerned) on the second week of onboarding the new hire. The APP will be the basis of the bi-monthly work delivery schedule (WDS) submission.
5. The HR Manager will set up a courtesy meeting for the new hire with the President and Executive Director in the first month of employment.
6. Completion of the ZFF foundational courses (HLMP 1 and 2, CSBL 1 and 2 for all staff, and additional requirement of Basic L&D for Portfolio and L&D staff) will be part of the probationary checklist and provided through the ZFF Institute of Health Leadership during the first six (6) to twelve (12) months of employment.
7. The HR Manager will track the progress of new hires' completion of the checklist requirements and report progress to the supervisor on the third month of employment.

Chapter I	:	Staffing, Talent Acquisition, Onboarding,, and Offboarding	Date	:	September 25, 2023
Section M	:	Probation Period	Supersedes	:	December 1, 2022

POLICY

The Foundation complies with Article 281, Book 6 of the Philippine Labor Code, which states that probationary employment shall not exceed six (6) months from the employee's start date, unless specified by an apprenticeship agreement. The Foundation may terminate the services of a probationary employee for just cause or if the employee fails to qualify as a regular employee based on reasonable standards communicated by the employer during the engagement.

COVERAGE

All newly hired staff

DEFINITION OF TERM

1. **Probationary staff** - This refers to an employee who is engaged by the Foundation on a temporary basis for a period not exceeding six (6) months, as stated in compliance with Article 281, Book 6 of the Philippine Labor Code.

REGULATIONS

1. Upon hiring, HR shall orient the newly hired staff on the basis of the evaluation during the probationary period. The newly hired staff shall formulate his/her APP in HRMS and Staff Formation Plan to specify the target deliverables during the probationary period.
2. HR will be in charge of monthly tracking of progress against the probationary checklist.
3. The manager (1st level reviewer) and director (2nd level reviewer) of the probationary staff must review the performance as a basis for regularization. A Meets Expectation (ME) minimum rating is needed to recommend regularization.
4. Eight weeks prior to the end of probationary period, the project staff will submit to the Manager and Director an updated draft of the probationary assessment indicating the staff's achievements in relation to the 6-month performance contract and the completion of the staff development priorities (Probationary Assessment or Form 020).
5. The Manager and Director will discuss the updated competency assessment, staff development, and performance contract with the staff at least eight weeks prior to the end of the

probationary period (6th month).

6. If the staff is able to pass the probation, regularization of the project shall be recommended by the Director within four weeks prior to the end of the contract (using the Personnel Action Notice or Form 010) for approval by the President and Executive Director.
7. Failure to complete the mandatory training requirements and activities listed in the probationary checklist and Staff Formation Plan is a condition for staff's non-regularization.

ZFF Staff Formation Mandated Trainings during Probationary Period					
	HLMP 1	HLMP 2	CSBL 1	Basic L&D	Technical Trainings
Institutional Staff	Required	Required	Required	NA	Requirement as agreed in SFP Plan for the first 6 months
L&D Staff	Required	Required	Required	Required	
Portfolio Staff	Required	Required	Required	Required	

8. A Did Not Meet Expectations (DNME) rating of the probationary period assessment will result in a recommendation to terminate employment or an extension of the probationary period (not more than three months). A notice shall be issued to the staff concerned at least 15 days before the 6th month (Philippine Labor Code stipulates ample notice only to the probationary staff) on the decision to regularize or extend probationary period.
9. For the extension of the probationary period, clear targets must be mutually agreed upon between the staff and the supervisor and must be documented and signed.

Chapter I	:	Staffing, Talent Acquisition, Onboarding, and Offboarding	Date	:	December 1, 2022
Section N	:	Re-hiring	Supersedes	:	January 15, 2011

POLICY

The Foundation allows re-hiring of staff who have resigned or completed project contract periods.

COVERAGE

All separated staff by virtue of resignation or completion of project

DEFINITION OF TERM

1. **Re-hiring** - This refers to the process of hiring individuals who have previously resigned from their positions or whose project assignments have been completed.

REGULATIONS

1. A staff may be considered for re-engagement for full-time employment only under the following conditions:
 - a. No history of DNME (Did Not Meet Expectations) performance rating
 - b. Resignation from the Foundation was to pursue higher studies
 - c. Resignation from the Foundation was due to work opportunity abroad driven by economic reasons
 - d. No derogatory records to his/her credit
 - e. No history of questionable professional behavior evidenced by Non-Compliance to Institutional Policies, unsubstantiated charge against management and leader, or negative feedback from external partner or stakeholder
2. Re-employment shall be based on the specifications in the Talent Requisition Form (TRF).
3. Former staff shall undergo the usual recruitment and selection procedures as new staff, and a panel interview with the HR Manager, HRIMSA Director, President, and Executive Director. The Requisitioning Manager and/or Director have the option to participate in the panel interview.

Chapter I	:	Staffing, Talent Acquisition, Onboarding,, and Offboarding	Date	:	December 1, 2022
Section O	:	End of Contract, Renewal of Contract, and Transfer	Supersedes	:	April 15, 2019

POLICY

The Foundation ensures systematic disengagement of resigned or completed (project contract), transfer, extension, and renewal of contracts.

COVERAGE

All project and fixed-term staff

DEFINITION OF TERMS

1. **Project Contract** - This refers to a contractual agreement that is established for a specific period of time. The contract may be either fixed in advance or designed to automatically terminate upon the completion of a particular task or the occurrence (or non-occurrence) of any other specified event. Such tasks or events will be detailed in the staff contract.
2. **Transfers** - This refers to the act of moving a project staff from one project to another within an existing contract, or after the end of contract.

REGULATIONS

1. Project contracts automatically cease and terminate without further notice on the date stated at the end of the contract. In which case, procedures for separation apply immediately.
2. A reminder memo will be issued by HR to the staff affected by the cessation of contract at least 45 calendar days prior to the effective date of contract completion.
3. The supervisor and staff are jointly responsible for completing the papers required for contract renewal and getting the contracts signed by the President and Executive Director before the contract lapses. If the contract lapses without completion of the contract renewal process, it will be interpreted that both the supervisor and the staff are not interested in renewing the engagement with the Foundation.

PROCEDURES

1. Six (6) weeks prior to the end of contract or effective date of transfer, the project staff will submit to the Manager the updated and self-rated Annual Performance Review Form. For

transfers, the receiving Manager and Director shall discuss the performance plan.

2. The Director and Manager will discuss the updated competency assessment, staff development, and performance contract with the staff at least four (4) weeks prior to the end of contract, or effective date of transfer.
3. The Director will recommend contract renewal and, if applicable, job grade step increase/s for outstanding performance during the year, if the staff meets the performance standards and competency requirements for the position, and there is a continued need in the partnership project or unit. This recommendation, using the Personnel Action Notice or Form 010, will be submitted to the President for approval two weeks before the end of the contract.
4. The contract for renewal shall be issued by HR one payroll cut-off prior to the end of contract upon the approval of the President and Executive Director based on the recommendation of the unit or portfolio Director.
5. Two (2) weeks before the end of contract, no travel requests and cash advances will be processed for the renewing project/fixed-term staff in the absence of a contract. Exceptions are given to project/fixed-term staff who have signified their intent of non-renewal.
6. For transfers, no travel requests and cash advances charged to the receiving unit will be processed in the absence of a new contract. This is to avoid any audit findings from our donors.
7. In the event the staff is unable to pass the performance standards and competency requirements or there is no continuing partnership in the project assigned, she/he shall be advised, stating the reasons thereof.
8. The policy on separation shall be implemented in connection with the above.
9. Should there be no renewed contract upon the end of contract, HR shall ask the staff to complete the clearance (Form 015) as a requirement for processing final pay.
10. Staff shall submit a turnover document 30 days prior to effectivity of end of contract; and shall submit all pending deliverables no later than 60 days upon completion and/or end of contract.
11. Staff shall surrender all assigned equipment and liquidate all remaining cash advances prior to clearance.
12. Staff shall complete the exit interview as prescribed in the exit interview procedure.
13. Finance shall release the check to the staff representing the final pay after the approval of the President and Executive Director of the clearance.

Staff Schedule for Project Closure

(These are activities and deliverables that must be completed by staff to receive final pay on the last day of work. The days quoted below are working days.)

ACTIVITY	SCHEDULE	DELIVERABLES	IN CHARGE
Draft project close-out plan with deliverables	90 days before	Draft close-out plan with persons in charge, deliverables and dates	Discussed and agreed between staff and supervisor
Finalize project close-out plan with deliverables	85 days before	Final close-out plan with persons in charge, deliverables and dates	Approved by Unit or Portfolio Director
Issue Staff Clearance Form	80 days before	Staff Clearance Form with final close-out plan	HR
End of field activities deliverables	20 days before	1 st draft of final deliverables	Staff
End of field activities	20 days before	Return to office	Staff
Provision of comments and feedback on 1st draft of final deliverables	15 days before	Feedback and comments on 1 st draft of final deliverables	Immediate Supervisor
Submission of draft Liquidation Report	15 days before	Draft Liquidation Report	Staff
Feedback on draft Liquidation Report	12 days before	Feedback and comments on draft Liquidation Report	Immediate Supervisor

Submission of final draft of final deliverables	12 days before	Final draft of final deliverables responding to comments of the immediate supervisor	Staff
Submission of final Liquidation Report to Finance	10 days before	Final Liquidation Report responding to comments of the immediate supervisor	Staff
Routing of clearance including return of equipment	5 days before	Signed Staff Clearance Form	Staff
Final signature on clearance and release of final pay	0 days before	Approved final deliverables and signed Staff Clearance Form	President and Executive Director

Chapter I	:	Staffing, Talent Acquisition, Onboarding,, and Offboarding	Date	:	December 1, 2022
Section P	:	Exit Interview	Supersedes	:	January 27, 2015

POLICY

The Foundation undertakes exit interviews with staff members who retire, resign, or complete their projects, with the purpose of gathering feedback, learning lessons, and obtaining suggestions for organizational improvement.

COVERAGE

All resigning, retiring and project/fixed-term completing staff

DEFINITION OF TERM

1. **Exit interview** - This refers to an interview conducted with staff members who are resigning or retiring from their positions. The purpose of this interview is to encourage them to openly share their experiences, comments, and observations related to their time working with the Foundation.

REGULATIONS

1. An Exit Interview* shall be conducted by Executive Director, Deputy Executive Director, HR Manager or any nominated Director by the staff with the following objectives:
 - a. HR Manager/Associate to confirm with staff the preferred Exit Interviewer upon issuance of formal acceptance of resignation/retirement/or completion of contract notice;
 - b. To validate administrative and supervisory practices;
 - c. To gain insights on staff's feedback concerning job and organizational concerns;
 - d. To prevail upon a staff, if considered an asset, to stay on with the Foundation; and
 - e. To gain some suggestions for improvement.
2. The Exit Interview shall be conducted anytime between the acceptance date of staff resignation/notice of completion and its effectivity date.
3. Information gathered from an Exit Interview shall be kept confidential.

**The Exit Interview must be recorded (with consent from the exiting employee).*

PROCEDURES

1. The staff shall have the option on whom among the Executive Director, Deputy Executive Director, Director or HR (Manager or Director) to have the in-depth interview with the staff. Exit Interview Form (Form 011) includes personal reasons, interpersonal relationship, comments about the working environment, implementation of Foundation policies, how the staff rates the Foundation, and suggestions for further improvement within his/her work area or any aspect where changes may be needed.
2. The Executive Director, Deputy Executive Director, Director or HR Manager conducting the exit interview shall encourage the staff to be open, factual, and constructive with their comments.
3. The same questions shall be asked of retirees with greater emphasis on his/her suggestions for any policy, program, or process improvements.
4. Confidentiality will be maintained with respect to all information collected via the Staff Exit Survey.
5. In instances where the Exit Interview raises significant matters that impact human and labor rights, the matters will be referred immediately to the President and Executive Director.
6. The operation of the policy and procedure will be monitored by HR annually and reported at the year end Excom meeting to identify areas or determine trends we may need to address. This may include such issues as why members of staff are leaving, the quality of support received from managers, pay and benefits received, and any improvements in staff development.

Chapter I	:	Staffing, Talent Acquisition, Onboarding, and Offboarding	Date	:	December 1, 2022
Section Q	:	External Affiliation as Individual Member within Period of Active Contract	Supersedes	:	July 18, 2016

POLICY

The Foundation prevents conflicts of interest that may arise when staff members perform their duties and fulfill their contractual obligations with the organization.

COVERAGE

All staff

DEFINITION OF TERMS

1. **Affiliation** - This is limited to unpaid and voluntary membership, including board membership, in an organization. It is important to note that such engagement does not constitute a form of employment.
2. **External affiliation** - This refers to personal membership, either as an associate or full-time member, or being a member of the board, in organizations that are distinct from the corporate memberships that the Foundation is part of.
3. **Organizations** - This refers to legal not-for-profit entities that acquire membership for networking purposes. They aim to advance specialized fields such as medicine, public health, project management, human resources, and similar areas.
4. **Represent** - This refers to the authority entrusted by Management to act on behalf of the Foundation in good faith, while considering the interests of the affiliated organization. This includes avoiding actions that lead to conflicts of interest.

REGULATIONS

1. All staff are encouraged to be part of organizations relevant to the mission of the Foundation. This is to ensure that the staff maintain a healthy network of influence that would be beneficial to both themselves and to the Foundation.
2. Once a staff member is affiliated with an organization, this should be disclosed to Management via Conflict of Interest (COI) Form in HRMS. Approval of the President and Executive Director will be required via email notification. HR will file or keep record of the approved COI Form.
3. Membership meetings should be on official leave. Consideration to official time may only be granted if the meeting has a clear and direct impact on the Foundation or the projects. An approval from the President and Executive Director should be sought for this purpose. Corresponding leave must be filed based on approval of the President and Executive Director.
4. When taking on a leadership role in the organization, the Foundation should be notified in advance. Unless otherwise approved by Management, it shall be expected that the staff cannot represent the Foundation and shall only act upon his own personal capacity.
5. The Policy on Conflict Of Interest shall be followed in sharing responsibility and determining conflict of interest. Should Management see conflict of interest in the membership or in taking the leadership role, the staff shall be informed and a dialogue shall take place for proper resolution. Example, if there is a clear conflict of interest, then permission is not granted.
6. The Foundation will not cover the payment of individual membership fees, only corporate membership fees. However, if the staff believes that corporate membership in an organization would benefit the Foundation, he/she can submit a proposal including the following information:
 - a. Objectives of the membership;
 - b. Expected impact and benefits to the Foundation; and
 - c. Organization profile.

Chapter I	:	Staffing, Talent Acquisition, Onboarding, and Offboarding	Date	:	December 1, 2022
Section R	:	Implementing RA 7277 (Magna Carta for Disabled Persons) in the Foundation	Supersedes	:	October 20, 2016

POLICY

The Foundation commits to adopting the implementing rules and regulations of the Magna Carta for Disabled Persons (RA 7277), upholding the following principles in relation to disability rights:

1. Persons with disabilities (PWD) are part of Philippine society, thus the Foundation shall give full support to the improvement of their total well-being and integration into the mainstream of society.
2. PWDs have the same rights as other people to take their proper place in society. They should be able to live freely and as independently as possible. This must be the concern of everyone, the family, community and all government and non-government organizations.

COVERAGE

All staff considered as persons with disabilities

DEFINITION OF TERMS

1. **Person with Disabilities (PWDs)** - This refers to an individual who possesses different abilities resulting from a mental, physical, or sensory impairment, which may affect their capability to perform specific productive or life activities.
2. **Impairment** - This refers to any loss, diminution, or aberration in the psychological, physiological, or anatomical structure or function of an individual.
3. **Disability** - This encompasses three aspects: (1) a physical or mental impairment that substantially limits one or more psychological, physiological, or anatomical functions or activities of an individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment.
4. **Reasonable Accommodation** - This includes (1) the improvement of existing facilities used by employees to make them readily accessible and usable for PWD, and (2) the modification of work schedules*, reassignment to a vacant position, acquisition or modification of equipment or devices, or appropriate adjustments or modifications of examinations, training materials or company policies, rules and regulations, allowing of auxiliary aids within the company premises, and other similar accommodations.

**Consistent with the Hybrid Work Arrangement (HWA) option policy implemented through the Work Delivery Schedule (WDS) module of HRMS. Said modification of work schedules can be done bi-monthly and approved by the supervisor.*

REGULATIONS

1. **Opportunity for suitable employment.** Opportunity for suitable employment shall be open to all qualified disabled persons. Efforts shall be exerted to provide qualified PWDs equal opportunity in the selection process based on qualification standards prescribed for an appointment to a position.
2. **Discrimination in employment.** No individual or entity, whether public or private, shall discriminate against a qualified person with a disability in various aspects of employment, including job application procedures, hiring, promotion, employee discharge, compensation, job training, and other employment conditions. The following actions constitute acts of discrimination:
 - a. Limiting, segregating or classifying a disabled job applicant in such manner that adversely affects his work opportunities;
 - b. Using qualification standards, employment tests or others selection criteria that rule out or tend to rule out a PWD unless such standards, tests or other selection criteria are shown to be job-related for the position in question and are consistent with business necessity;
 - c. Utilizing standards, criteria or methods of administration that:
 - i. Have the effect of discrimination on the basis of disability; or
 - ii. Perpetuate the discrimination of others who are subject to common administrative control.
 - d. Providing a lower compensation, salary, wage or other forms of remuneration and fringe benefits to a qualified disabled employee by reason of his/her disability as compared to a worker performing the same type and amount of work but who is not disabled;
 - e. Favoring a non-disabled employee over a qualified PWD employee with respect to promotion, training opportunities, study and scholarship grants, solely on account of the latter's disability;
 - f. Re-assigning or transferring a PWD employee to a job or position he/she cannot perform by reason of his disability;
 - g. Dismissing or terminating the services of a disabled employee due to their disability is prohibited, unless the employer can prove the disability substantially impairs job performance, leading to prejudice for the business entity. However, before resorting to dismissal or termination, the employer must make reasonable efforts to provide accommodations for the PWD worker;
 - h. Failing to select or administer, in the most effective manner, employment tests that accurately reflect or measure the skills, aptitude, or positive traits of the disabled applicant or employee rather than the impaired sensory, manual, or speaking capabilities of such applicant or employee, if any; and

- i. Excluding PWD from membership in labor unions or similar organizations.
3. **Pre-employment medical examination.** Upon an offer of employment, a PWD applicant may be subjected to a medical examination with the following conditions:
4. **Hiring.** Workers to be hired are subjected to such medical examinations regardless of whether or not they are disabled.
 - a. Information obtained concerning the medical condition or history of the applicant is collected and maintained in separate forms and in separate medical files and is treated as confidential medical information, provided, however, that:
 - i. Supervisors and managers may be advised of a medical findings regarding the applicant if it will result in impairment of the work or duties of the employees or will require the installation of special facilities; and
 - ii. First aid and safety personnel may also be informed of the medical finding, when appropriate, if the disability will require emergency treatment.
5. **Compensation and other benefits.** The PWD employee shall receive the same compensation, privileges, fringe benefits, incentives or allowances and other employee benefits as any other qualified employee.

Chapter I	:	Staffing, Talent Acquisition, Onboarding, and Offboarding	Date	:	December 1, 2022
Section S	:	Resignation	Supersedes	:	January 15, 2011

POLICY

The Foundation requires that staff members who intend to voluntarily leave the organization to submit a written notice at least one (1) month prior to the intended date of resignation.

COVERAGE

All staff

PROCEDURES

1. The staff shall submit a letter of resignation addressed to the President and Executive Director through formal channels, the staff supervisor and director of the unit or project/portfolio, and a copy furnished to the HR Manager.
2. Upon acceptance of the President and Executive Director, the HR Manager shall prepare a letter of acceptance and initiate clearance (Form 015) for processing of monies.
3. Staff shall be required to surrender all keys, manuals and other documents and equipment that has been under his/her custody, otherwise the staff will not be given his/her separation clearance and monies due him/her.
4. HR shall schedule an exit interview with the resigning staff and require him/her to surrender staff ID.

Chapter I	:	Staffing, Talent Acquisition, Onboarding, and Offboarding	Date	:	February 1, 2024
Section T	:	Internship Engagement Program			

POLICY

The Zuellig Family Foundation implements an internship program that provides both support and opportunity to any enrolled student, with the following key objectives:

1. To advance the students' knowledge in health and develop their leadership abilities,
2. To empower the students through a planned learning experience to take their professional competencies to new heights,
3. To provide the students an opportunity to be assigned to a specific unit and be immersed in the diverse unit projects and activities,
4. To attract possible or prospective candidates who are willing to engage in development work / ZFF works,
5. To increase the brand awareness of ZFF in the Development sector and academic settings.

COVERAGE

All interns engaged by the foundation.

REGULATIONS

1. All students applying for the internship program of the Foundation shall undergo the following recruitment process of the Zuellig Family Foundation.
2. All students to proceed with their internship with the Foundation shall submit the following internship requirements issued by their concurrent academic institution:
 1. Endorsement letter from
 2. Memorandum of Agreement or Understanding (MOA/MOU)
3. All students to proceed to their internship with the organization shall be bound by the internship contract of the organization, which includes the following:
 1. Duration of the internship, i.e., start date of internship, internship hours to render, and specific days of reporting.
 2. Policy Acknowledgement Form - Code of Conduct and Protection from Sexual Harassment, Exploitation, and Abuse
 3. Data Privacy Consent Form
4. All students to proceed to their internship with the organization shall commit their

adherence to the policies of the Foundation by signing the internship contract provided by the Foundation.

5. All students to proceed to their internship with the Foundation shall submit their accomplishment report through the time recording system provided by the organization.
6. All students to proceed to their internship with the Foundation shall be eligible to receive an internship allowance amounting to P150.00 per day, which shall be given to the intern/s via gift certificate.
7. All students to proceed to their internship with the Foundation shall undergo end of internship assessment after completion of their required internship hours, which includes the following processes:
 1. Exit interview
 2. Completed evaluation forms by the intern and his/her assigned mentor.

PROCEDURES

1. The requisitioning unit will prepare the Intern Requisition Form (IRF) and submit it to the Human Resource unit for approval.
2. Once IRF is approved, Internship advertisements will be posted across social media platforms, i.e., ZFF Website, LinkedIn, Facebook groups, ZFF Facebook, and Instagram.
3. Qualified students will be scheduled for an interview with the HR Assistant and/or Intern Requisitioner.
4. Upon passing the internship interview, HR will endorse the interview assessment along with the students' resume and requirements to the identified mentor of the position.
5. Once approved by the unit requisitioner, HR will send an email to the qualified student/s, requesting to accomplish the internship requirements of the organization:
 1. Acceptance of Internship Contract
 2. Acceptance of Code of Conduct
 3. Acceptance of Code of Conduct Acknowledgement Form
 4. Acceptance of Data Privacy Consent Form
 5. Acceptance of Protection from Sexual Exploitation and Abuse Declaration Form
6. All students to proceed to their internship with the Foundation will be requested to keep a Weekly Journal via the Time Recording System provided by HR unit. This shall be submitted to their mentor for assessment purposes.
7. One week prior to the completion of 300 internship hours or the required Internship hours of the interns, whichever comes later, the HR will request the mentor to rate the intern through the evaluation sheet by the university. If none, the mentor may use the ZFF evaluation sheet. The HR will also request the intern to rate the learning experience from his/her mentor.
8. Upon submission of the necessary documents, the intern will undergo an exit interview with HR and will receive a Certificate of Completion.
9. The exit interview will be used for the enhancement of ZFF's Internship Program. This can also help ZFF identify skilled mentors inside the Foundation.

Chapter 2: **Performance Management and Staff Development**

Chapter II	:	Performance Management and Staff Development	Date	:	December 1, 2022
Section A	:	Annual Performance Plan (APP)	Supersedes	:	April 15, 2019

POLICY

The Foundation begins the Performance Management System (PMS) process with the Annual Performance Plan (APP) phase. It captures Key Result Areas (KRA), quarterly deliverable targets, competency needs, and learning interventions (staff formation) to improve and enhance staff performance. The APP includes specific quantitative and qualitative Key Performance Indicators (KPIs) for performance monitoring and review by staff and supervisors.

COVERAGE

All employees

DEFINITIONS

1. **Unit Head** - This refers to the Director or Manager who holds the leadership position within a specific unit, such as portfolio management, project management, or institutional management.
2. **Work and Financial Plan (WFP)** – This refers to a Management-approved project concept paper.
3. **Performance Standards** – This refers to the agreed expectations that define the desired results, professional behavior at work, competencies, and performance levels expected from employees.

REGULATIONS

1. **Work and Financial Plan.** The unit leader will lead the strategy, planning and budgeting of activities (inputs). It is during the WFP stage that individual accountabilities and expectations are agreed on within the unit.
2. **Annual Performance Planning Discussions.** Clear expectations on the commitments per KRA must be set during the 1st (immediate supervisor) and 2nd level rater individual discussions.
 - a. **New Employees:** Should be conducted within the first two weeks of their employment. This early discussion will serve as the foundation for their 6th-month performance appraisal.
 - b. **Existing Employees:** Should occur after the unit's WFP has undergone revalidation and received approval. It should be conducted within two to three weeks after the final WFP

version has been submitted for the last Board Meeting of the year.

3. **Individual Work Plan.** An individual APP should reflect the deliverable targets per standard KRA.

3.1 Key Result Areas (KRA) approved by the Senior Leadership Management Team*:

Core KRAs	Staff
Project Management	All Staff
Learning Management	All Staff
Partnership for Results	All Staff
Functional KRAs	Staff
Strategy Management	Program Managers, Portfolio Directors, Unit Directors, Executive Management
Communications	CorpComm Staff, Unit and Project/ Program Managers, Portfolio Directors, Unit Directors, Executive Management
Resource Mobilization	Partnership Experts, Portfolio Directors, Unit Directors, Executive Management
Training Management	ZFFI Staff, L&D Experts and Associates, Project Associates and Managers
People Management and Development	People Managers
Monitoring, Evaluation, and Learning	Learning and MEL Experts Project Associates, Managers
Admin Management	Admin and office staff, admin assistants
Finance Management	Finance manager and associates, assistants
HR Management	HR manager and experts/ associates, assistants
Information management	IMS staff

Compliance KRA is embedded in all KRAs

KRA Assignments

- Unit and Project Assistants and Associates
 - 4 KRAs (3 Core KRAs + 1 Functional KRA)
- Unit, Project and Program Managers
 - 5 KRAs (3 Core KRAs + Comms KRA or People Management KRA + 1 Functional KRA)
- Experts
 - 5 KRAs (3 Core KRAs + 2 Functional KRAs)
- Directors and Executive Management
 - 6 KRAs (3 Core KRAs + Strat Mgt KRA + People Management KRA + 1 Functional KRA)

**Final list of KRAs of staff will be approved by the Unit or Portfolio Director in charge. Modifications on the final list of KRAs are allowed in consultation with the HR Manager or HRIMSA Director, Deputy Executive Director, or President and Executive Director.*

3.2 Key Performance Indicators:

- **Quality of work** – This refers to the accuracy, completeness, thoroughness, and competence of the work to be done, which is best defined as complete staff work.
- **Quantity of work** – This refers to the targets, agreed deadlines, and service agreements related to the quantity of work. Individuals should refer to their Monitoring and Evaluation Plans for specific deliverables and ensure that the work is completed within the allocated budget. It is important that agreed deadlines are specific dates to ensure clarity and accountability.

3.3 Competency Requirements and Learning Interventions:

- **KRA-based Competency Needs** - This refers to the process of conducting a self-assessment for each Key Result Area (KRA) of the staff. The purpose is to identify the specific competencies needed to enhance performance for the upcoming year.
- **Learning Interventions** - This refers to the available learning interventions that enable employees to acquire the necessary knowledge, skills, and competencies, and are offered through different channels:

10% (structured learning) - internal courses delivered by ZFFI, Udemu online (asynchronous learning modules)

20% (coaching and mentoring) - organic (within the unit through supervisor and next level leader) or within ZFF (through the Coaches Circle and Mentors Pool)

70% (Practicum) - developmental assignment, learning while doing through special projects and tasks

3.4 Weight Allocations per KRA:

To ensure a balanced approach to the delivery of Work and Financial Plan (WFP) targets, weight allocations per Key Result Area (KRA) should be mutually agreed upon by the supervisor (rater) and the staff (ratee). This agreement establishes a logical allocation of weights per KRA.

4. **Revisions.** The APP can be revised mid-year in cases of service exigency. Revisions must be documented and mutually agreed upon by the employee, immediate supervisor, and next level supervisor (Director).

PROCEDURES

1. Unit will prepare the WFP and present it to the Deputy Executive Director, President and Executive Director, and Chairman of the Board.
2. President and Executive Director will cascade to the Directors in charge of the final revisions to the WFP prior to submission to the BOT for approval at the last BOT meeting of the year.
3. The President and Executive Director will approve the revised WFP.
4. Directors in charge will convene the team and cascade the approved WFP.
5. The unit will plan and mutually agree on individual performance accountabilities for the delivery of the approved WFP.
6. The unit will follow the Annual Performance Planning (APP) process:
 - a. Preparation of the APP based on standard (or modified) KRAs, and quarterly deliverable targets (quantity and quality)
 - b. Discussion and agreement with the immediate supervisor (1st level rater)
 - c. Submission to 2nd level rater for endorsement
 - d. Submission to HR for consolidation
 - e. Submission of HR to President and Executive Director
7. Revalida by the Chairman of the Board, and presentation of APPs of all staff of the unit accountable to deliver the unit KRAs will be conducted. The President and Chairman will revalidate WFP while all staff members accountable for delivering the unit's KRAs will present their unit plans and quarterly target deliverables.

Chapter II	:	Performance Management and Staff Development	Date	:	April 1, 2023
Section B	:	Performance Monitoring and Performance Discussions	Supersedes	:	April 15, 2019

POLICY

The Foundation believes that regular and frequent discussions are part of performance management. These discussions provide genuine feedback to employees, and support them in their areas for improvement, celebrate their achievements, and draw learnings from their experiences. The overarching objective of this section is the establishment of a productive work culture. The principle is continuous performance improvement (CPI), which is focused on just-in-time (JIT) identification of variances, actual vs planned deliverable outputs, and the timely intervention through coaching and mentoring of direct reports as necessary.

COVERAGE

All employees

DEFINITION OF TERMS

1. **Quarterlies** - This refers to a quarterly review of actual versus planned target deliverable outputs for the quarter, based on commitments outlined in the Annual Performance Plan (APP). The report should be captured in the Annual Performance Review form on HRMS and received by the 1st level rater (supervisor) before being validated by the 2nd level rater (Director).
2. **Monthlies** – This refers to performance feedback discussions held either on or before the 8th or 23rd of the month with direct reports. These discussions aim to track progress on targets, accomplishments (done, not done, in progress), priorities, and learnings for the month.
3. **Weeklies** – This refers to quick check-ins conducted on a weekly basis to determine priorities for the week and inform appropriate supervisory support to the staff.

REGULATIONS

1. **Building a Safe Space.** Immediate supervisors and direct reports are expected to provide a safe space for discussions built on trust and respect.
2. **Expectations of an Immediate Supervisor.** Immediate supervisors are expected to spot potential non-performance with a genuine desire to help improve the staff's performance, attitude or competency. The immediate supervisor is expected to do regular weeklies and monthlies to enable and empower the direct report.

Supervisor Duties on People Management of Performance

- Review Work Delivery Schedules (WDS), comment and approve every 8th and 23rd of the month. A two-day grace period is given by Excom so supervisors have ample time to review prior to approval.
 - Channel performance-related concerns of staff to the right unit to ensure that the right enabling environment is supportive of performance delivery.
 - Provide honest, open, trusting and sincere communication in discussing feedback and suggested actions moving forward.
 - Discuss and celebrate small and big wins.
3. **Expectations from the Direct Report.** An employee should be aware of one's strengths and weaknesses. The employee should be able to self-assess one's performance versus the clear expectations set. These should also be reflected in the accomplishment report which they are required to submit at the end of the month. In case the employee believes:
- a. that one is encountering challenges, they can maximize the dailies to mitigate any potential problem which may lead to a crisis. This is aligned to the Bridging Leadership competency of self-awareness.
 - b. that one has an accomplishment, they may celebrate with the team their accomplishments through quick sharings.
4. **Disciplinary Action.** A direct report who does not submit a WDS on time, and an immediate supervisor who does not discuss the accomplishment report during the monthlies (as reflected in the notes) will have to go through disciplinary management. If found with cause:
- a. **First Offense:** *Written Warning*
 - b. **Second Offense:** *Final Written Warning*
 - c. **Third Offense:** *Suspension of 1 day*
 - d. **Fourth Offense:** *Analogous to the habitual Neglect of Duties, subject to Notice to Explain (NTE) and an Administrative Hearing with the Committee on Discipline (COD)*

PROCEDURES

1. Immediate supervisors shall set regular dailies with their direct reports. Monthlies are required as part of the discussion of the WDS Report.
2. Monthlies shall be documented in the direct report's WDS Report.
3. Direct reports are expected to maximize these facilities to mitigate non-performance.
4. HR shall monitor the submission of WDS Report and documentation of monthlies to be reported in Excom.

Chapter II	:	Performance Management and Staff Development	Date	:	April 1, 2023
Section C	:	Performance Review	Supersedes	:	April 15, 2019

POLICY

The Foundation utilizes the Performance Review process to assess the quality and quantity of staff performance in alignment with the Mission, Vision, and Goals of the organization. It is in the interest of the Foundation to measure its achievement of goals, output, outcomes, and impact for the Filipino poor as manifested in the performance of its employees.

COVERAGE

All staff

DEFINITION OF TERMS

1. **Performance Review** - This refers to a formal and productive procedure aimed at evaluating an employee's work and results based on their job responsibilities. It involves assessing various factors that influence an individual's performance.
2. **Performance Standards** – These are agreed-upon expectations that help define the desired behavior at work, required skills, and performance levels.
3. **Year-end Calibration** – This refers to a meeting conducted at the end of the year where employees' performance ratings are compared and ranked within their rank and unit. During this calibration process, immediate supervisors, directors, and vice presidents may discuss and defend the ratings of their direct reports to address any inconsistencies.

REGULATIONS

1. **Regularity of Performance Review.** The conduct of performance is scheduled on a quarterly basis:
 - a. **Quarter 1 review** - to be conducted every April
 - b. **Quarter 2 review** - to be conducted every July
 - c. **End of Year review** (to cover Quarter 3 and Oct) - to be conducted every November

2. **Sign-off and Approvals.** Below is a table reflecting the levels and the action that need to be taken:

Level	Action to Be Taken
Direct Report	Prepares annual performance plan and actual report of outputs based on quarterly targets
First Level	Conducts a performance discussion with the direct report (ratee). Assigned rating (1.0, 2.0 or 3.0) for every KRA. Endorses direct reports' performance appraisal & rating to the Director in charge.
Second Level	Validates and Approves Performance Appraisal and rating. Meet with the ratee as necessary to validate data as needed.
HR	<p>a.) Provides all Directors with a forced distribution formula and "EE/ME" allocation for their unit</p> <p>b.) Issues memo on timeline of performance review milestones and tracks progress of submission</p> <p>c.) Collates and consolidates reports, and submits performance summary reports to the Executive Director.</p> <p>d. Prepares memo of performance reward for Executive Director approval</p>
Executive Director	Approval of memo

3. Ratings and Descriptions.

- a. Supervisors may only rate oneself between Does Not Meet Expectations and Exceeds Expectation based on the set performance standards. The immediate supervisor should validate the ratings based on the same set performance standards indicated in the APP.
- b. It is the Director's job to allocate the Exceeds Expectations and Meets Expectations awardees based on budgeted formula and forced distribution scheme.
- c. The Foundation will use the following ratings and descriptions in the overall rating of the performance:

Rating	Description
Exceeds Expectations (2.75-3.0):	<ul style="list-style-type: none"> ● Performance exceeds all set job objectives, ● exceeds expected quality, quantity and timeliness ● Staff takes on high-impact tasks that is not within his/her area and carries them out excellently ● Almost everyone in the organization knows of how well the staff accomplishes the assigned tasks ● Performs all of the objectives ahead of agreed timeline ● May consider other results/accomplishments outside of agreed objectives ● Such extra mile easily recognized by superiors and peers
Meets Expectations (2.0-2.74)	<ul style="list-style-type: none"> ● Performance meets expected quality, quantity and timeliness of work ● Performance manifests an acceptable level of commitment to the success of the organization
Does Not Meet Expectations (1.99 and Below)	<ul style="list-style-type: none"> ● Performance fails to meet all or most of the objectives ● Performance manifests an unacceptable level of commitment to the success of the organization ● All or majority of the tasks do not meet the expected quality, quantity and timeliness ● Immediate substantial or major improvement in performance is needed

4. **Appeal.** An employee may appeal the result of the performance appraisal within three (3) days from receiving the final rating from the second level reviewer. The employee must submit additional facts in support of the appeal. Appeal memo or email must be sent to the Executive Director, through channels, supervisor and director in charge, copy furnished HR Manager.
5. **Performance Improvement Plan.** Employees with a rating of Did Not Meet Expectations (DNME) will need to undergo a Performance Improvement Plan (PIP). Please refer to the Performance Improvement Plan policy.

PROCEDURES

1. HR will issue the Performance Review and Reward Guidelines to Excom and line managers. The guidelines will include formulas and forced distribution allocations per unit, along with the respective timelines of milestones.
2. Everyone is expected to comply with the deadlines set and automatic escalations will be issued for units with incomplete submission on deadline targets.
3. Once the forms are approved by the second level raters, HR will collate and consolidate reports for President and Executive Director perusal and approval.
4. As needed, through the HR Manager, the President and Executive Director may call upon specific Managers, Directors, or Deputy Executive Directors, to validate and explain further results received from their respective units.
5. The HR Manager will provide a Performance Review and Reward Summary Report to the President and Executive Director once final review is completed.
6. Performance Review and Reward memo will be issued by the HR Manager for President and Executive Director approval and finance unit payment based on the final report.
7. Supervisors, including managers and directors as necessary, are expected to discuss final rating results with their respective direct reports.
8. There is no provision of appeal once the President and Executive Director release the final rating results for the applicable performance period.

Chapter II	:	Performance Management and Staff Development	Date	:	April 1, 2023
Section D	:	Performance Improvement Plan	Supersedes	:	April 15, 2019

POLICY

The Foundation values the development and continuous performance improvement of its employees. In cases where non-performance is due to negligence at work, interventions for remedial and development will be provided, but the employee will be held accountable for their performance so that the Foundation's values of responsibility and duty are upheld.

COVERAGE

All staff

DEFINITION OF TERMS

1. **Disciplinary action** – This refers to the process of holding an employee accountable for their negligent actions or behavior, as specified in the organization's code of conduct.
2. **Performance Improvement Plan (PIP)** – This refers to a structured plan of action designed to address and improve the performance of an employee who is not meeting the expected standards.
3. **Performance standards** – These refer to agreed quality and quantity of work, and serve as guidelines for behavior at work, required skills, and performance levels.

REGULATIONS

1. **Cases of Non-performance.** Cases of non-performance will be based on the result of the quarterly performance reviews.
2. **Performance Improvement Plan.** The immediate supervisor and direct report shall agree on how to improve an employee's performance through interventions and opportunities. These are integrated in the staff development and APP. Both immediate supervisor and employee are held accountable for the PIP.
3. **Evaluation.** An employee under the PIP will have until the following appraisal period to improve. This means that an employee with a DNME rating for a particular quarter must improve to ME rating the following quarter.
4. **Discipline.** An employee who is found negligent of work will be disciplined following the HR Code of Conduct. A schedule of disciplinary action is provided below:

First Offense - Possible grounds of “simple negligence” which is equivalent to a Written Warning (1 quarter DNME rating)

Second Offense – Possible ground for “neglect of duties and responsibilities” which is equivalent to a Final Warning and/or Suspension (2 consecutive quarters of DNME rating)

Third Offense – Ground for “gross and habitual neglect of duties and responsibilities” which is equivalent to Termination

Note that employees who went through the PIP, or are enrolled within the current year, are not eligible for the year-end performance gift.

5. **Roles and Responsibilities.** Outlined below are the roles and responsibilities of the key players in performance management:
- a. **Role of Employee.** The employee owns one’s performance and development. The employee should:
 - i. Reflect and identify personal accountability to the result of the performance appraisal
 - ii. Provide an initial recommendation on how to improve performance which will be discussed with the immediate supervisor. These recommendations may include:
 - iii. Mentoring from the immediate supervisor
 - iv. Coaching from the immediate supervisor or identified coaches of the organization
 - v. Training or other development activities
 - vi. Integrate the interventions in the staff development plan and APP
 - b. **Role of the Immediate Supervisor.** The immediate supervisor co-owns a direct report’s performance and development. The immediate supervisor should:
 - i. Lead the performance discussion in identifying the PIP based on the last performance appraisal;
 - ii. Facilitate enabling environment for the employee by identifying roadblocks to performance, and channel concerns to appropriate units;
 - iii. Follow through on agreements on a regular basis as documented on the performance improvement plan. The immediate supervisor may maximize dailies and monthlies to check on progress and identify pitfalls early on; and
 - iv. Discipline the employee for acts of negligence based on the HR Code of Conduct.
 - c. **Role of the Management.** Management provides an enabling environment that:
 - i. Facilitates development
 - ii. Facilitates discipline
 - iii. Review and update policies to ensure that policies enable and compliant

PROCEDURES

1. Performance Improvement Plan (PIP)

- a. The immediate supervisor will schedule a performance discussion with the direct report. Evidence-based accounts on instances of performance and non-performance should be reflected in the Performance Appraisal Form.
 - b. During the discussion, the immediate supervisor will discuss the reason for the “Does Not Meet Expectations” rating supported by the accounts of non-performance.
 - c. Discussion/dialogue should lead to action plans, target dates, and emphasis on quality and quantity of work. Expectations from both ends should be clear and documented in the PIP.
 - d. PIP is approved by the second level rater, in most cases, the Director and vice-president.
 - e. PIP will be provided to HR for monitoring and analysis.
2. **Disciplinary Action.** The immediate supervisor should discuss the performance appraisal results with the HR Manager to determine if there are cases of negligence. If there is sufficient basis for acts against sense of duty and responsibility (based on the HR Code of Conduct), the disciplinary action process will commence.
- a. **First Offense.** *This shall be initiated by a Notice to Explain for possible grounds of “simple negligence” to which the staff will reply within 48 hours upon the receipt of the notice. A discussion should proceed within a week and outline agreements. The immediate supervisor shall serve and have received a Notice of Agreements. Performance will be evaluated after six months, or the next performance appraisal. Both the immediate supervisor and direct report should ensure that interventions take place.*
 - b. **Second Offense.** *If in the following appraisal the employee still receives a “DNME”, a Notice to Explain shall be served by the immediate supervisor for possible “neglect of duties and responsibilities.” After receiving a notice to explain, and if the direct report is found to be at fault, the employee will be given a “Final Written Warning” for neglect of duties and responsibilities along with the set agreements for improvement. Both the immediate supervisor and direct report should ensure that interventions take place. Note that the second offense has a prescriptive period of one (1) year which means that an employee cannot commit the same offense in the given period.*
 - c. **Third Offense.** *If the employee still has not improved performance after the following appraisal, the immediate supervisor will coordinate with HR to serve a Notice to Explain for possible “Gross and Habitual Neglect of Duties and Responsibilities.” The highest possible sanction is termination.*

Chapter II	:	Performance Management and Staff Development	Date	:	April 1, 2023
Section E	:	Training Needs Assessment	Supersedes	:	June 1, 2013

POLICY

The Foundation regularly reviews learning and development needs, actively involving staff members in identifying their own learning requirements, selecting suitable training methods, and assessing the outcomes and impact on work results.

COVERAGE

All staff

DEFINITION OF TERM

1. **Staff Development Needs Assessment** - This refers to a systematic examination conducted to identify the specific areas of individual knowledge, skills, interests, attitudes, and abilities that are relevant to address a particular individual issue, organizational goal, or objective. All effective staff formation and development interventions begin with needs assessment. The staff development survey measures what skills, competencies, knowledge staff have, what they need, and how to deliver the training at the right time to meet the Foundation goals.

REGULATIONS

1. Staff shall identify his/her development needs through the Annual Performance Plan (APP) process, capturing the competency gaps and preferred learning interventions through the APP tool on Human Resource and Management System (HRMS).
2. Staff shall complete the Staff Formation Plan on HRMS.
3. Individual staff development needs will be validated with the manager and director in charge through the SFP Manager.
4. Common competency and learning interventions may be identified with groups or teams and discussed with the Director concerned.
5. Director has the lead responsibility for the development of their staff, for assessing their training and development needs and identifying suitable training methods. This is done in collaboration with the SFP Manager.

PROCEDURES

1. Director will review individual and collective training and development needs in his/her unit.
2. Director will coordinate with the SFP Manager specific learning interventions and modalities to address the competency development needs of staff concerned
3. The SFP Manager, through the ZFFI unit, will ensure that an adequate budget is planned annually to meet the SFP needs of the organization.
4. The HR and SFP Manager will be jointly responsible for implementing this policy.

Chapter II	:	Performance Management and Staff Development	Date	:	April 1, 2023
Section F	:	Attendance to Training Programs	Supersedes	:	June 1, 2013

POLICY

The Foundation provides staff with training programs, both in-house and external, to address their learning needs and develop core competencies and knowledge essential for accomplishing the organization's goals.

COVERAGE

All staff

DEFINITION OF TERMS

1. **Training Effectiveness** - This refers to the measure of how well a training and development program has achieved its defined objectives and addressed the training needs of both the Foundation and the staff.
2. **Training Program** - This refers to any learning or development activity, such as symposia, conferences, learning sessions, conventions, seminars, or workshops, designed and/or conducted by the Foundation. If conducted by the Staff Formation Program (SFP) team under the ZFFI unit, it is referred to as an in-house training program. If conducted by a third party, such as a training outfit, NGO, or academic institution, it is called an external training program.

REGULATIONS

1. The **SFP team** is responsible for collating competency gaps across the organization and learning intervention preferences using Annual Performance Plan (APP) data at the start of the year.
2. **SFP Manager** will consolidate and align with SFP plans set up in their Work and Financial Plan for the new fiscal year.
3. An **SFP calendar** of learning interventions will be issued to guide the Learning Management Key Result Area implementation of individual staff in their respective units.
4. On the other hand, attendance to external training programs will have to be reviewed and approved by the **SFP Manager** and Director in charge of the unit.
5. The Director recommends attendees to the training programs based on their development needs and applicability to their jobs.
6. Staff who attend the program must complete the training hours prescribed. He/She should also

present training action plans to their immediate superior and HR through the completion of the Re-entry Action Plan (Form 016). Management may require staff who attended training programs to sign a Course Sponsorship Agreement (Form 017).

PROCEDURES

1. The [SFP Manager](#) will coordinate with the Director in identifying specific training needs, reviews and will approve attendance to training programs. For external training, the unit will facilitate the enrolment and the corresponding payment, and implement the “Course Sponsorship Agreement” as necessary.
2. Immediate supervisors shall ensure that their staff attend required programs, both internal and external. They also ensure that the staff’s learning is incorporated in the work that they do.
3. Staff will express interest to attend the training program and ensure compliance with all the requirements before and after attending the program. He/She will ensure application of skills and knowledge learned in the actual work environment. Staff are to make sure that they update their competencies assessments, and annual performance plans based on the expected learnings of the training.

Chapter II	:	Performance Management and Staff Development	Date	:	April 1, 2023
Section G	:	Training and Development of Staff	Supersedes	:	March 2, 2015

POLICY

The Foundation provides its staff with training and development programs designed to enhance their core competencies in response to emerging challenges and organizational needs.

The Staff Formation Program (SFP) operates on the premise that Foundation staff members are committed to Public Health Leadership and Governance. Consequently, all development interventions are aligned with enabling staff to assume roles of greater responsibility in the field of public health leadership.

COVERAGE

All staff

DEFINITION OF TERMS

1. **Cross-Posting Program** - This refers to a Management-initiated developmental activity where a staff member is temporarily transferred to a new function/position within the same program/unit or another program/unit. This transfer is typically not more than one year.
2. **On-The-Job Training Program** - This refers to a process in which the immediate supervisor coaches and guides the staff member while they are performing their actual job.
3. **SFP Manager** - This refers to the person responsible for overseeing the planning, design, development, and implementation of institutional Learning and Development programs, with a focus on enhancing staff capacity and expertise. This includes providing directions for formal training interventions, individualized coaching and mentoring programs, as well as facilitating guided work application.
4. **Training Needs Analysis** - This refers to the process of identifying and assessing the development areas of staff members based on a comparative study of the required job competency level, job demands, and the individual's existing competency level and actual job performance. Development areas are the gaps between the required competency levels for the job and the staff member's demonstrated competencies as observed in their actual job performance.
5. **Training Profile** - This refers to a summary that captures all the training and development programs completed by a staff.

REGULATIONS

1. The Foundation's initial investment is enabling the staff to become Bridging Leadership Certified Trainer and Coach. Intensive interventions related to Bridging Leadership certification are provided to the staff during the six-month probationary period up to the first year of engagement.
2. The Foundation is committed to providing advanced competency development opportunities and external training toward the mastery of health systems after completing the six-month probationary period.
3. In line with the drive to prepare the staff in public health leadership, the SFP Manager is responsible for determining the general training needs of staff in the organization that would serve as a basis for selecting participants for SFP learning interventions. The training needs are identified through:
 - 3.1 Training Needs Analysis (TNA) conducted by the SFP Manager based on the required competencies of the staff on the current position at the start of the year or at contract renewal process;
 - 3.2 Previous Annual Performance Review (APR) of the staff which incorporates his/her competency development needs and progress review;
 - 3.3 Recommendation from immediate supervisor; and
 - 3.4 Operational requirements – short and long term.
4. Directors should support and actively participate in the training and development programs of their staff.

PROCEDURES

1. The SFP team will facilitate the Staff Formation Program (SFP) for the organization.
2. Directors will determine and identify training needs of direct reports. He/she will plan, implement and evaluate development plans for each direct report.
3. Staff will attend and actively participate in the training programs as well as apply the skills and knowledge learned in their specific jobs. Staff will fill up the Re-entry Action Plan (Form016) each time he/she is sent to an external training program.
4. SFP team shall be responsible for putting in place all the necessary training and development programs and will ensure they are activated to meet the mutual requirements of Foundation and the staff.

Chapter II	:	Performance Management and Staff Development	Date	:	September 1, 2022
Section H	:	Successor Generation and Development	Supersedes: Succession Planning	:	January 15, 2011

POLICY

The Foundation acknowledges the inevitability of management changes and has implemented a succession plan to ensure uninterrupted leadership and prevent prolonged and costly vacancies in critical positions. The succession plan is specifically designed to identify and prepare candidates for high-level management roles arising from retirement, resignation, death, or new business opportunities. The Foundation ensures the selection of qualified leaders are technically competent and committed to Bridging Leadership, and its values, mission and goals.

COVERAGE

All staff

DEFINITION OF TERMS

1. **Job rotation** - This refers to the approach to management development where staff with potential is moved through a series of scheduled and well-planned assignments to give the staff a breadth of exposure to the Foundation's overall operation.
2. **High Potential Staff** - This refers to a staff who has demonstrated years of solid performance and who has the ability, desire, and capability to rise to and succeed in a higher and more critical position.
3. **Management Development Program (MDP)** -based Mentoring and Coaching - This refers to the formal process of transferring leadership and managerial competencies and unlocking the potential of a manager or director who has been identified as a successor for a higher-level role. In this process, a more experienced executive, known as a mentor, provides guidance and support to a less experienced leader to enhance his/her readiness to take on a designated position in their individual career plan.
4. **Succession Planning** - This refers to the process of identifying and preparing suitable staff through various development methods such as career development conversations, mentoring and coaching relationships, training, and job rotation to replace key positions in the organization.

PROCEDURES

1. Directors will submit to HR a list of staff considered to have the potential to assume the next higher position in the program/unit and the corresponding development plans for each staff. A Successor Generation Profile Form (Form 018) should be filled up for each staff.

Nominator/ Recommender	Succession Destination Role	Reviewer /Endorser	Approver
Executive Director	Executive Director *(replacement)- at least 2 internal successors must be named	President	Board motion during the regular meeting
Institutional Support Directors	Director (replacement) Manager	President and Executive Director	Chairman of the Board
DED	DED (replacement)	Executive Director	Chairman of the Board
Portfolio Director	PD (replacement) Project Manager	Deputy Executive Director	President and Executive Director

2. HR will review the list and consolidate the same through the ZFF Succession Chart (Form019) and submit the same to the Senior Leadership Team (SLT) together with the accomplished Successor Generation Profile Form (Form 018).
3. The SLT shall review/deliberate on the records of each staff included in the succession plan and the recommended development actions for each staff.
4. The approved successor list will be used by HR to plan with the concerned identified successor to craft a learning and development (L&D) runway/checklist.
5. HR will assist in implementing the development plans by making available various interventions and support available to the staff. Any changes will have to be brought to the attention of the SLT.
6. HR will track the completion of the L&D plan for the year and provide the President, Executive Director, and Deputy Executive Director with a progress report by the end of the year.

Chapter II	:	Performance Management and Staff Development	Date	:	April 1, 2023
Section I	:	Policy for Continuous Learning in the Public Health Leadership	Supersedes	:	April 18, 2016

POLICY

The Foundation aims to develop itself as a learning organization dedicated to lifelong learning for its people, while leveraging knowledge management initiatives to enhance services, processes, and culture. The Foundation recognizes that this is critical to fulfill its mission as an organization in the knowledge age, to maintain the trust of those it serves, to support the career goals of its staff, and to achieve results for the Filipino poor.

COVERAGE

All staff

DEFINITION OF TERMS

1. **Continuous learning** – This refers to a lifelong process comprising the sum of training, development, and learning. Once individuals work in an environment where these three activities are present, and actively participate in each other, lifelong learning becomes a reality.
2. **Development** – This refers to the growth and expansion in skills and abilities, as well as the attributes, through the practical application of knowledge and know-how. It requires an exposure to diversity of ideas and diversity of experience, through many means such as training, formalized activities or mentoring and coaching, and exchanges.
3. **Innovation** – This refers to an intervention that is “generally new and different to established interventions. It should be equitable, applicable to all in a population, cost-effective, and may address health determinants in the non-health sector of society. A good evidence is ideal, but sometimes it may be necessary to consider public health interventions lacking evidence.”
4. **Knowledge harvesting** - This means to draw out, express, and package tacit knowledge to help others adapt, personalize, and apply it; build organizational capacity; and preserve institutional memory . Knowledge Harvesting is used to convert the know-how in an expert's head into information assets that can be used to dramatically improve corporate performance, competitiveness and valuation.
5. **Knowledge Management** – This is a combination of management processes, institutional arrangements, and technologies with which knowledge is developed, shared, and applied for improving the efficiency and effectiveness of activities.
6. **Learning** – This refers to a process of acquiring, making sense, and application of knowledge,

ideas, and experience to improve behavior and processes.

7. **Learning Organization** – This refers to a collective undertaking rooted in action. It is built around people, their knowledge, know-how and ability to innovate. It is characterized by continual improvement through new ideas, knowledge and learning organization cannot exist without a commitment to lifelong learning for its people, so that the linkages between training and development and learning are sustained.
8. **Organizational learning** – This occurs through a collective process creating and capturing new ideas, knowledge and insights. As a product, organizational learning is the outcome of the collective learning that takes place in finding new and better ways of achieving the mission of the organization.
9. **Tangible Knowledge Products** - These refer to the output of a learning process, team or organization in the form of a document that enables effective action
10. **Training** – This represents an organized, disciplined way to transfer the knowledge and know-how that is required for successful performance in a job, occupation or profession. It is an ongoing, adaptive learning, not an isolated exercise.

ROLES AND RESPONSIBILITIES

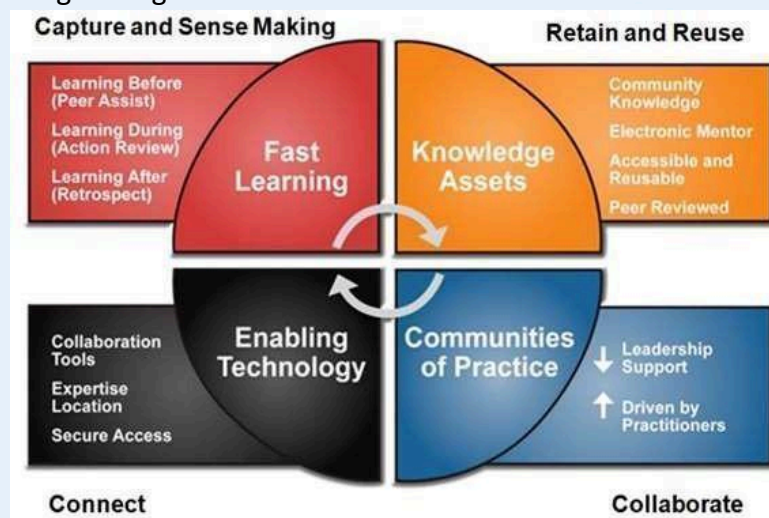
Learning is a shared responsibility between the individual and the Foundation. It is the obligation of the staff to take charge of his/her professional development. On the other hand, it is the obligation of the Foundation to offer an environment that is conducive to learning. This includes providing access to training, learning and development opportunities, where applicable, and respecting the diversity needs of the staff. The following responsibilities form the basis of a learning policy:

- a. **Role of Employees**
 - i. The employee must be willing to learn, to continually upgrade and improve their capabilities.
 - ii. The employee must be willing to learn while doing, investing time and energy in integrating learning in the performance of their duties and responsibilities.
 - iii. The employee must apply learning and share it with others in the bi-monthly work delivery schedule reporting.
- b. **Role of Portfolio and Institutional Management Units**
 - i. The units must ensure that staff are provided with the training, learning and development (L&D) and learning opportunities to fulfill the Foundation's mission and job requirements, within the wider context of organizational values while ensuring responsible spending.
 - ii. Managers must have access to L&D resources to fulfill their responsibility to manage in accordance with the organization-wide values, principles and best practices.
- c. **Role of the Foundation**
 - i. The Foundation must identify fundamental corporate requirements and common

knowledge needs for managers and staff irrespective of department or job, and to make available training, L&D opportunities through which they can achieve the necessary proficiency.

- ii. The Foundation must ensure that Public Health Leadership Development managers possess common knowledge and act in a concerted manner. It is essential to identify their shared knowledge needs, therefore, the Foundation should provide necessary training, L&D opportunities to fulfill these requirements.
- iii. The Foundation must establish learning goals, and monitor and report findings.
- iv. The Foundation must establish a Learning Management Committee to assist its transformation into a learning organization through:

- A learning management framework



- Initiatives that define and strengthen the culture of learning. Protocols shall be in place and embedded in operations to be institutionalized as part of compliance.
- Utilization of available knowledge and technology to affect the desired outcomes of the Foundation

The committee shall report directly to Excom and shall be composed of contributing members representing the programs or functions wherein knowledge and learning can be harvested from, including the HR Unit. Members of Excom and other people may be invited as needed.

All parties share the responsibility of fostering a learning culture that encourages investment in learning. To achieve this, a coordinated approach led by the Foundation is essential. This ensures that individual and organizational training, L&D, and career development efforts align to create a significant and cohesive outcome that serves the interests of public health leaders and, in turn, benefits the Filipino poor.

Chapter 3: **Compensation and Benefits**

Chapter III	:	Compensation and Benefits	Date	:	April 1, 2023
Section A	:	Pay Administration	Supersedes	:	January 1, 2011

POLICY

The Foundation ensures fair and equitable compensation aligned with the market positioning set by the Board. It also implements a rewards system that duly recognizes exceptional performance and facilitates promotional adjustments based on guidelines and individual contributions, thereby determining pay advancement. Additionally, the Foundation places importance on acknowledging the relative significance of specific positions by utilizing a job evaluation system that considers approved compensable factors.

REGULATIONS

1. In reviewing and planning salaries, directors, senior management and HR shall be guided by the Job Evaluation process and implementing rules and regulations.
2. All salary recommendations shall have the concurrence of the President and Executive Director.
3. HR shall prepare an updated Personnel Action Notice (Form 010) to reflect any change in pay/classification of staff.

Chapter III	:	Compensation and Benefits	Date	:	January 1, 2023
Section B:	:	Performance Based Bonus	Supersedes Merit Increase (Section B of Chapter III)	:	June 1, 2022

POLICY

The Foundation provides Performance Based Bonus (PBB) to help sustain focus on delivery of unit performance commitments. PBB is a reward for employee's hard work and acts as an acknowledgement of their contribution to the Foundation, as well as a retention strategy.

COVERAGE

All regular (core) and project-based employees that successfully met or exceeded expectations in the performance of their duties

DEFINITION OF TERM

1. **Performance Based Bonus** - This refers to a reward or incentive structure wherein rewards are given upon the achievement of a set performance metric.

REGULATIONS

1. Performance based bonus is a matter of reward and recognition, not an inherent right. Should difficult economic situations arise for the Foundation, reimbursement may be withheld.
2. This is premised on performance rather than on years of service. Only Staff who obtain satisfactory ratings are eligible for a performance based bonus.
3. This may be composed of an economic adjustment to address the effects of inflation and a purely merit component to recognize performance.
4. Across the board economic increase may be granted depending on the Board of Trustees.

PROCEDURES

1. HR will consolidate the result of the quarterly performance evaluation and summarize the semestral performance ratings by Group and the entire Foundation.
2. HR provide Finance with a list of employees eligible for performance based bonus.
3. HR will issue a memorandum to formally inform the covered employee of his/her performance based bonus entitlement.

Chapter III	:	Compensation and Benefits	Date	:	April 1, 2023
Section C	:	Promotion and Promotional Increase	Supersedes	:	January 15, 2011

POLICY

The Foundation's promotion policy presents its guidelines for advancing and promoting employees from within the organization.

COVERAGE

All regular and project-based employees

DEFINITIONS

1. **Promotion** - This refers to promotion, which is a personnel action characterized by one of the following:
 - A staff member is moved to a higher position and job either within the same unit or from another unit.
 - A staff member's scope of work, accountabilities, and responsibilities expanded due to emerging realities, new partnerships, the resignation of staff, or redundancy of other positions in the unit. This expansion is validated through Job Evaluation (JE) as eligible for a higher job grade.
2. **Promotional Adjustment** - This refers to the implementing rules and regulations on the new JE toolkit. The adjustment is subject to approval by the JE committee and the availability of budget resources.

REGULATIONS

1. A staff who is promoted to a higher position and job grade shall be granted a salary adjustment.
2. If the total pay of a staff being promoted is below the rate of the job grade of recommended position, it shall be adjusted to the minimum rate of the said job grade
3. If the pay is already within the range of the new position and job grade, the staff shall be given a 10% increase.
4. The new pay of the staff recommended for promotion shall not exceed the maximum rate of his/her new job grade.

PROCEDURES

1. Promotions are approved when:

- a. There is a vacant position or a higher job grade available, which a staff member occupies either through a Management-initiated transfer or by submitting a staff-initiated application; and
- b. When a staff member's scope of work expands as a result of a restructuring process, a comprehensive evaluation justifies reclassifying their position to a higher job grade.
- c. Staff has completed the required Bridging Leadership Training Certification Program (BLTCP) of his/her current position and shall complete the required BLTCP of her promoted position within twelve months upon effectivity of promotion.

Applicant		Requirements
ZFF Portfolio Management Staff		
Project/Program Managers, Account Officers	Assistant	No required certification but may apply as desired
	Associate	BL Training Facilitator
	Manager	BL Training Facilitator BL Training Designer
	Director	BL Training Facilitator BL Training Designer BL Training Manager
Learning and Development Officer	Assistant	BL Training Facilitator
	Associate /Manager/Expert	BL Training Facilitator BL Training Designer BL Training Manager
Monitoring and Evaluation Officer	Assistant/Associate/Manager/Expert	No required certification but may apply as desired

ZFF Institutional Management Staff		
Institute	Assistant	No required certification but may apply as desired
	Associate/Manager (MEL)	No required certification but may apply as desired
	Associate (Content Development & Digital Learning)	BL Training Facilitator BL Training Designer
	Associate (LDSP)/Manager (LDSP,PO, and SFP)/Expert/Director	BL Training Facilitator BL Training Designer BL Training Manager
HR	Assistant	No required certification but may apply as desired
	Associate/Manager/Director	BL Training Facilitator
Strategy and Partnerships	Assistant/Associate	No required certification but may apply as desired
	Manager/Director	BL Training Facilitator
Admin, Finance, CorpComm	Assistant/Associate Manager/Director	No required certification but may apply as desired
Faculty Members, Other BL Practitioners		BL Training Facilitator BL Training Designer

2. All recommendations for promotional salary adjustments undergo a thorough review by the approving authorities, which include the Requisitioning Director. The recommendation is then endorsed by both the HR Manager and the Deputy Executive Director before receiving final approval from the Executive Director.
3. HR Manager facilitates the process, conducts assessments, and conducts job evaluations as necessary.
4. HR prepares and releases the individual letters of Personnel Action Notice (Form 010) and keeps a copy for 201 files.

Chapter II	:	Compensation and Benefits	Date	:	April 1, 2023
Section D	:	Compensation for Acting on Higher Duty	Supersedes	:	March 2, 2015

POLICY

The Foundation aims to achieve one of its compensation objectives by providing staff with commensurate pay that corresponds to their responsibilities. This approach ensures the effective implementation of health projects targeting the rural poor while also meeting the desired outcomes and deliverables.

When staff take on higher duties beyond their current workload and accountability, the Foundation may offer temporary additional pay based on the next step of the salary structure. This allows for the development of expertise and management skills, while also providing cost savings for the organization through temporary assignments in projects, programs, or portfolios.

COVERAGE

All JG 2-4 staff who are given additional output-based assignments due to external or internally driven factors

DEFINITION OF TERM

1. **Output-based assignment** - This refers to the allocation of additional functions or assignments involving higher-level responsibilities, typically based on the output or performance of an individual.

REGULATIONS

1. Managers, with the Director's endorsement, can recommend an Acting on Higher Duty (AHD) allowance for additional or higher duty assignments.
2. Additional work is programmatic in nature, and is not task-based. Performing higher duty and additional assignments should lead to the following:

Job Grade	Additional Functions	Assigning of “Higher Duty” Responsibilities
JG 4	Additional deliverable target outputs to be done on top of current deliverable targets	Delegation of JG 5 duties
JG 3	Additional deliverable target outputs to be done on top of current deliverable targets	Delegation of JG 4 duties
JG 2	Additional deliverable target outputs to be done on top of current deliverable targets	Delegation of JG 3 duties
JG 1	Additional deliverable target outputs to be done on top of current deliverable targets	Delegation of JG 2 duties

3. An email memo formalizing the recommendation and endorsement, indicating the terms of reference shall be submitted to the following for endorsement to the Executive Director:
 - a. Director
 - b. Human Resources Unit
 - c. Deputy Executive Director (as applicable)
4. Upon approval, a letter formalizing the additional work with the corresponding step pay increase shall be released to the staff. The letter shall also include the duration of the additional temporary assignment.
5. Computation of AHD step pay: Minimum of the job grade x 10% = AHD pay (non taxable). For AHD requiring the assignment of “higher duty” responsibilities: Higher level job grade minimum x 10% = AHD pay (non-taxable).
6. There are two payment options for AHD.
 - a. Opt-in through reimbursable receipts
 - b. Direct payment (to be included in bi-monthly salary pay-out) subject to non-taxable ceiling per year (90,000 per annum)
7. The end of the written arrangement is not necessary unless the duration is cut short or extended, subject to the approval of the Management.
8. The temporary additional step pay representing additional work assignments shall be discontinued at the end of temporary assignment.
9. Only one (1) AHD will be allowed at any given time.
10. The temporary step pay provision shall not affect the computation of benefits such as the life insurance, professional fee and other benefits.

Chapter III	:	Compensation and Benefits	Date	:	April 1, 2023
Section E	:	Bereavement Assistance	Supersedes	:	December 1, 2022

POLICY

The Foundation grants Bereavement Leave with pay to staff to allow them to grieve for the loss of their loved ones, attend to the funeral and provide assistance for funeral expenses.

COVERAGE

All regular, fixed-term, and project-based employees

REGULATIONS

1. Bereavement Leave of three (3) days shall be granted in the event of death in the family of:
2. Single staff: Parents, siblings, and household members (extended family members of household) for at least six (6) months
3. Married staff: Immediate family, parents, and household member (extended member of household) for at least six (6) months
4. Bereavement aid in the amount of ten thousand pesos (P10,000) shall be granted by the Foundation to share the burden of medical or funeral expenses.

PROCEDURES

1. Staff files the Bereavement Leave (Form 014) in Salarium, with attached death certificate of loved one or household member upon return to work.
2. Immediate supervisor approves Bereavement Leave in Salarium.
3. HR Compensation and Benefits Associate forwards approved leave, attached supporting document, and Form 014 to the Finance Unit for proper accounting of pay.
4. The Finance Unit facilitates the deposit payment of bereavement aid within five (5) working days upon receipt of complete and accurate documents.

Chapter III	:	Compensation and Benefits	Date	:	January 15, 2011
Section F	:	Thirteenth Month Pay	Supersedes	:	November 1, 2009

POLICY

The Foundation grants 13th Month Pay to its staff in compliance with Presidential Decree 851.

COVERAGE

All staff, regardless of employment status

REGULATIONS

1. The 13th Month Pay shall be equivalent to one/twelfth (1/12) of the total annual basic pay of the staff and payable not later than the 24th day of December each year. This shall be in compliance with Presidential Decree 851 requiring all companies to pay their staff a 13th month pay.
2. Staff with less than one (1) year of service but have worked for at least one (1) month immediately preceding December 24 and are still with the Foundation on such date shall be entitled to the 13th Month Pay on a prorated basis.
3. Staff who either retire or resign or are separated by the Foundation shall be entitled to an equivalent prorated amount corresponding to the number of completed months of service during the year up to date of separation.

Chapter III	:	Compensation and Benefits	Date	:	April 1, 2023
Section G	:	Meal Allowance	Supersedes	:	November 10, 2014

POLICY

The Foundation grants meal allowances to staff when they are engaged in official business functions or fieldwork.

During official business travel, staff members are expected to exercise the same level of care in managing expenses as they would if they were traveling for personal reasons and using their own funds. It is important to adhere to this standard by avoiding excessive costs, taking direct routes, minimizing delays, and refraining from unnecessary luxury accommodations or services that are not justified in the performance of official duties.

Staff members are responsible for any additional expenses resulting from personal preferences or convenience, such as alcoholic beverages, tobacco products, personal pampering services, and entertainment expenses.

The Foundation aligns the substantiation requirements on meal allowances with National Internal Revenue Code (NIRC) Section 34 Deductions from Gross Income.

COVERAGE

All staff

REGULATIONS

1. For in-base official business functions or fieldwork, the following conditions will apply for all staff:

WORK RENDERED	UNIT	ALLOWANCE	MEAL COVERED
6:01 a.m. to 12:00 noon	1	P250	Breakfast
12:01 p.m. to 6:00 p.m.	1	P250	Lunch
6:01 p.m. to 10:00 p.m.	1	P250	Dinner

2. Staff are required to file their claims by submitting an accomplished and approved Petty Cash

Voucher to the petty cash custodian. Such claims must be submitted within one (1) month after the date of the expense.

3. In excess of P250 ceiling per meal per staff, balances will be disallowed.
4. Off-base shall be defined as beyond 35 kilometers away from the official work base as defined in the employment contract. For off-base official business functions or fieldwork, meal allowances may be availed depending on the time and duration of travel. No meal allowances will be provided to the staff during training programs where the Foundation or its partner covers for the meals.
5. When meals are provided by the hotels (e.g., complimentary breakfast), such meal items cannot be claimed or reimbursed separately.
6. Exemptions from standard costs are subject to approval based on the Foundation's levels of authority. These may be available by the staff in places where food costs more than the meal allowance (e.g., airports or highly urbanized cities).
7. Meal allowance for all staff is divided into three (3) units to cover expenses for three (3) meals, as follows:

TRAVEL TIME	UNIT	ALLOWANCE	MEAL COVERED
3:01 a.m. to 12:00 noon	1	P250	Breakfast
12:01 p.m. to 6:00 p.m.	1	P250	Lunch
6:01 p.m. to 10:00 p.m.	1	P250	Dinner

8. In instances when the staff is on overnight travel, early or late departure and arrival of flights due to work exigencies, additional units of Meal Allowance will be provided as consideration for the additional work requirements.

TRAVEL TIME	UNIT	ALLOWANCE	MEAL COVERED
2:01 a.m. to 6:00 a.m.	1	P250	Early Breakfast
10:01 p.m. to 2:00 a.m.	1	P250	Late Dinner

9. In instances when the staff is on travel business with external stakeholders, additional of P100.00 per meal will be allowed by the Foundation.
10. With reference to Section 34 of NIRC on substantiation requirements, staff are required to submit an official receipt for all reimbursements or liquidations while on a travel advisory order or on official business function.
 - a. Meal allowance official receipt, as intended for its purpose, includes the following:
 - i. Official receipt or pre-planned grocery food items intended to be consumed

- while on an official business function or on a travel advisory order.
 - ii. Restaurants, eatery, and other food establishment official receipts where staff utilized his/her meal allowance.
 - iii. In case of an amount lower than P100.00, the same shall be covered by an acknowledgement receipt for Petty Cash purchases which will be signed by the seller (consistent with Section 237 of the NIRC Issuance of Receipts).
11. Staff will have the discretion to plan, utilize and budget his/her meal allowance for the month or for the week as the case may be, while he is on travel advisory order or on official business function, subject to the limitations of reasonable amount of daily reimbursement multiplied by the number of days on duty.
 12. The foregoing policy is to ensure that staff choices of food are respected with reference to his/her personal religious belief, health and wellness are promoted within the organization and substantiation requirements by taxing authority are observed.

Chapter III	:	Compensation and Benefits	Date	:	April 01, 2023
Section H	:	Travel Allowance	Supersedes	:	Dec 01, 2022

POLICY

The Foundation grants Travel Allowance to staff on official business functions or in the course of fieldwork.

A staff traveling on official business is expected to exercise the same care in incurring expenses that a prudent person would exercise if traveling on personal business and expending personal funds. Excess costs, circuitous routes, delays, or luxury accommodations and services unnecessary or unjustified in the performance of official business are not acceptable under this standard.

Staff will be responsible for excess costs and any additional expenses incurred for personal preference or convenience such as alcoholic beverages and tobacco products, personal pampering services and entertainment expenses.

The Foundation aligns the substantiation requirements on travel allowance in accordance with the National Internal Revenue Code (NIRC) Section 34 Deduction from Gross Income.

COVERAGE

All staff

REGULATIONS

1. Staff traveling on official business outside a 100-kilometer radius of their official station must accomplish a Travel Assignment Order (TAO), with the trip itinerary attached.
 - a. Official Station:
 - i. Listed station in the employment contract
 - ii. In a Hybrid Work Arrangement (HWA), the most recent registered address of the employee submitted to HRIMS approved by the director in charge
2. Staff traveling on official business, in-base (within a 100-kilometer radius two way of the official station), must file through the Human Resources Management System (Work Delivery Report or WDS in HRMS) to record level.
3. Staff can claim reimbursement for transportation expenses incurred during official assignments, including actual fares for economy class air travel, first-class boat travel, first-class bus travel, and taxi expenses (including premium taxis). It also covers actual fares for travel between the port and the hotel, as well as travel between the hotel and the work areas to be visited.

4. All employees can avail of lodging, if the duration of the visit is six (6) months or less, not exceeding P2,500 per day through corporate arrangement, or payment through corporate credit cards. On rare instances where the hotel has no available credit card facility at the time of lodging, payment with cash advances may be allowed subject to ZFF level of authority approval. Charges for lodging, shall be limited to the following items, as applicable:
 - a. Overnight sleeping facilities;
 - b. Personal use of room and bath during daytime;
 - c. Use of towels and toiletries;
 - d. Telephone access fee; and
 - e. Service charges for fans, radios, televisions, air conditioning in rooms.

In cases where the available lodging costs exceed the allocated budget, the Foundation has the discretion to cover the actual lodging expenses. However, this must be accompanied by a clear notation explaining the reason for the variance, such as the unavailability of rooms due to the hotel being fully booked. The approval of such additional expenses will be subject to the appropriate level of authority within the Foundation.

5. Meal allowances will also be provided, following the provisions in Section G of this Manual.
6. Transportation and lodging expenses must be supported by Official Receipts (OR), guest folio, duly approved TAO, or official business meeting via the ZFF HRMS (Salarium).
7. All employees assigned to an out-of-town project may be reimbursed subject to the following conditions:
 - a. Staff does not have an established residence in the area where the project is located;
 - b. If the project area is located more than 100 kilometers, two way, from the established residence area; and
 - c. The project assignment does not exceed six (6) months.
8. Staff going on out-of-town assignments may be allowed to use the Foundation vehicle or the accredited vehicle provider subject to the approval of the proper authority.
 - a. Booking of vehicles should reflect [i] at least two (2) passenger staff, or [ii] if the staff is travelling for security purposes, or [iii] if the staff has training materials with them
 - b. In the event that the none of the 3 first conditions is satisfied, a request for exemption from the minimum number of passengers approved by the Admin Manager will be required.
9. In cases when staff uses his/her own vehicle for official business (covered by Travel Assignment Order) outside official base (Parañaque or registered address in the context of HWA), reimbursement of gasoline expenses will be based on the kilometer reading of official distance up to a maximum of 100 kilometers, two way per TRIP or accumulated actual KM distance traveled for MULTIPLE TRIPS within the period of TAO. The amount of reimbursement is P34.00/km traveled and substantiated by actual gas receipts within the month of travel as replacement of gas used during official travel.

10. Representation expenses and availability of vehicle rental services require prior approval of the immediate supervisor. The costs below represent the maximum allowed costs. Deviation from these costs will require approval based on the ZFF level of authority.
- Vehicle lent by partner.** When partners allow the Foundation to use their vehicles in the duration of field work, the Foundation may provide for fuel costs up to P1500/day and honoraria for the vehicle driver of P500/day.
 - Vehicle rental (Van/Boat/etc.).** The basic rate, inclusive of driver's fees, fuel and meals, is maximum of P6,010 for all ZFF areas of operation for a roundtrip vehicle rental per day for first 200 kilometers within 10 hours. Additional P500 is paid on every 100kms in excess of 200kms. Another additional P300/hr is paid in excess of 10 hours of travel time per day.
 - The Representation Expense** is an appreciation meal of a protocol nature (i.e., where the meal or other event is not incidental to a training, conference, meeting, and cannot be funded with regular program funds). The event must be for fostering relations with those outside the Foundation. It is not for events attended solely by staff-only events. Representation expenses may be availed by foundation staff from managers and up. The meal allowance rate shall be the basis for computation of the representation budget.
11. Tips paid to restaurant waiters may be reimbursed only when the bill does not include a service charge. The maximum allowable tip shall be 10% of the cost of the meal. The actual tip given must be indicated on the receipt.
12. The maximum allowable tip for taxi services shall be 10% of the cost of the travel. The actual tip given must be indicated on the Reimbursement Expense Receipt.
13. Laundry expenses may be charged/reimbursed subject to the presentation of official receipt and only if the travel exceeds seven (7) days.
14. Cash advances obtained for the official travel must be liquidated within five (5) working days upon staff's return from the trip; otherwise, unliquidated cash advances after the deadline shall be immediately reported by the Finance Manager to the respective approving officer for appropriate action.
15. The Foundation may endorse Managers and higher officers, with at least one (1) year of continuous employment with the Foundation, to attend official functions, training or seminars outside the country. All expenses will be borne by the Foundation based on the following scheme:

Meals			
	Associate	Manager/Expert	Director
North America	75\$	75\$	100\$
Europe	75\$	75\$	100\$
Africa	75\$	75\$	100\$
Asia	75\$	75\$	100\$

	Associate	Manager/ Expert	Director	President	Chair/ Trustees
HOTEL ACCOMMODATION	ACTUAL EXPENSES	ACTUAL EXPENSES	ACTUAL EXPENSES	ACTUAL EXPENSES	ACTUAL EXPENSES
AIRFARE COST	ECONOMY	ECONOMY	ECONOMY	ECONOMY	ECONOMY

Chapter III	:	Compensation and Benefits	Date	:	April 1, 2023
Section I	:	Maternity Assistance	Supersedes	:	June 1, 2013

POLICY

The Foundation extends its support by providing maternity assistance to staff members, alongside the maternity benefits provided by the Social Security System (SSS), to cover expenses related to Dilation and Curettage (D&C), caesarian operations, and normal deliveries during the period of delivery and recuperation.

COVERAGE

All female staff with at least one (1) year of service who give birth to a full-term baby, live or stillborn, miscarriage, or forced abortion

REGULATIONS

1. The Foundation shall grant its female staff maternity benefits as provided by the SSS.
2. Additional maternity assistance shall be paid only for the first four (4) deliveries or miscarriages.
3. In case of D & C and caesarian operations or normal delivery, the Foundation will provide the staff twenty-five thousand pesos (P25,000).

PROCEDURES

1. Upon confirmation of pregnancy, a pregnant female staff member files SSS Maternity Notification with the HR Unit together with proof of pregnancy from the attending physician stating the expected date of delivery.
2. HR files Maternity Notification with SSS certifying contributions and eligibility of staff.
3. Staff files Maternity Leave Form (Form 014) prior to delivery or intended maternity leave, stating the duration of the leave.
4. The Foundation advances the maternity benefit from SSS to the staff while on maternity leave.
5. The staff notifies the Foundation upon birthing. The notification of delivery will trigger the processing of the maternity assistance.
6. Staff must submit a doctor's certificate stating actual date of delivery and must affix her signature to the SSS document upon reporting for work.

Chapter III	:	Compensation and Benefits	Date	:	April 1, 2023
Section J	:	Support for Expanded Breastfeeding Promotion for Lactating Staff	Supersedes	:	June 1, 2013

POLICY

The Foundation ensures the provision of arrangements and facilities to support breastfeeding for women staff, in accordance with the provisions of Republic Act 10028 or the Expanded Breastfeeding Promotion Act of 2009.

COVERAGE

All women staff who are nursing mothers

DEFINITION OF TERM

1. **Nursing Mother** - This refers to any female worker, regardless of employment status, who is lactating for the purpose of breastfeeding her infant and/or young child.

REGULATIONS

1. The Foundation shall allow lactating mothers 100% remote working arrangement.
2. Nursing mothers on 100% remote working arrangement will be allowed regular break intervals for breastfeeding or expressing milk in addition to regular time-offs. Nursing breaks shall be a maximum of 1 hour and 30 minutes for every 8-hour working period. The nursing break will be considered part of the hours worked.
3. For nursing mothers on hybrid or 100% RTO (reporting to the office), the Foundation shall provide nursing mothers access to lactation station established within the facility that is compliant with Department of Health standards.
4. No direct or indirect promotion, marketing, or sales of infant formula or breast milk substitutes shall be held at the lactation station in compliance with the Milk Code.
5. The nursing mothers shall have access to health professionals for breastfeeding information through the Foundation's health maintenance organization provider.
6. At the option of the Foundation, the nursing staff must provide a certification from an accredited health provider on the continuing lactation to remain covered with this benefit.

Chapter III	:	Compensation and Benefits	Date	:	April 1, 2023
Section K	:	Insurance	Supersedes	:	September 19, 2011

POLICY

The Foundation procures Life and Accident Insurance as a form of protection for its staff.

COVERAGE

All regular, fixed-term, and project-based employees

REGULATIONS

1. All staff are covered with life insurance benefits per approved guidelines of the insurer.
2. Accident insurance is also granted to all staff, subject to the approved guidelines from the insurer.
3. The insurer's hierarchy of nominated beneficiaries shall be followed in the event that the staff fails to nominate their preferred beneficiaries.

PROCEDURES

1. The immediate supervisor shall notify the HR Manager in cases of a staff member's death or accident.
2. HR shall process the benefit in the following manner:
 - a. Prepare the necessary forms for submission to the insurance company to facilitate the grant of appropriate benefits to staff/beneficiary.
 - b. Forward the benefit to the staff/beneficiary.

Chapter III	:	Compensation and Benefits	Date	:	April 1, 2023
Section L	:	Medical and Dental Coverage	Supersedes	:	September 19, 2011

POLICY

The Foundation gives its staff basic protection against medical, dental, hospitalization, and surgical expenses due to illness, sickness, or injury (except for self-inflicted injuries, surgery for cosmetic purposes, or surgery to correct deformities).

COVERAGE

All regular, fixed-term, and project-based employees

REGULATIONS

1. Staff who require medical and dental attention may consult the Foundation's accredited health care provider.
2. As part of the staff benefits, all eligible staff will be granted hospitalization insurance and dental care, per approved guidelines/policies/procedures of the health care provider.

PROCEDURES

1. Within one (1) month from the signing of the contract of services or agreement, the Foundation shall provide the staff with medical and dental insurance.
2. Staff must notify their supervisor of both their confinement and the avilment of benefits. These benefits can only be utilized at facilities and by professionals accredited by the Foundation's health insurance provider.
3. In circumstances where no accredited provider is present at the location of the staff within a 50-kilometer radius, the HR Compensation and Benefits Associate shall coordinate with the health insurance provider for the health requirements of the staff.
4. The HR Compensation and Benefits Associate shall coordinate with the health care provider for the payment of appropriate benefits due to staff.

Chapter III	:	Compensation and Benefits	Date	:	December 6, 2012
Section M	:	Clothing Reimbursement	Supersedes	:	January 15, 2011

POLICY

The Foundation will provide a clothing grant per year for the staff to maintain a professional appearance during their office duties.

COVERAGE

All regular, fixed-term, and project-based employees

REGULATIONS

1. The Foundation will provide the staff a uniform and clothing grant (through reimbursement) up to a maximum of Six Thousand Pesos (P6,000) per annum.
2. The prescribed office attire will consist of decent office wear (polo barong, long or shortsleeved polo and pants for men; dresses, blouses, blazers and slacks or skirts for women).
3. The clothing reimbursement may also be used for attire appropriate for telecommuting or remote working (TShirt, sando, jeans, working shorts, slippers, rubber shoes, etc).
4. Any staff who resigns, is separated or terminated from the foundation within six (6) months from the availment of this benefit will have a corresponding deduction in the final pay pro-rated to the number of months unserved in the year.

PROCEDURES

1. The staff will purchase a set of allowable items within the first eleven (11) months of the fiscal year.
2. The staff will submit the receipts representing the purchased items to the HR Unit for verification, approval, and endorsement by the Finance Unit during the fiscal year. The Finance Unit will credit the amount of all approved purchases up to the limit set for the account of the staff coinciding with the payroll cut-off.

Chapter III	:	Compensation and Benefits	Date	:	April 1, 2022
Section N	:	Project Completion Pay	Supersedes	:	April 15, 2019

POLICY

The Foundation recognizes the contribution of the project staff to improving health outcomes for the poor. The Foundation provides the Project Completion Pay in gratitude to the project staff for their years of meritorious service and commitment to the mission of the Foundation.

COVERAGE

All project and fixed term-based staff

REGULATIONS

1. Staff who complete the project duration are eligible for completion pay.
2. Staff who were engaged in the middle of the project duration but completed the remainder of the project will receive a prorated amount based on the date the project started.
3. Staff whose contracts are no longer renewed during a project extension are entitled to completion pay.
4. Staff whose position is included in the extension period of a project but refuses to renew the contract shall be excluded from the completion pay.
5. Staff must complete clearance.

ENTITLEMENT

At the end of the project (or project closeout), the project staff who meets the eligibility requirements will receive a project completion pay equivalent to one-third ($\frac{1}{3}$) of their last monthly gross basic salary multiplied by the number of years of service in the project or fixed term engagement period.

Chapter III	:	Compensation and Benefits	Date	:	April 1, 2023
Section O	:	Retirement Benefit	Supersedes	:	April 15, 2019

POLICY

The Foundation, in accordance with the Retirement Pay Law or the Republic Act 7641, administers a Retirement Fund to ensure that employees receive financial security upon their retirement. This fund serves as a recognition of their years of dedicated service and commitment to the Foundation.

COVERAGE

All core employees (staff with open-ended contracts)

REGULATIONS

APPENDIX B. Pertinent Plan Provisions

1. Effective Date	1-Apr-2009
2. Eligibility	Regular employees
3. Manner of Payment	One lump sum, payable immediately.
4. Normal Retirement Requirement Benefit	Attainment of age 60 with at least 5 credited service years. 100% of final monthly basic salary per year of credited service.
5. Early Retirement Requirement Benefit	At least 5 years of credited service. 100% of final monthly basic salary per year of credited service multiplied by the appropriate factor from the following table:

Credited Service Years	Percentage
Less than 5 years	0%
5 but less than 6 years	50%
6 but less than 7 years	60%
7 but less than 8 years	70%
8 but less than 9 years	80%
9 but less than 10 years	90%
10 years and above.	100%

Chapter III	:	Compensation and Benefits	Date	:	April 1, 2023
Section P	:	ZFF Staff Pay Advance	Supersedes	:	July 21, 2011

POLICY

The Foundation may grant a pay advance to staff members when unforeseen, unplanned, and unavoidable circumstances of an emergency nature* arise. This advance is provided to assist staff in securing funds on short notice for their immediate family members, particularly when they have exhausted all other reasonable sources of financial relief.

COVERAGE

All regular, fixed-term, and project-based employees

REGULATIONS

1. The purposes of the pay advance must be for the financial relief of the staff's immediate family members only. For this policy, immediate family members are the spouse/s, children, parents and siblings of the staff. However, exceptional approval can be granted for extended family members in need of support from the staff. Executive Director approval and endorsement of HR Manager will be needed.
2. A staff member may be given a maximum of two-month pay advance, to be paid in 24 equal installments.
3. Repayments must be made through payroll deductions.
4. A staff member who receives an advance will be required to sign a pay advance agreement.
5. The advance pay must be paid in full within a maximum of 12 months for regular staff. Project and fixed-term based staff must pay the advance by the end of their contract.
6. If the staff's employment is terminated for cause prior to repayment of the advance, the advance balance due at the time of termination will be deducted from the staff's final payment. If the funds are not enough to satisfy the debt of the staff, he or she will be required to issue post-dated checks to complete the balance of payment.

**Emergency in nature applies to unforeseen, unplanned, and unavoidable scenarios such as, but not limited to, legal fees, extraordinary housing related fees, and OOPHE for external family members.*

PROCEDURES

1. To receive an advance, the staff must submit the following:
 - a. A written request detailing the nature of the emergency. In the written request, the staff must provide sufficient detail so that the nature of the situation is clear and the name of the immediate family member is known. Supporting documents such as medical certificates, police reports, or death certificates may be submitted together with the written request; and
 - b. A completed Pay Advance Agreement to his/her Director for approval.
2. The signatures of the staff requesting the advance, the Director in charge and the Executive Director are required on the Pay Advance Agreement for processing.
3. A check will be issued payable to the requesting staff through the Finance Unit within five (5) working days upon completion of the signatories required for the request for pay advance and after approved documents are sent to the Support Services for processing.

Chapter III	:	Compensation and Benefits	Date	:	December 6, 2012
Section Q	:	Year-End Gift	Supersedes	:	

POLICY

The Foundation grants a year-end gift to staff members as a recognition of their industry and loyalty, acknowledging their significant contributions to the success of the organization. This aims to inspire staff to strive for even greater efforts to improve the health outcomes of the poor.

COVERAGE

All staff

REGULATIONS

1. A year-end gift is a Management prerogative, not an inherent right. Should difficult economic situations arise for the Foundation, the year-end gift may be withheld.
2. The years of service of the staff to the Foundation are considered in the provision of year-end gifts.
3. The year-end gift shall be provided to the staff on or before the 3rd Monday of December.
4. The year-end gift shall be provided in the form of a gift certificate.
5. The staff shall receive the year-end gift in accordance with the following schedule.

Number of years of service	Amount of Year-end Gift
Below 1	P 2,500
1 but < 2	P 3,000
2 but < 3	P 3,500
3 but < 4	P 4,000
4 but < 5	P 4,500
5 and above	P 5,000

Chapter III	:	Compensation and Benefits	Date	:	January 1, 2022
Section R	:	Reimbursement for Mobile Phone and Internet Services	Supersedes	:	December 14, 2021

POLICY

The Foundation reimburses the mobile phone and internet services of staff to enable them to discharge their functions in communicating with stakeholders.

COVERAGE

All regular and project-based employees

REGULATIONS FOR MOBILE PHONE SERVICE REIMBURSEMENTS

1. The staff must subscribe to unlimited call and text services to be eligible for reimbursement. This is to ensure that the staff will have no hindrances in communicating with their stakeholders.
2. The staff member has the responsibility to communicate with the stakeholders on the telecommunications network where he/she is subscribed to unlimited call and text features.
3. The Foundation shall provide the reimbursement per month based on the following:

Description	Amount of Reimbursement
ZFF staff, both regular and project-based	<p>Ceiling of P1,200 per month for the utilization of prepaid or postpaid network service plans with the following features:</p> <ol style="list-style-type: none"> 1. Unlimited calls and texts to all networks 2. With 5GB to 8GB of data <p>*Staff can choose to use one or two network providers within the allowed ceiling of the policy. Other costs outside of these will not be reimbursed.</p>

4. At the option of the foundation, the staff may be assigned to Foundation-subscribed lines to address the staff's communication requirements.

REGULATIONS FOR INTERNET SERVICE REIMBURSEMENTS

1. Staff who are allowed and permitted to work-from-home are provided with P800 per month cap on internet reimbursements.
2. Staff may be reimbursed for P50.00 a day, good for 500MB worth of data. Following conditions shall apply:
 - a. Venue and location have no available Wi-Fi access
 - b. There is a need for internet connection which is substantiated via internet load substantiation form
 - c. An official receipt must be attached when claiming, following the reimbursement policy

Chapter III	:	Compensation and Benefits	Date	:	January 25, 2022
Section S	:	Scholarship Grant for Staff	Supersedes	:	May 7, 2012

POLICY

The Foundation establishes the Staff Scholarship Grant to provide support to staff members pursuing postgraduate studies in health and development-related fields at recognized academic institutions in the Philippines.

Upon completion of their study programs, the staff are expected to use their enhanced knowledge and skills to contribute to the achievement of better health outcomes for the poor and to take on greater responsibilities in the leadership of the Foundation.

COVERAGE

All regular and project-based employees

STAFF SCHOLARSHIP BENEFITS

The scholarship will provide for:

A maximum of P15,000 per term or semester on tuition fees that covers any of the following studies:

- Advanced University Studies - Doctorate
- Advanced University Studies - Masteral
- Executive Courses (certification)

ENTITLEMENTS

Selected staff-scholar shall fulfill full-time work assignment while doing their advanced studies. Allocated time to do course work via Staff Formation Program KRA shall be defined, and only a maximum of 20% level of effort shall be expected if staff is in the thesis or dissertation phase. Given the setup, the following shall be applicable:

- Flexibility of workload and coursework schedule, as arranged with the Group Director, without sacrificing work requirements
- Use of Foundation facilities outside office hours for fulfillment of graduate course requirements
- Books/references and photocopying services

DURATION OF THE SCHOLARSHIP GRANT

Since the program is for staff working full time, the staff is to study on a part-time basis. The scholarship is for the entire duration of the approved course, as appropriate, which shall be

conditional on the scholar maintaining a satisfactory level of academic performance as determined by the Foundation. The maximum duration of a scholarship award is five years.

ELIGIBILITY REQUIREMENTS

1. **Tenure for core staff** – Completed at least one (1) year of work with the Foundation
2. **Tenure for project staff** – With an ongoing contract, with a minimum duration of two (2) years
3. Performance rating of at least ME (Met Expectations) in the last rating period
4. Gained admission to a ZFF-approved master's degree at an academic institution in the Philippines
5. At least a bachelor's degree from a college or university recognized by the Commission on Higher Education
6. At least two (2) years of full-time professional working experience (acquired after a university degree) at the time of application
7. Not more than 40 years old at the time of application. In exceptional cases, for programs that are appropriate for senior officials and managers, the age limit is 45 years old.
8. In good health as evidenced by a medical certificate from an accredited physician
9. Should agree to finish the return service period after completion of studies under the Staff Scholarship Grant Program

APPLICATION PROCEDURES

1. Applicants should complete the Staff Scholarship Grant Application Form (Form 020).
2. HR will assess the applicant's eligibility based on the qualifications set.
3. If qualified, the application will be forwarded to the Career Management Board. If deemed necessary, the applicants may be called for an interview by the same. If not qualified, the applicant will be notified.
4. The Career Management Board will decide on the merits of the application for scholarship. The committee's decision is final.
5. Once the staff-scholars are selected, HR will arrange for the signing of the Scholarship Contract by awardee, wherein the scholars agree that after completion of their study, they will apply their new learning and skills to improve ZFF programs and complete the return service duration. The return service duration is computed as one-half of the time spent for the completion of the studies.

RESPONSIBILITIES OF THE SCHOLAR

The grantee shall:

1. Choose a field of study relevant to the needs of this Foundation;
2. Inform the HR as to what school she/he intends to enroll;
3. Sign a scholarship contract with the Foundation and abide with the terms and conditions of the grant;
4. Complete all the requirements for the master's degree for a maximum of five (5) years. This means completion of all academic units, term papers, examinations, and thesis or project research study needed to earn the master's degree; and

5. Submit a copy of all academic records or grades to the HR at the end of each school term, duly certified by the school registrar of official concerned.

In addition, the staff-scholars shall ensure that:

1. They are able to complete both work and study requirements during the duration of the program.
2. All academic-related duties shall be reported on a weekly basis using the Weekly Deliverable Schedule Report.
3. Work-related duties shall be reported on a weekly basis using Weekly Deliverable Schedule Report.
4. Upon completion of the degree or certification, staff-scholars must provide HR with all the related academic records provided by the school or official (e.g., thesis, research, policy paper, or any document relevant to audit service or project design for audited research and development).

ADMINISTRATIVE AND IMPLEMENTING CONTROLS

The scholar shall refund to the Foundation the amount advanced, if she/he fails to:

- Pass the enrolled subjects in a given school term (in such case, the scholar will pay for the cost of the failed subject in the subsequent enrollment period);
- Complete the graduate studies within five (5) years; or
- Complete the return service duration. The amount of the refund shall be the full amount, regardless of the period unserved.

POST-SCHOLARSHIP GUIDELINES

Upon completion of the degree, the staff scholar shall:

1. Serve the Foundation for the duration of the return service period as indicated in the scholarship contract. The return service duration computation can be seen in the annex of this policy.
2. Staff scholar shall submit to HR a re-entry plan which includes scholar's plans on activities and projects to be revised, improved, or developed.
3. For cases where the scholar is unable to fulfill requirements of the scholarship grant, the scholar must refund to the Foundation the amount advanced by the said office. The following are the covered scenarios:
 - a. Pass the enrolled subjects in a given school term (in such case, the scholar will pay for the cost of the failed subject in the subsequent enrollment period);
 - b. Complete the graduate studies within five (5) years; and
 - c. Complete the return service duration.

Note that the refund amount shall be the full amount, regardless of the period unserved.

Chapter III	:	Compensation and Benefits	Date	:	January 1, 2022
			Supersedes	:	January 1, 2019
Section U	:	De Minimis Benefits	Last Reviewed	:	September 1, 2020

POLICY

The Foundation subscribes to the provision of de minimis benefits, which are applicable to the staff. These are facilities or privileges with relatively low value that are offered with the intention of promoting the health, goodwill, contentment, or efficiency of the staff. These are exempt from fringe benefit tax or tax on compensation, as specified in the regulations set by the Bureau of Internal Revenue (BIR).

COVERAGE

As applicable to the staff

REGULATIONS

- The following de minimis will be utilized by the Foundation to offset tax increase:

BIR's DE MINIMIS BENEFITS NOT SUBJECT TO WITHHOLDING TAX	What will ZFF provide
Monetized unused vacation leave credits of employees not exceeding ten (10) days during the year	10 days
Medical cash allowance of dependents of employees not exceeding P750 per semester of P125 per month	P1,500 per semester, P250 per month
Rice subsidy of P2,000 per month or one (1) sack of 50kg, rice per month amounting to not more than P1,500 granted by an employer to his employees	P2,000 per month or one (1) sack of 50kg, rice per month, amounting to not more than P2,000
Uniform and clothing allowance not exceeding P6,000 per annum	P6,000 per annum
Laundry allowance of P300 per month	P300 per month
Christmas gifts not exceeding P5,000 per	P5,000 per annum

employee per annum	
Daily meal allowance for overtime work and night/graveyard shift not exceeding to 25% of the basic minimum wage on a per region basis	Not exceeding 25% of the basic minimum wage on a per region basis
ZFF Anniversary (Birthday) gift not exceeding P 1,000 per annum	P1,000 per annum

2. The following table shall be implemented to offset tax increases based on the BIR tax schedule on gross income.

Rank	Benefits
JG 5	Rice Subsidy Allowance (P2,000) Productivity Pay (P833) Laundry Allowance (P300)
JG 4	Rice Subsidy Allowance (P2,000) Productivity Pay (P833) Laundry Allowance (P300)
JG 3	Rice Subsidy Allowance (P2,000) Productivity Pay (P833) Laundry Allowance (P300)
JG 2	Rice Subsidy Allowance (P2,000) Laundry Allowance (P300) Productivity Pay (P833)
JG 1	Rice Subsidy Allowance (P2,000) Laundry Allowance (P300) Productivity Pay (P833)

PROCEDURES

1. HR will reflect the allowances in the job offer sheets for new hires and personnel action notice for current employees.
2. HR will update the HRIS profile of the staff to include these allowances.
3. The De Minimis Benefits will be provided to the staff in conjunction with the release of the salary for the period.
4. The allowances will be paid out in half for each payroll.

Chapter III	:	Compensation and Benefits	Date	:	August 16, 2022
Section V: Substitution of ZFF Benefits	:	Opt-out Policy on ZFF Benefits and Use of Budget for Additional Reimbursement Expenses in the Performance of Duties	New	:	August 16, 2022

POLICY

The Foundation recognizes the advantage of a “cafeteria-style” approach in benefits administration. A custom-selection option is an approach that allows employees to choose among the offerings (non-financial benefits) that address what best meets their needs and those of their families.

COVERAGE

All regular (core) project-based employees

REGULATIONS

1. There will be a list of non-financial benefits that will be available for “Opt-out” for staff should they view these benefits as not meeting their urgent needs.
2. Staff should request approval from the HR Director to opt-out of the benefits.
3. Approval of request will be based on the following:
 - a. ZFF has not utilized the budget yet for that benefit in favor of the staff. For HMO premium payment budget per staff, request is made prior to the schedule of payment or before August 15 of the year or one (1) week after the hiring date of the staff for those whose hiring date is off-cycle after August 15; and
 - b. Email approval of HR Director copy furnished by Finance and Administrative Director, Finance Manager, HR Associate, and Admin Associate.
4. If approval from HR Director is obtained, a request for reimbursement for expenses in the performance of duties can be processed to substitute for the original benefit opted out.
5. List of benefits available for opt-out approach:

NON-FINANCIAL BENEFIT	BUDGET THAT CAN BE SUBSTITUTED	REMARKS
HMO	<p>P36,000 - Executives (Directors)</p> <p>P23,000 - Staff to Managers/Experts</p>	<p>Can be requested to be added to reimbursement expenses in the performance of duties</p> <p>Procedural Rules:</p> <ol style="list-style-type: none"> 1. Eligible staff can request approval of "Opt Out" rule only ONCE per ZFF HMO 2. Request approval of "Opt Out" from the President through a memo 3. Attach copy of current HMO card and MBL 4. Indicate request for delisting in ZFF Group HMO Policy for <u>specific policy year period</u>

Chapter 4: **Payroll, Timekeeping, and Leaves**

Chapter IV	:	Payroll, Timekeeping, and Leaves	Date	:	April 1, 2023
Section A	:	Payroll	Supersedes	:	June 1, 2013

POLICY

The Foundation ensures that the pay of the staff is provided accurately and on time upon submission of the Work Delivery Schedule (WDS) and leave for the given payroll period.

COVERAGE

All staff

REGULATIONS

1. The fees shall be paid bi-monthly, every 15th and at the end of the month (30 or 31st, as applicable).
2. The supervisor shall approve WDS and leave in Salarium.

Payout	Deadline of submission of required documents	Supervisors review and approval of submitted documents
15th Payout	8th of the month	9th to 10th of every month
30/31st Payout	23rd of the month	24th to 25th of every month

3. The Compensation and Benefits Associate will issue a reminder email on or before the 8th and 23rd of the month to remind employees and supervisors of their responsibility to comply with the requirements for timekeeping and payroll.
4. All government mandated fees shall be deducted from the payroll and remitted to the appropriate government agencies.
5. The net take home pay of a staff member shall not be less than 50% of his/her gross pay after all mandatory deductions and other deductions that the Foundation may allow.
6. Staff noting any discrepancy in his/her pay slip shall notify the HR or Finance Unit immediately through the Human Resource Management System Helpdesk.

Chapter IV	:	Payroll, Timekeeping, and Leaves	Date	:	April 1, 2023
			Supersedes	:	October 9, 2017
Section B	:	Attendance and Timekeeping	Last Reviewed	:	January 1, 2019

POLICY

The Foundation implements policies and procedures in timekeeping and related labor standards. The Foundation adopts sliding time, in consideration of the worsening traffic, erratic weather conditions, and balance of work and personal life (e.g., need to attend to children) without sacrificing the productivity intended for work. With this, a core time shall be identified to which staff should be present in their work location.

COVERAGE

All staff

REGULATIONS

1. **Core Time.** The core time of the ZFF is from 10am to 3pm. In the duration of the core time, an employee should be physically present at his/her work base and render eight (8) hours of work when no field work is scheduled. Employees based outside Parañaque should be reachable through any communication channel within the core time. An employee may start as early as 6am and end at 3pm, with the last shift starting at 10am and ending at 7pm.
2. **Work Hours.** The regular working hours of the Foundation are eight (8) hours a day, Mondays through Fridays. Saturday is considered paid on the basis of the annual divisor used, 313 days:

Where 313 days = 298 days

- Ordinary working days 12 days
- Regular holidays 3 days
- Special days

= 313 days - Total equivalent number of days in a year

3. **Expectations.** The following are expected among staff:
 - 3.1 **All staff** are expected to be on time for scheduled meetings.
 - 3.2 **Parañaque-based employees** are required to file the appropriate LEAVES based on

Hybrid Work Arrangement (HWA) options. Official Business (OB) within or outside the National Capital Region (NCR) must be filed as official businesses through Salarium. Approved Travel Assignment Order (TAO) Form should reflect their complete itinerary.

- 3.3 Employees based outside Parañaque (field-based staff) are required to reflect their complete itinerary in their approved Travel Assignment Order (TAO) Form and in Salarium Form.
- 3.4 Travel time from base to destination of official business in the performance of specific assignments is considered hours of work.
4. **Work Days and Rest Day.** The standard work week is from Monday to Friday, with Saturday considered an unscheduled working day, during which time the staff may be required to report depending on the exigencies of service. Saturday is considered a *paid regular working day (refer to 313 annual divisor on item #2 of this policy regulation)*. Failure of a staff member to report on a Saturday, as required by the immediate superior, without prior notice or valid reason shall be considered an absence (subject to filing of necessary leave).
Sundays are scheduled rest days. No work should be scheduled on a Sunday except for work exigencies in which a staff member may change a day off within the following week. Managers should approve work exigencies. A change in rest days may be filled manually for manual correction in the online timekeeping system.
5. **Attendance.** All staff are required to time in as they come into the office or attend a virtual meeting or event. The system's generated report will serve as the basis for calculating the pay of the staff. *It is the responsibility of the employee to ensure that their time entries are correct.*
6. **Absence without Official Leave.** Employees who do not inform of their absences or itinerary and have not reported to work will be considered absent without official leave. Offense schedule:
 - 6.1 **First Offense:** *Written Warning*
 - 6.2 **Second Offense:** *Suspension of 1 day*
 - 6.3 **Third Offense:** *Suspension of 3 days*
 - 6.4 **se:** *Suspension of 3 days*
7. **Holidays**
 - 7.1 Work should not be scheduled during declared holidays. In case of work exigencies (donor visit, partnership event, board meeting, or visit), Directors are authorized to approve the work schedule:
 - 7.1.1 An employee whose ranks are Associate and below can claim for holiday pay
 - 7.1.2 An employee of rank manager and up (including experts) may apply for a change of holiday/rest day availability beginning in the following week until the end of the month.
 - 7.2 ZFF shall observe legal and special holidays declared by the government.
 - 7.3 **Holidays for specific locations.** Employees whose remote working base (declared home address based on HR records) is outside Parañaque city will observe the holiday schedule in their specific municipality or city. The concerned employee is responsible for providing HR with a copy of the declaration on or before the 8th or 23rd of the month for proper adjustments in timekeeping entries in Salarium.
 - 7.4 **Muslim Holidays** (Code of Muslim Personal Laws of the Philippines)

- 7.4.1 The following are hereby recognized as legal Muslim holidays:
- 'Amun Jadid (New Year), which falls on the first day of the first lunar month of Muharram;
 - Maulid-un-Nabi (Birthday of the Prophet Muhammad), which falls on the twelfth day of the third lunar month of Rabi-ul-Awwal;
 - Lailatul Isra Wal Mi'raj (Nocturnal Journey and Ascension of the Prophet Muhammad), which falls on the twenty- seventh day of the seventh lunar month of Rajab;
- 7.4.2 Muslim holidays shall be officially observed in the Provinces of Basilan, Lanao del Norte, Lanao del Sur, Maguindanao, North Cotabato, Sultan Kudarat, Sulu, Tawi-Tawi, Zamboanga del Norte, and Zamboanga del Sur, and in the cities of Cotabato, Iligan, Marawi, Pagadian, and Zamboanga, and in such other Muslim provinces and cities as may hereafter be created.
- 7.4.3 Muslim staff whose remote working bases (declared home addresses based on HR records) are within the Muslim provinces and cities are excused from work during the observance of the Muslim holidays as recognized by law without diminution or loss of wages during the said period.

8. Force Majeure

- 8.1 Force majeure occurrences are incidents or events that are beyond one's control, such as an earthquake, flood, heavy rain, typhoon, coup d'etat, and the like.
- 8.2 Typhoon signal indication:
- [Signal #1](#): With work.
 - [Signal #2](#): With work, but will automatically shift to remote working, irrespective of staff's work preference filed in the latest Work Deployment Schedule (WDS) or scheduled itinerary in the TAO, unless it is officially announced by Malacañang as a non-working day within the same day.
 - [Signal #3](#): Automatic no work due to worsened conditions.
- 8.3 Staff on 100% RTO who reported for work but were dismissed by the Management at an earlier time will be credited with a whole day's pay despite the shortened work hours.
- 8.4 Unless declared by the President as a non-working day, the absence of staff in times of force majeure will be deducted from leave credits. For staff without any leave credits, absences will be deducted from their pay.
- 8.5 Days declared non-working days due to force majeure are not subject to rescheduling, or changing days off.

Chapter IV	:	Payroll, Timekeeping, and Leaves	Date	:	April 1, 2022
Section C	:	Hybrid Work Arrangement (Adopting RA 1165 or Telecommuting Act of 2018)	Supersedes	:	April 25, 2016 Work From Home Policy

POLICY

The Foundation adopts the Hybrid Work Arrangement (HWA) policy based on Republic Act (RA) 11165, or The Telecommuting Act, An Act Institutionalizing Telecommuting. This policy seeks to optimize the benefits of hybrid working for both the Foundation and the workforce. These benefits include:

- Helping the workforce become more agile in the new working environment created by the coronavirus pandemic;
- Enhancing the Foundation's commitment to supporting a positive work-life balance;
- Supporting working parents, particularly mothers, to achieve gender and health equity; and
- Improving attraction, retention, and overall employee engagement and satisfaction.

DEFINITION OF TERMS

1. **Alternative workplace** - This refers to a location other than a regular workplace.
2. **Hybrid Work Arrangement** - This refers to the mutual consent of the employer and employee in the implementation of a telecommuting and other work arrangement based on the program of ZFF to promote a productive hybrid work culture and other rules and regulations.
3. **Telecommuting** - This refers to working from an alternative workplace with the use of telecommunications and/or computer technologies.
4. **Flexi-time** - This refers to a type of alternative schedule that gives a worker greater latitude in choosing his or her particular hours of work within the workday.
5. **Compressed work week** - This refers to an alternative scheduling method that allows employees to work a standard workweek of 40 hours over a period of fewer than five days in one week.

REGULATIONS

1. **Fair Treatment.** The Foundation shall ensure that telecommuting employees are given the same treatment as comparable employees reporting to the office. All telecommuting employees shall:
 - a. Receive salary and benefits, including monetary benefits not lower than those provided in applicable laws, and collective bargaining agreements.

- b. Have the right to rest periods, regular holidays, and special non-working days.
 - c. Have the same performance standards as those of comparable employees reporting to the office.
 - d. Have the same access to staff formation and career development opportunities as those of comparable employees reporting to the office, and be subject to the same performance evaluation policies.
 - e. Receive appropriate training on the technical equipment at their disposal and the characteristics and conditions of telecommuting.
 - f. Have the same collectible rights as the employees reporting to the office.
 - g. The Foundation ensures that measures are taken to prevent the telecommuting employee from being isolated from the rest of the working community in the organization by giving the telecommuting employee the opportunity to meet with colleagues on a regular basis and allowing access to the Foundation's information.
2. **Data Protection.** The Foundation shall be responsible for taking the appropriate measures to ensure the protection of data used and processed by the telecommuting employee for professional purposes. ZFF shall inform the telecommuting employee of all relevant laws, and company rules concerning data protection. The telecommuting employee shall ensure that confidential and proprietary information is protected at all times. For this purpose, the provisions of the Data Privacy Act of 2012 shall have a supplementary effect.
3. **Administration.** The parties to a flexible work arrangement shall be primarily responsible for its administration. In case of differences in interpretation, the following guidelines shall be observed:
- a. The differences shall be treated as a critical incident that must be reported to the second-level supervisor and human resources for disposition.
 - b. If the differences are not resolved at the organizational level, the incident or grievance shall be referred to the regional office of the Department of Labor and Employment (DOLE) which has jurisdiction over the workplace for conciliation.
 - c. To facilitate the resolution of the incident or grievance related to this policy, ZFF shall keep and maintain, as part of its HR manual, the documents proving that the telecommuting program, RA 11165 DOLE telecommuting work arrangement, was voluntarily adopted.

PROCEDURES

To effectively implement the telecommuting program, the Foundation and staff shall adhere to and be guided by the mutually agreed policy or telecommuting agreement which stipulates the following provisions, including but not limited to:

1. Eligibility for all core and project-based employees
2. Applicable code of conduct and performance evaluation and assessment
3. The existing code of conduct and performance management system policy
4. Appropriate alternative workplace/s:

- a. Employee's home within or outside the National Capital Region (NCR)
 - b. A remote working location within the Philippines
5. Use and cost of equipment:
The same work tools, communication, and internet support shall be made available to employees telecommuting or reporting to the office.
6. Work arrangements, days, and hours:
- a. Hybrid Work Arrangement (HWA): Reporting to the office (RTO), fieldwork, and telecommuting—splitting time between the ZFF office, fieldwork, and home or remote work station.
 - b. HWA employees enjoy the flexibility of working from home or a remote station while still maintaining some in-person collaboration at the ZFF headquarters and occasional fieldwork to engage with partners and stakeholders.
 - c. The use of technology to manage this arrangement, such as online platforms, video conferencing, or cellphone apps that allow employees to meet, and work collaboratively with their Immediate supervisor and teammates. The term "hoteling" refers to having telecommuters reserve an office or workstation for in-person office/field days in lieu of assigning them a permanent workspace.
 - d. Flexi-time (FXT): This is a type of alternative schedule that gives an employee greater latitude in choosing his or her particular hours of work, or freedom to change work schedules every cut-off (9th to 23rd or 24th to the 8th of the following month), balancing the employee's personal needs and the exigency of ZFF service.
Under a flexitime arrangement, an employee might be required to work a standard number of core hours within a specified period, allowing the employee greater flexibility in starting and ending times within a particular telecommuting day.

Example:

April 24-May 8th cut-off: A staff member files a FXT work arrangement within a 12-hour window from April 23-May 8.

- Employee agrees with his/her supervisor that 8 hours of minimum ZFF work hours will be rendered from 7 am to 7 pm, Monday to Friday for the particular cut-off.
 - Agreement on core hours within the day (e.g., 10:00-12:00 and 14:00-16:00) applies to ensure that the supervisor and staff have a specific window during the workday for meetings and consultations.
 - Staff files a FXT work arrangement on his/her Work Delivery Schedule (WDS) Plans for the Next Period to go on FXT.
- e. Compressed Work Week (CWW) - This is an alternative scheduling method that allows employees to work a standard workweek of a minimum of 40 hours over a period of fewer than five days (Monday to Friday) in one week. Employees who are accountable for elder and/or child care responsibilities may find a compressed workweek to be of particular value. (Consideration is given to expecting and lactating mothers, who by law

should be provided with healthful working conditions, taking into account their maternal functions. This is under Section 14, Article XIII of the 1987 Philippine Constitution.)

Example:

April 24-May 8 cut-off: Staff files a CWW

COMPRESSED WORKWEEK				
Mon	Tues	Wed	Thurs	Fri
April 25	April 26	April 27	April 28	April 29
May 2	May 3	May 4	May 5	May 6

- Employee agrees with his/her supervisor in a CWW cut-off to work for 4 days but renders the minimum total ZFF hours required as per HR timekeeping advisory (*the minimum number of hours required per cut-off ranges from 80 to 96 hours depending on applicable holidays and weekends*).
- A CWW arrangement operates on a minimum 4 days per week
- When a work event or meeting falls on the scheduled CWW off day or Saturday, the supervisor exercises the prerogative to void and mutually agrees with the staff on applying the CWW off day on another day within the same cut-off period
- FXT will not be allowed on a CWW arrangement. Fixed work hour schedule must be followed between the staff and the supervisor
- Staff files a CWW on his/her Work Delivery Schedule (WDS) HRMS Plans for the Next Period.

f. Reporting to Office (RTO) Flexible arrangements:

- **RTO Flexi-time (FXT):** Under a RTO-FXT, an employee might be required to work a standard number of core hours within a specified period, allowing the employee greater flexibility in starting and ending times within a particular RTO day.

Example:

April 24-May 8th cut-off: A staff member files a FXT work arrangement within a 12-hour window from April 23-May 8.

- Employee agrees with his/her supervisor that 8 hours of minimum ZFF RTO FXT work hours will be rendered from 7 am to 7 pm, Monday to Friday for the particular cut-off.
- Agreement on core hours within the day (e.g., 10:00-12:00 and 14:00-16:00) applies to ensure that supervisor and staff have a specific window during the RTO FXT workday for meetings and consultations.

- Staff member files a RTO FXT work arrangement on his/her Work Delivery Schedule (WDS) Plans for the Next Period.
- **RTO Compressed Work Week (CWW):** This is an alternative scheduling method that allows employees to work a standard workweek of a minimum of 40 hours over a period of fewer than five days (Monday to Friday) in one week. Employees who are accountable for elder and/or child care responsibilities may find a compressed workweek to be of particular value. (Consideration is given to expecting and lactating mothers, who by law should be provided with healthful working conditions, taking into account their maternal functions. This is under Section 14, Article XIII of the 1987 Philippine Constitution.)

Example:

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- A CWW arrangement operates on a minimum 4 days per week.
- When a work event or meeting falls on the scheduled CWW off day or Saturday, the supervisor exercises the prerogative to void and mutually agrees with the staff on applying the CWW off day on another day within the same cut-off period
- FXT will not be allowed on a CWW arrangement. A fixed work schedule must be followed between the staff and the supervisor.
- Staff files a CWW work arrangement on his/her Work Delivery Schedule (WDS) HRMS Plans for the Next Period.

To summarize, below are the various modalities of the Hybrid Work Arrangement:

Flexible Work Arrangement for the next period	<input type="text" value="Select Work Arrangement"/>
Priorities for the next period	<div style="border: 1px solid #ccc; padding: 5px;"> <p style="margin: 0;">Select Work Arrangement</p> <ul style="list-style-type: none"> 1. Hybrid Work Arrangement (HWA) <ul style="list-style-type: none"> 1.1. HWA - Fixed Time 1.2. HWA - Flexi-Time 1.3. HWA - Compressed Work Week 2. Reporting to Office <ul style="list-style-type: none"> 2.1. RTO - Fixed Time 2.2. RTO - Flexi-Time 2.3. RTO - Compressed Work Week 3. HWA-RTO <ul style="list-style-type: none"> 3.1. HWA (Fixed-time) - RTO Fixed-time 3.2. HWA (Flexi-time) - RTO Flexi-time 3.3. HWA (Compressed) - RTO Compressed Work Week </div>
Have you undergone Performance Feedback Discussion with your Immediate Supervisor?	

7. Conditions of employment, compensation, and benefits, particularly those unique to telecommuting employees:
 - a. Compensation and benefits will be equitably implemented based on the employee's employment classification and not on working arrangements (telecommuting or reporting to the office)
 - b. Fair treatment principle as prescribed in RA 11165 IRR will be applied
8. Non-diminution of benefits will be effected on the basis of working arrangements.
9. Occupational safety and health. The same Occupational Safety and Health Standards (OSHS) policy and benefits will be implemented for all employees:
 - a. Force Majeure situations. In cases of natural and person-caused disruptions that prevent physical movement of staff (inability to use public transport, high risk of infection, and the like), HR will automatically apply telecommuting mode for all staff regardless of the preferred option used and approved by their immediate supervisor in the WDS HRMS. Official management advisory from the Office of the Executive Director (OED) will be released within 4-6 hours of the same day of automatic telecommuting mode declaration (adjusted back-end by super admin).
10. Approval process:

Steps	Person responsible
<p style="text-align: center;">1. Staff wishing to avail of Hybrid Work Arrangement (HWA), Flexi-time (FXT) or Compressed Work Week (CWW) must fill out the necessary Plans for Next Period Form at the HRMS on the 8th or 23rd, or cut-off deadline.</p> <p style="text-align: center;">*Long-term approval of flexible work options will be available (monthly, quarterly).</p>	<p>Immediate supervisor</p>

<p>2. A confirmation email of the approved work arrangement for the cut-off will be sent to the staff and supervisor.</p>	<p>HRMS administrator</p>
<p>3. Immediate supervisors check on outputs vs targets for the month (8th and 23rd WDS submissions) for any variances attributed to work arrangements.</p>	<p>HR WDS variance analysis and recommendation to unit manager/director</p>

Chapter IV	:	Payroll, Timekeeping, and Leaves	Date	:	January 15, 2011
Section D	:	SSS Maternity and Sickness Benefits	Supersedes	:	November 1, 2009

POLICY

The Foundation grants its staff maternity and sick leaves with pay as provided for by the SSS Maternity and Sickness Benefits.

COVERAGE

All female staff

REGULATIONS

1. An assigned staff shall be appointed as authorized representative for the Foundation's transactions. The person shall also ensure that the employees submission of required forms comply with the standards set of SSS.
2. The foundation shall abide by the existing rules and regulations set and approved by SSS.

Chapter IV	:	Payroll, Timekeeping, and Leaves	Date	:	January 1, 2019
			Supersedes	:	January 15, 2011
Section E	:	Yearly Service Incentive Leaves	Last Reviewed	:	January 1, 2019

POLICY

The Foundation recognizes that a degree of flexibility is necessary to enable employees with particular needs and circumstances to make alternative arrangements in situations requiring urgent attention, including domestic, personal, and family matters. The Flexible Leaves Policy enables the employee to have access to paid leaves and working arrangements that support them in balancing their work responsibilities and their personal commitments.

COVERAGE

All employees

REGULATIONS

1. **Earning leave credits.** Leave credits are earned on a monthly basis at the beginning of employment. An employee earns 2.5 days per month. Though an employee earns leaves upon employment, these are credited to the employee's online timekeeping system after successfully passing the probationary period, or after six months from date of hire. After the sixth month, leaves are credited at the end of the month.
2. **Accrual and forfeiture.** An employee must use 10 days of leave credits in a year, only 20 days of earned leave credits may be accrued for the following year. A maximum number of leaves that can be accrued in a year is 60 days. No availment of the minimum 10-day leave would mean forfeiture of the leave credits.
3. **Use of leave credits.** An employee may utilize leave credits for personal time-off (vacation, errands, etc.) or sickness, subject to the following conditions:
 - a. Vacation leave should be advised in advance based on the schedule below:

Duration	Condition
Under two weeks	Approved by immediate supervisor, with updated work plan, and proper endorsements
Above two weeks but less than a month	Endorsed by immediate supervisor, approved by group Deputy Executive Director (DED), with updated work plans, endorsements, and availability to take calls or emails for clarification purposes
A month and above but not to exceed two (2) calendar months	Endorsed by immediate supervisor, Director, Deputy Executive Director (as applicable) and final approval by the President and Executive Director, with updated work plans, endorsements, and availability to take calls or emails for clarification purposes.

- b. Sickness leave utilization should be advised on the day of availability. Immediate supervisors should be advised at least three (3) hours before the shift, including the condition of the employee. Leave due to illness lasting for more than three (3) days requires a medical certificate with a fit to work order. Falsification is subject to disciplinary action.
4. **Encashment.** Leave credits may only be encashed upon separation.
- a. Up to 10 days leave credits can be cashed without being subject to tax.
 - b. Up to 50 days leave credits may be availed of as terminal leave.

PROCEDURES

1. Apply for leave via Salarium. Attachment will be required depending on the duration and if leave is due to illness lasting for more than three (3) days.
2. In the event of an extended period of leave (due to an accident or prolonged illness), an employee will need to inform his/her immediate supervisor and keep him/her updated on the estimated date of return to work.
3. In the event that the yearly service incentive leave credits have been exhausted, such absence/s shall be deducted against the employee's salary.

Chapter IV	:	Payroll, Timekeeping, and Leaves	Date	:	January 1, 2019
			Supersedes	:	November 1, 2019
Section E	:	Emergency Leave	Last Reviewed	:	January 1, 2019

POLICY

The Foundation provides Emergency Leave to all employees, allowing them to address unforeseen circumstances and urgent situations. This leave can be utilized for various emergency reasons, including but not limited to force majeure events such as inclement weather conditions, transport strikes, calamities, and other unforeseen events. It also covers family emergencies or activities that may arise with little or no prior scheduling due to their urgent nature.

COVERAGE

All employees

REGULATIONS

1. A staff member shall be allowed to go on Emergency Leave for personal reasons such as, natural calamities, force majeure, emergency in the family
2. A staff member may avail oneself of up to five (5) days Emergency Leave per year, one (1) day at a time with full pay. Emergency Leaves are non-accumulating and are not carried over to the next year if not consumed in the calendar year.
3. In the event that the cause of Emergency Leave extends, YSL credits will be applied. Should the need for Emergency Leave extend beyond one (1) month, this will require HRIMSA Director and President and Executive Director approval.
4. Granted with such leave must resume work on the first scheduled workday following the expiration date of the leave.
5. In the event that staff Emergency Leave (i.e., medical in nature) extends and YSL credit is no longer adequate, advanced crediting of YSL credits can be granted with the exceptional approval of both HRIMSA Director and President and Executive Director.

Chapter IV	:	Payroll, Timekeeping, and Leaves	Date	:	January 15, 2011
Section F	:	Paternity Leave	Supersedes	:	November 1, 2009

POLICY

The Foundation grants Paternity Leave of seven (7) calendar days (Republic Act 8187) with full pay to all married male staff to effectively lend support to his wife in her period of recovery and/or nursing of the newly-born child. Paternity leave shall apply only for the first four (4) deliveries or miscarriage of the legitimate spouse.

COVERAGE

All married male staff

REGULATIONS

1. All married male staff, regardless of engagement status, are eligible to avail of this benefit.
2. Staff must notify the Foundation through HR of the pregnancy of his wife and her expected date of delivery.
3. Paternity Leave may be taken before, during, or after the delivery of his wife, but not later than sixty (60) days after the date of delivery.
4. Paternity Leave not availed of shall not be convertible to cash.

PROCEDURES

1. Staff shall inform HR of his wife's or partner's pregnancy and expected date of delivery within a reasonable period of time by completing a Paternity Notification Form.
2. Staff shall file the completed Application for Leave Form (Form 014) with the concerned Director.
3. The approved leave form shall be sent to the Compensation and Benefit Associate for the necessary action and filing.
4. The staff, within a reasonable period of time, submits a copy of the birth certificate of the newly-born child to HR.

Chapter IV	:	Payroll, Timekeeping, and Leaves	Date	:	June 1, 2013
Section G	:	Parental Leave for Solo Parents	Supersedes	:	

POLICY

The Foundation grants Parental Leave for Solo Parents as provided for in Republic Act 8972 or the Solo Parents' Welfare Act of 2000.

COVERAGE

Any staff-solo parent who is left alone with the responsibility of parenthood as defined by law

DEFINITION OF TERMS

1. **Parental leave** - This refers to leave benefits granted to a solo parent to enable him/her to perform parental duties and responsibilities where physical presence is required.
2. **Child** - This refers to a person living with and dependent on the solo parent for support. He/she is unmarried, unemployed, and below eighteen (18) years of age, or even eighteen (18) years old and above, but is incapable of self-support because he/she is mentally and/or physically-challenged.

REGULATIONS

1. The Parental Leave, in addition to leave privileges under existing laws, shall be for seven (7) work days every year, with full pay.
2. Conditions for Entitlement. A solo parent staff shall be entitled to Parental Leave, provided that:
 - a. He/she has rendered at least one (1) year of service, whether continuous or broken;
 - b. He/she has notified his/her employer that he/she will avail himself/herself of it, within a reasonable period of time; and
 - c. He/she has presented to his/her employer a Solo Parent Identification Card, which may be obtained from the Department of Social Welfare and Development office of the city or municipality where he/she resides.
3. Non-conversion to Cash. In the event that Parental Leave is not availed of, it shall not be convertible to cash.
4. Termination of the Benefit. A change in the status or circumstance of the parent claiming the benefit under the law, such that he/she is no longer left alone with the responsibility of parenthood, shall terminate his/her eligibility for this benefit.

Chapter IV	:	Payroll, Timekeeping, and Leaves	Date	:	June 1, 2013
Section H	:	Leave for Victims of Violence Against Women and Their Children	Supersedes	:	

POLICY

The Foundation grants leave benefits for female staff who are victims of violence as provided for in Republic Act 9262, or the Anti-Violence Against Women and Their Children Act of 2004.

COVERAGE

Women staff who are victims as defined in RA 9262

DEFINITION OF TERM

1. **Violence against women and their children** - This refers to any act or a series of acts committed by any person against a woman who is his wife, former wife, or against a woman with whom the person has or had a sexual or dating relationship, with whom the person has a common child, or against her child whether legitimate or illegitimate, within or without the family abode, which will result in or is likely to result in physical, sexual, psychological harm or suffering, or economic abuse including threats of such acts, battery, assault, coercion, harassment or arbitrary deprivation of liberty.

REGULATIONS

1. Women staff who are survivors shall be entitled to the 10 days paid leave benefit to cover the days that the woman staff has to attend to medical and legal concerns. The said leave shall be extended when the need arises, as specified in the protection order issued by the barangay or the court.
2. Requirement for Entitlement. To be entitled to the leave benefit, the only requirement is for the survivor-staff to present to her employer a certification from the barangay chairman (*punong barangay*) or barangay councilor (*barangay kagawad*) or prosecutor or the Clerk of Court, as the case may be, that an action relative to the matter is pending.
3. Usage of the Benefit. The usage of the 10-day leave shall be at the option of the woman staff. In the event that the leave benefit is not availed of, it shall not be convertible into cash and shall not be cumulative.

Chapter IV	:	Payroll, Timekeeping, and Leaves	Date	:	June 1, 2013
Section I	:	Special Leave for Women	Supersedes		

POLICY

The Foundation grants leave benefits for female staff as provided for in Republic Act 9710, or the Magna Carta of Women.

COVERAGE

Women staff requiring surgery due to gynecological disorders

DEFINITION OF TERM

1. **Gynecological disorder** - This refers to disorders that would require surgical procedures such as, but not limited to, dilatation and curettage and those involving female reproductive organs such as the vagina, cervix, uterus, fallopian tubes, ovaries, breast, adnexa, and pelvic floor, as certified by a competent physician. It shall also include hysterectomy, ovariectomy, and mastectomy.

REGULATIONS

1. Women staff who have gynecological disorders are entitled to Special Leave benefits of up to two (2) months with full pay based on the gross monthly compensation to be availed for the surgery and subsequent recovery from surgery.
2. Requirement for Entitlement. To be entitled to the leave benefit, the following conditions must be met:
 - a. She has rendered at least six (6) months continuous aggregate employment service for the last twelve (12) months prior to surgery;
 - b. She has filed an application for Special Leave within a reasonable period of time from the expected date of surgery or within such period as may be provided by company rules and regulations or collective bargaining agreement; and
 - c. She has undergone surgery due to gynecological disorders, as certified by a competent physician.
3. Usage of the Benefit. The Special Leave shall be granted to the qualified staff after she has undergone surgery.
4. Non-conversion to Cash. The Special Leave shall be non-cumulative and non-convertible to cash.

Chapter IV	:	Payroll, Timekeeping, and Leaves	Date	:	January 15, 2011
Section J	:	No-Pay Leave	Supersedes	:	November 1, 2009

POLICY

The Foundation, at its discretion, may grant No-Pay Leave to staff for medical reasons or on compassionate circumstances on a case-by-case basis after all the Leave privileges have been exhausted.

COVERAGE

All staff

REGULATIONS

1. Staff shall be allowed to go on a No-Pay Leave for personal reasons such as an accident in the family, natural calamities, studies and other personal reasons requiring the staff's attendance.
2. The granting of no-pay leave must not affect the Foundation's operations. Staff granted such leave must resume work on the first scheduled workday following the expiration date of the leave.
3. Any staff who fails to report for work or fails to notify the Foundation with a satisfactory reason within forty-eight (48) hours of the specified date of absence, shall be considered to have abandoned his/her service and may be terminated.
4. Maximum days of leave without pay will be thirty (30) days. Exceptions to this policy will have to be approved by the Executive Director.

Chapter 5: **Employee Engagement**

Chapter V	:	Employee Engagement	Date	:	October 16, 2015
Section A	:	Wellness Program	Supersedes	:	September 2, 2013

POLICY

The Foundation is supportive and committed to the overall health and well being of its staff. A wellness program will be made available to keep the staff healthy. Initiatives on healthy eating, physical movement, and stress management, among others, will be made available to the staff as part of the wellness program.

COVERAGE

All staff

DEFINITION OF TERM

1. **Wellness** - This refers to activities identified by the Foundation that contribute to the physical, emotional, and psychological well-being of staff, including educational awareness, behavioral and lifestyle changes, and supportive environments.

REGULATIONS

1. As part of the HR MOOE Work and Financial Plan (WFP), HR shall propose activities to be included in the wellness program to be offered for the year. These activities will be based on information obtained from the annual physical examination from the previous year, feedback from staff meetings, and emerging trends in wellness.
2. Each staff member will be required to avail themselves of the annual check-up and annual flu vaccination as minimum wellness activities within the year. The Foundation will provide avenues for discussion with the staff on their individual wellness requirements and how each can participate in the programmed activities on wellness.
3. Staff should discuss with their respective supervisors work-related stress issues so that these issues can be addressed interenally.
4. As needed, the Foundation will make available psycho-social counselors through accredited providers and will cover the costs of the initial three sessions to support the staff in addressing the stress that affects work and family.
5. HR shall conduct various activities related to the wellness programs for the staff. An annual wellness calendar shall be made available at the end of January every year listing the wellness offerings of the Foundation for the availability of the staff.

Chapter V	:	Employee Engagement	Date	:	February 1, 2024
Section B	:	Employee Volunteering			

POLICY

The Foundation believes in the transformative power of employee volunteering to create a positive impact in our communities. The Foundation supports staff in dedicating their talent, time, and treasure towards impactful initiatives, aligned with the Foundation's core values. Through active engagement in volunteering, ZFF aims to localize the practice of *bayanihan*, a unique Filipino culture of helping address the needs of one's neighbor and the community, and inspire a culture of volunteerism.

COVERAGE

All staff

REGULATIONS

1. All staff may participate in any internal or external volunteering activities.
2. Staff participation in volunteering activities must not compromise the delivery of minimum level of effort (LOE) required to meet performance commitments in the annual performance plan (APP).
3. Staff participation in any internal volunteering activities shall be requested to sign an employee volunteering contract.
5. Staff participating in any volunteer activities organized by external entities (ZP, LGU, CSO, or academic partners) will be requested to file a leave charged to their available Service Incentive Leaves (SIL).
6. Staff who have participated in any internal and external volunteering activities shall receive a token of appreciation from the HR. Below is a matrix of appreciation tokens per type of volunteering activity.
7. As a monitoring and evaluation (M&E) tool, employee volunteers will be requested to complete a simple contact report (Annex 2) for submission to the Human Resources Unit.

Volunteering Activity	Description	Type of Volunteer	Token
1. Mentorship to	As part of the HR	ZFF Buddy	1. P1,000.00 worth of

new hires	Assimilation program 2024, a 90-day mentoring assignment as a “buddy” of newly hired staff, to help fast track their assimilation to the organizational processes, values, and culture		gift certificates given per month for 3 months (90 days) 2. One (1) ZFF Employee Volunteer Jacket Merchandise
2. ZFF internal volunteering activity	Any ZFF institutional-wide activity/event will need additional support from staff. <i>e.g. ZFF Event (institutional or event of a portfolio unit outside the staff’s mother unit) host, moderator, committee, usher, documenter, trainer/resource person (must be BLTCP level 1 certified as per standard)</i>	ZFF Employee Volunteer	1. P500.00 worth of gift certificate (one-off only) 2. One (1) ZFF Employee Volunteer Jacket Merchandise
3. External volunteering activity	Any volunteering activity conducted by an LGU, CSO, or academic partner to benefit citizens in a geographical area serve by any ZFF program or project	Employee Volunteer	1. P500.00 worth of gift certificate (one off) 2. One (1) ZFF Employee Volunteer Jacket Merchandise

Chapter 6:

Standards and Expectations for the Workplace

Chapter VI	:	Standards and Expectations for the Workplace	Date	:	January 1, 2019
Section A	:	Policy on Conflict of Interest	Supersedes	:	NA

POLICY ON CONFLICT OF INTEREST

The Zuellig Family Foundation, Inc.

Fiduciary Responsibility

Members of the board and staff have a clear obligation to conduct all affairs of the organization according to the highest ethical standards. Loyalty, truthfulness, and moral virtue are expected to be practiced and upheld in all actions of the board and staff.

Covenant

Members of the board and staff agree to place the welfare of the organization above personal interests, the interests of family members, or others who may be personally involved in substantial affairs affecting the organization's basic functions.

General Disclosure

Members of the board and staff disclose all relationships and business affiliations that may now or in the future potentially conflict with the interests of the organization or bring personal gain to them, their family business.

Reporting of Disclosures

All disclosures required by the staff will be handled by the President and Executive Director. All disclosures of the members of the board shall be referred to the board secretary. Information disclosed will be held in confidence except when the organization's best interest would be served by bringing the information to the attention of the Executive Committee of the board and the other officers of the organization.

Desisting from Participation

Members of the board and staff who have a conflict of interest in any matter shall desist from participating in the deliberation concerning the proposed transaction. He/she is expected to excuse him/herself from the meeting unless explicitly requested by the Chair to remain in the meeting to interpret or provide information. Disregarding the need to excuse him/herself invites the Chair to request his/her withdrawal from the meeting room.

Staff Disclosure of Conflict of Interest

The Certificate of Compliance (COC) in the Human Resource Management System (HRMS) will be the portal for disclosure and regular updating of information related to conflict of interest.

Determination of Possible Conflict of Interest

Any individual who is uncertain about a conflict of interest in any matter shall disclose such a possible conflict to the appropriate individual as noted above.

Failure to Disclose

Each member of the board and executive staff should recognize that disclosure of personal and business interest is a requirement for continued affiliation or employment with The Zuellig Family Foundation, Inc., and deliberate failure to disclose a potential conflict of interest could result in disaffiliation or termination of employment.

Attested:

—

Austere A. Panadero

President and Executive Director

Chapter VI	:	Standards and Expectations for the Workplace	Date	:	January 15, 2011
Section B	:	Occupational Safety Standards	Supersedes	:	November 1, 2009

POLICY

It is the Foundation's policy to make our environment a safe place to work. To achieve this, all staff should observe safety regulations and become thoroughly familiar with the safety requirements in their particular environment or work site.

Any occurrence of an accident at work within the Foundation's premises must be promptly reported to the Safety Committee representative or the HR Unit.

Since ZFF is co-located with the Zuellig Pharma Corporation, the Foundation subscribes to the emergency management framework of Zuellig Pharma. Any and all staff may be designated by the management to participate in the Zuellig Pharma Corporation emergency preparedness and response program to ensure their readiness to address emergencies.

Fire Precautions

All staff are required to note of fire precaution instructions issued by the building management and be familiar with the fire escapes in their work place. All Staff are required to participate in fire drills and other evacuation programs.

Staff are responsible for making the workplace fire-safe. They should not interfere with firefighting equipment or installations or cause obstructions to emergency exit doors and fire escape routes. Fire hazards (e.g., malfunctioning of firefighting equipment or blocked fire escape routes, etc.), should be reported immediately to the Safety Committee representative or the HR Unit.

Calamity/Civil Disturbance Response

ZFF implements a system of communication and determination of appropriate course of action to aid Management and staff whenever calamity or civil disturbance occurs. All staff are requested to inform either their immediate superior, the Administrative Services Manager or HR Manager of their condition while the natural occurrence or civil disturbance unfolds. Assistance of any kind, if necessary and feasible, shall be extended to the concerned staff. Suspension of work, if not announced by the national government, is given only at the discretion of the President.

No Smoking

The Foundation believes in maintaining a smoke-free workplace. All Staff are requested to honor this policy and to oversee its observance by visitors. The building administration has designated an area for smokers.

Staff Identification

All Staff are issued with a staff ID. The staff ID is the property of the Foundation. Staff must observe the security guidelines on the display of Staff ID and adhere to the rules on access control.

Staff IDs and security information should not be shared with non-Foundation personnel. Staff leaving the employment of the Foundation must, on the day of termination, return the access card or any keys in their possession to their immediate superior who will forward it to the HR Unit. Staff who are required to remain in, or have access to, the office premises outside normal office hours, are required to observe rules and regulations stipulated by the HR Unit or the building administration. This may include the requirement for staff to sign in and sign out, or to use pre-designated access routes.

Gate Pass

Whenever Staff intend to bring out office property from the premises, they are expected to secure a gate pass so that it can be shown to the security force of the building when questioned.

Company Records

Staff may at times be privileged to handle classified information about the Foundation's programs and activities. It is the staff's responsibility to ensure that this information remains confidential by not leaving classified material lying around or discussing confidential information with unauthorized persons. As soon as work has been completed, working papers, which are not immediately needed, should be kept. Protecting such information is vital to ensuring the Foundation's security and future viability.

Office Security

As a practice, all doors and file cabinets should be locked at the end of the working day. Staff using open cubicles and workstations must not leave official documents on their tables. Documents on fax machines must be cleared by the respective unit/program representative at regular intervals.

The last person leaving the office after business hours should ensure that all entrances are properly locked or otherwise secured, and that lighting and non-essential office machinery (e.g., printer, desktop computers, photocopiers, etc.) are switched off.

Office Reporting

Within the context of a Hybrid Work Arrangement (HWA), it is incumbent upon every ZFF staff member to report to the office (RTO) when required by their respective Unit Heads (Director or Manager), Executive Director, and President. Exceptions from RTO can only be secured from the office of the deputy executive director and HRIMSA Director.

Exceptional approvals to be excused from the required RTO are the following:

1. Nursing mother (see related policy)
2. Experiencing COVID-19 symptoms
3. Caring for older immediate family members
4. On bereavement, paternity, and maternity leave
5. Have a scheduled academic examination or onsite training (on ZFF scholarship grant)

Problem Resolution Policy

The Foundation encourages staff to bring questions, suggestions and problems to the attention of senior management. Staff are also welcomed and encouraged to provide “positive” feedback on the things that they like. The Foundation’s “open door” policy affords staff the opportunity to speak openly and honestly with all levels of management, and the Foundation will listen and give careful consideration to any and all issues brought to the attention of the HR Unit or management of the Foundation. No adverse action will be taken against any staff for utilizing the following procedure.

Sexual Harassment

The Foundation shall maintain an atmosphere of trust and respect in the workplace. Sexual harassment shall never be tolerated and is illegal under local laws. It is defined as any unwelcome sexual advance, request for sexual favor, and other verbal or physical conduct of a sexual nature. The Foundation will then provide resolution and prosecution of said act in accordance with RA 7877.

Workplace Violence

The Foundation is committed to providing a safe, violence free workplace. Accordingly, all persons present on Foundation premises (or at any off site official event) are prohibited from engaging in violent or threatening behavior, whether verbal or physical. If a staff member, manager, vendor, customer,, or any third party does what is believed to be a threat of violence, either by their words or actions, fellow staff are required to immediately report the incident to their immediate supervisor. Any complaint will be investigated as promptly and confidentially as possible by competent authorities. If, after conducting an investigation, it is determined the person making the threat of violence is a staff member of the Foundation, that staff member will be subject to

appropriate disciplinary action which could include termination.

Drugs and Alcohol

Substance abuse can seriously affect safety, morale and job performance. The Foundation strongly upholds a substance-free workplace policy. Reporting for work or being on the job while under the influence of alcohol or illegal drugs is strictly prohibited. "Under the influence" means being unable to perform work in a safe and productive manner, being in a physical or mental condition that would affect job performance in any way, or creating any level of risk to the safety of the staff, other staff, the Foundation or to the public. Distributing, receiving or possessing illegal drugs or drug paraphernalia during working hours or while within Foundation premises is not allowed. Engaging in this behavior will result in disciplinary action, up to and including dismissal.

Alcoholic beverages should not be brought to or consumed on Foundation premises, except at official events. If, as part of the scope of your employment, you attend an official event, you may choose to consume alcohol in a responsible manner.

Conflict of Interest

A conflict of interest exists in any situation where an employee's personal interests (or that of a relative or associate) might affect the staff's action, restraint from action or decisions in connection with the staff's performing service for the Foundation so that the staff would have an interest in acting, refraining from acting or deciding in a manner other than in the best interests of the Foundation.

Any situation involving a conflict of interest could affect the Foundation's reputation, competitive position, future growth, and financial standing. Staff must conduct themselves with utmost discretion and remain above suspicion. Each staff member must avoid the occurrence or appearance of a conflict of interest.

To avoid conflict of interest, staff must not serve as directors or officers of any organization which might supply goods or services to the Foundation, buy goods or services from the Foundation, or compete with the Foundation. Neither is it permissible for them to work as staff of or consultants to any of these organizations. These are clear conflict of interest situations.

Staff are also expected to devote their full time and attention to the Foundation during business hours. While this does not prohibit staff from holding part-time outside engagement while a staff of the Foundation, they will be judged by the same performance standards and will be subject to the same scheduling demands, regardless of any existing outside work requirements. Any outside employment that results in a conflict of interest or time with the Foundation will not be allowed.

A staff must accomplish a conflict of interest certification (Form021) upon hiring and every year

thereafter. This can be filed at the Human Resource Management System (HRMS) Portal. Automatic notification to leaders of authority will be sent for appropriate action.

Privacy of Personal Data

The personnel file is a continuing record of information relative to a staff member's engagement. The HR Unit maintains a file of each staff member.

This file may be reviewed only by the concerned staff member, his/her superior, or the Management. Personnel files are not available to persons not employed by ZFF except as required or permitted by law, or with the written consent of both the staff and the Foundation. Original personnel files may not be removed from the HR Unit. If a staff member wants to review the contents of his/her personnel file, he/she will coordinate with the HR Unit for the appropriate arrangements to allow staff to view a copy of their file at their work location, if circumstances permit.

It is important that the staff's file contains accurate and up-to-date information regarding his/her emergency contact and any additional education or training received. It is the staff's responsibility to ensure that the HR Unit has your current name, address, telephone number, marital status (if applicable), dependent and/or beneficiary information.

General Appearance and Personal Habits

There are several factors that contribute to a staff's favorable impression on clients and others. Among these are appearance and personal conduct. A professional's standards of personal conduct are based on good taste, good judgment and polite speech; good personal habits and positive attitude will all contribute to a favorable impression.

Use of communication technology (emails, messaging platforms, mobile phone)

As a rule, information and communication technology gadgets and platforms should only be used for official business.

Use of Office Supplies

Staff are issued a complete set of office supplies (e.g., calculators, staplers, staple removers, paper supplies, etc.). It is expected that staff shall exercise prudence in the use of such office supplies as well as the upkeep of office equipment assigned. Unused or reusable supplies should be returned to the supply room. The Immediate Supervisor must approve requisitions for office supplies including replacements, if any.

Postal Mail Management

Incoming Mail - Incoming mail (letters sent by mail or hand delivered) is recorded centrally. Letters personally addressed to individuals are delivered to them. When addressed to the Foundation or Director, letters first go to the Administration Services Manager. Those receiving the routed mail act on items marked for their attention, initial the communication and forward it after making appropriate notation of the action taken.

Outgoing Mail – A designated person for every Program/Unit controls outgoing mails. Every transmittal must be recorded using the central logbook.

Reproduction/Copying Service

The Foundation has reproduction/copying machines for office use. However, a staff member should use his discretion to the end that only papers related to the work are reproduced in the machine.

Proper use of E-mail and Internet Services

Opening of email services accounts is carried out by the Administrative Services Unit. Use of the Foundation e-mail system is restricted to business purposes only. All voice mail and e-mail are the Foundation's property and are subject to review by the Foundation. Staff are given access to the internet for work-related information. Engaging in activities and accessing sites on the internet that are unauthorized and prohibited will be dealt with in accordance with the Code of Conduct and Discipline.

Cleanliness and Housekeeping

Cleanliness is absolutely essential and vital to the comfort and morale of all staff. The Foundation exerts all possible means to provide all staff a well-kept environment conducive to productive work. The Foundation, as an effective support towards better performance, recognizes appropriate and humane working conditions.

Chapter VI	:	Standards and Expectations for the Workplace	Date	:	April 1, 2023
Section C	:	Executive Committee and Information Dissemination	Supersedes	:	July 27, 2016

POLICY

The Foundation defines the roles of the core management committees in facilitating the flow of information to the staff. This is to ensure efficient communication within the organization, enabling the smooth transmission of information from the Board of Trustees to the units and vice versa.

COVERAGE

All Executive Committee members

DEFINITION OF TERMS

1. **Board of Trustees (BOT)** - This refers to the governing body of the Foundation. The BOT sets the general direction of the foundation, which is usually based on information driven from program and unit reports.
2. **Executive Committee** - This refers to the group that consists of full-fledged directors, selected managers (unit heads) and the president. The role of the Excom is to provide strategy in accomplishing the targets and agreements set by the BOT. Information shall be cascaded by Excom members to their managers, and managers are expected to cascade to their units during unit meetings.
3. **Special Group** - This refers to a committee established to address specific needs of the organization.

REGULATIONS

1. All meetings should be documented, repositories of which will be provided for in the Knowledge Management (KM) Site.
2. Selected information on direction and strategy will be cascaded accordingly:
 - a. Board of Trustees
 - b. Executive Committee
 - c. Departments and Units
3. Respective managers will discuss the selected information as part of their agenda in the unit meetings. Discussion may be based on how the information affects: People, processes, and

their Program.

4. Any effect on the aforementioned aspects, as elevated by the team, will be channeled through the appropriate units or committees. Updates on the initiatives will be provided during the Excom meeting.
5. Unit meetings, which should be scheduled regularly once a month, will be documented through the minutes of the meeting and uploaded to the KM Site.
6. For special groups, leads/heads of the special groups or committees shall follow the same procedure in cascading and facilitating meetings.
7. Unit and special group meetings will have an agenda, documentation, and action agenda, which will be provided to Excom for information.

Chapter VI	:	Standards and Expectations at Workplace	Date	:	December 1, 2016
Section D	:	Drug Free Workplace Policy and Program	Supersedes	:	

POLICY

The Foundation supports Article V of Republic Act No. 9165, also known as the Comprehensive Dangerous Drugs Act of 2002, as well as its Implementing Rules and Regulations. Additionally, the Foundation adheres to the guidelines set forth in DOLE Department Order No. 53-03, series of 2003, which outlines the implementation of Drug-Free Workplace Policies and Programs for the Private Sector.

COVERAGE

All staff

DEFINITION OF TERMS

1. **Random Drug Testing** – This refers to a procedure in which staff are randomly selected to undergo an unannounced drug testing, at a schedule determined by Management.
2. **For Cause Testing** – This refers to a procedure that follows when a staff exhibits probable signs and symptoms of drug dependency, prompting the need for drug testing.
3. **Post-Accident Testing** – This refers to a procedure carried out when workplace accidents are suspected to be caused by drug use.
4. **Rehabilitation** – This refers to the DOH rehabilitation program supported by the Foundation and implemented for staff who test positive for illegal drugs.
5. **Near-Miss** - This refers to an incident arising from or in the course of work which could have led to injuries or fatalities of the workers and/or considerable damage to the Foundation had it not been curtailed.
6. **Work Accident** - This refers to unplanned or unexpected occurrence that may or may not result in personal injury, property damage, work stoppage or interference or any combination thereof of which arises out of and in the course of work engagement.

REGULATIONS

Mandatory Drug Test

1. In order to prevent the adverse effects of drug use and abuse in the workplace, such as lower

productivity, impaired decision-making, increased accidents, higher compensation claims, and reduced team effort, mandatory drug testing is a prerequisite for pre-hiring. This ensures that only qualified individuals are screened and recruited.

2. The Foundation shall be chosen among the accredited drug testing centers by the Department of Health (DOH), as its authorized drug testing laboratory.
3. The Foundation may also conduct drug testing under any of the following circumstances:
 - a. **RANDOM TESTING:** A staff may be selected at random for drug testing at any interval determined by the Foundation.
 - b. **FOR-CAUSE TESTING:** The Foundation may ask a staff to submit to a drug test at any time it feels that the staff may be under the influence of drugs, including, but not limited to, the following circumstances: evidence of drugs on or about the staff's person or in the staff's vicinity, unusual conduct on the staff's part that suggests impairment or influence of drugs, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
 - c. **POST-ACCIDENT TESTING:** Any staff involved in a "Near-Miss" incident or "Work Accident" under circumstances that suggest possible use or influence of drugs may be asked to submit to a drug test. *As defined herein, "Near-Miss" means an incident arising from or in the course of work which could have led to injuries or fatalities of the workers and/or considerable damage to the Foundation had it not been curtailed. "Work Accident" refers to unplanned or unexpected occurrence that may or may not result in personal injury, property damage, work stoppage or interference or any combination thereof of which arises out of and in the course of work engagement.*
4. All drug tests shall employ, among others, two (2) testing methods, the screening test which will determine the positive result as well as the type of the drug used and the confirmatory test which will confirm a positive screening test. Where the confirmatory test turns positive, Management shall evaluate the results and determine the level of care and administrative interventions that can be extended to the concerned staff.
5. The Foundation shall inform the staff who was subjected to a drug test of the test- results whether positive or negative.
6. All costs of drug testing shall be borne by the Foundation.

Treatment, Rehabilitation, and Referral

1. A staff member who, for the first time, is found positive of drug use, shall be referred for treatment and/or rehabilitation in a Department of Health-accredited center. For this purpose, the Foundation shall provide a list of at least three (3) accredited facilities which a staff who was tested positive for drugs may choose from.
2. Following rehabilitation, the Foundation's Assessment Team, in consultation with the head of the rehabilitation center, shall evaluate the status of the drug dependent staff and recommend to management the resumption of the staff's job if he/she poses no serious danger to his/her co-staffs and/or the workplace.
3. All costs for the treatment and rehabilitation of the drug dependent staff shall be charged to

his account. The period during which the staff is under treatment or rehabilitation shall be considered as authorized leaves, following the existing policy on leaves.

4. Repeated drug use even after ample opportunity for treatment and rehabilitation shall be dealt with the corresponding penalties under Republic Act 9165 and is a ground for dismissal.

Advocacy, Educatio, and Training

1. The Foundation undertakes to increase the awareness and education of its officers and staff on the adverse effects of dangerous drugs through continuous advocacy, education and training programs/activities.
2. All staff are required to undergo an orientation/education program before assumption of their respective duties. The program shall include the following topics:
 - a. Salient features of R.A. 9165;
 - b. Adverse effects of abuse and/or misuse of dangerous drugs on the person, workplace, family and the community;
 - c. Preventive measures against drug abuse; and
 - d. Steps to take when intervention is needed, as well as available services for treatment and rehabilitation.
3. To encourage all staffs to lead a healthy lifestyle while at work and at home, the Foundation undertakes to conduct the following activities as often as possible:
 - a. Lifestyle assessment programs on health nutrition, weight management, stress management, alcohol abuse, smoking cessation, and other indicators of risk diseases;
 - b. Health wellness screenings (e.g. blood pressure and heart rate, cholesterol test, blood glucose, etc.);
 - c. Sports, recreational and fun-game activities; and
 - d. Other activities promoting health and wellness.

Roles, Rights, and Responsibilities of the Foundation and Staff

1. The Foundation shall ensure that the workplace policies and programs on the prevention and control of dangerous drugs, including drug testing, shall be disseminated to all officers and staff. The Foundation shall obtain a written acknowledgement from the staff that the policy has been read and understood by them
2. The Foundation shall maintain the confidentiality of all information relating to drug tests or to the identification of drug users in the workplace; exceptions may be made only where required by law, in case of overriding public health and safety concerns; or where such exceptions have been authorized in writing by the person concerned.
3. All staff shall enjoy the right to due process, absence of which will render the referral procedure ineffective.

Consequences of Policy Violations

1. Any staff who uses, possesses, distributes, sells or attempts to sell, tolerates, or transfers dangerous drugs or otherwise commits other unlawful acts as defined under Article II of RA 9165 and its Implementing Rules and Regulations shall be subject to the pertinent provisions of the said Act.
2. Any staff found positive for use of dangerous drugs shall be dealt with administratively in accordance with the provisions of Article 282 of Book VI of the Labor Code and under RA 9165.

Monitoring and Evaluation

1. The implementation of these policies and programs shall be monitored and evaluated periodically by Management to ensure a drug-free workplace. Mancom will take responsibility of evaluating the effectiveness of the program based on the reports submitted by HR.

Chapter VI	:	Standards and Expectations at Workplace	Date	:	December 1, 2016
Section E	:	Disease Education, Prevention, and Non-discrimination	Supersedes	:	

POLICY

The Foundation supports the Department of Labor and Employment in its campaign to educate and prevent the spread of Human Immunodeficiency Virus, Hepatitis B, Tuberculosis (TB), and Mental Health through a health program. The Foundation also ensures non-discrimination of employees who are affected by these diseases.

COVERAGE

All staff

REGULATIONS

Preventive Strategies

1. Education
 - a. Management shall be responsible for educating its employees on human immunodeficiency virus (HIV), Hepatitis B, tuberculosis (TB), and mental health. The Foundation's HMO provider will conduct advocacy training and education about these diseases
 - b. Information and reference materials will be made available to employees.
2. Screening will be encouraged. Screening for the identified diseases shall also not be a prerequisite to hiring. A referral system to avail of treatment shall also be facilitated by the Foundation.
 - a. Particularly for HIV:
 - i. The Foundation encourages positive health seeking behavior through voluntary counseling and testing.
 - ii. The Foundation will provide access to diagnostic and treatment. Referral to social hygiene clinics of local governments will be facilitated by accredited hospitals
 - iii. The Foundation shall likewise facilitate access to livelihood assistance for affected staff and their families, being offered by the government agencies.
 - b. Particularly for TB:
 - i. All employees are encouraged to be immunized against Hepatitis B after securing clearance from their physician.
 - ii. Workplace sanitation and proper waste management and disposal shall be

monitored by the health and safety committee on a regular basis.

- c. Particularly for mental health:
 - i. Psychological first aid shall be provided for by HR.
 - ii. Employees are encouraged to avail themselves of the HMO benefit for counseling.
 - iii. Employees may be referred to accredited counselors and clinics. The first three sessions are covered by the Foundation.

Social Policy

1. There shall be no discrimination of any form against employees on the basis of their HIV, TB, Hepatitis B, or mental health status. Employees shall not be discriminated from pre to post employment, including hiring, promotion, or assignment, because of their respective health status.
2. Workplace management of sick employees shall not differ from that of any other illness. Persons with HIV, TB, Hepatitis B, or mental health illnesses may work for as long as they are medically fit to work.

Confidentiality

1. Job applicants and employees shall be compelled to disclose their status on HIV, TB, Hepatitis B, or mental health . Co-employees shall not be obliged to reveal any personal information about their fellow employees. Access to personal data relating to an employee's health status shall be bound by the rules on confidentiality and shall be strictly limited to medical personnel or if legally required.

Work Accommodation and Arrangement (refer to Hybrid Work Arrangement policy)

1. The company shall take measures to reasonably accommodate employees who are positive of HIV, TB, Hepatitis B, or mental health illness.
2. Through agreements between management and employees' representatives, measures are encouraged to support employees with HIV, TB, Hepatitis B, or mental health illnesses. These measures include flexible leave arrangements, rescheduling of working time, and facilitating their return to work.

Compensation

1. The Foundation shall provide access to Social Security System and Employees Compensation benefits to an employee who acquired Hepatitis B, and TB infection in the performance of his/her duty.
2. The Foundation will assist HIV positive employees in seeking available assistance from government agencies.

Chapter VI	:	Standards and Expectations at Workplace	Date	:	April 1, 2021
Section F	:	Mental Health Workplace Policies and Programs (Adopting DOLE D.O. 208-2020)			

POLICY

Pursuant to Republic Act No. 11036 (Mental Health Act) and Republic act No. 11058 (An Act Strengthening Compliance with Occupational Safety and Health Standards and providing Penalties for Violations Thereof) is the formulation of Mental Health Workplace Policy and Program, which shall include the following:

1. Raise awareness, prevent stigma and discrimination, provide support to workers who are at risk and/or have mental health conditions, and facilitate access to medical health services.
2. Promote workers' well-being toward healthy and productive lives.
3. Be jointly prepared by management and workers' representatives and be made an integral part of the company's occupational safety and health (OSH) policies and programs

In organized establishments, workplace policies and programs may be included as part of the collective bargaining agreement (CBA) and shall be made known to all workers.

COVERAGE

All staff

DEFINITION OF TERMS

1. **Advance Directive** - This refers to a formalized document through which an individual with a mental health condition communicates their treatment preferences. This document is signed, dated, and notarized, serving as a legally binding guide for medical decisions. An advance directive may be revoked by a new advance directive or by a notarized revocation.
2. **Confidentiality** - This refers to ensuring that all relevant information related to persons with psychiatric, neurologic, psychosocial health needs is kept safe from access or use by, or disclosure to, persons or entities who are not authorized to access, use, or possess such information.
3. **Constructive Dismissal** - This refers to an involuntary resignation resorted to when continued

employment becomes impossible, unreasonable or unlikely; when there is a demotion in rank or a diminution in pay; or when a clear discrimination, insensibility or disdain by an employer becomes unbearable to an employee or an unwarranted transfer or demotion of an employee, or other unjustified action prejudicial to the employee.¹

4. **Discrimination** - This refers to any distinction, exclusion, or restriction that has the purpose or effect of nullifying the recognition, enjoyment, or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, or any other field. It includes all forms of discrimination, including denial of reasonable accommodation. Special measures to protect the rights or secure the advancement of persons with impaired decision making capacity shall not be deemed discriminatory.
5. **Mental Health** - This refers to a state of well-being in which the individual realizes one's own abilities and potentials, copes adequately with the normal stresses of life, displays resilience in the face of extreme life events, works productively and fruitfully, and is able to make a positive contribution to the community.
6. **Mental Health Condition** - This refers to a neurological or psychiatric condition characterized by the existence of a recognizable, clinically significant disturbance in an individual's recognition, emotional regulation, or behavior that reflects a genetic or acquired dysfunction in the neurobiological, psychosocial or developmental process underlying mental functioning. The determination of neurologic and psychiatric conditions shall be based on scientifically-accepted medical nomenclature and best available scientific and medical evidence (ex., Epilepsy, Schizophrenia, Psychosis, Depression, and bipolar)
7. **Mental Health Facility** - This refers to any establishment or any unit of an establishment, that has, as its primary function, the provision of mental health services.
8. **Mental Health Professionals** - This refers to a medical doctor, psychologist, nurse, social worker, guidance counselor, or any other appropriately-trained and qualified person with specific skills and relevant to the provision of mental health services.
9. **Mental Health Services** - This refers to psychosocial, psychiatric or neurologic activities and programs along the whole range of the mental health support services including promotion, prevention, treatment and aftercare which are provided by mental health facilities and mental health professionals.
10. **Mental Health Service Provider** - This refers to an entity or individual providing mental health services as defined in the Act, whether public or private, including, but not limited to mental health professionals and workers, social workers and counselors, peer counselors, informal community caregivers, mental health advocates and their organizations, personal ombudsmen, and persons or entities offering non-medical alternative therapies.
11. **Occupational Health (OH) Physician** - This refers to the company physician with the required training on OSH who shall issue the "fit to work" Certification to a patient/worker.
12. **Reasonable Accommodation** - This refers to:
 - a. Necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms²

- b. Improvement of existing facilities used by employees in order to render these readily accessible to and usable by disabled persons; and
 - c. Modification of work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustments or modifications of examinations, training materials or company policies, rules and regulations, the provision of auxiliary aids and services, and other similar accommodations for disabled persons³.
13. **Worker** - This refers to any member of the labor force, regardless of employment status including those working abroad/overseas.

REGULATIONS

The Mental Health Workplace Policy and Program shall be properly coordinated, monitored and regularly reviewed and updated as necessary for its effective implementation. Assistance in the formulation and implementation of Mental Health Workplace Policies and Programs may be sought for Department of Labor and Employment (DOLE), Department of Health (DOH) and/or organizations rendering mental health services such as the Psychological Association of the Philippines (PAP), Philippines Psychiatric Association (PPA), Philippines Neurological Association (PNA), Philippine Guidance & Counseling Association (PGCA), Philippine Mental Health Association (PMHA) and other organizations.

Components and Implementation Strategies of the Mental Health Workplace Policy and Program

Advocacy, Information, Education, and Training

1. All workers shall be provided with basic information and education on mental health. Standard basic information and education shall include, but not limited to, the following:
 - a. Understanding mental health and its impact in the workplace and the workforce;
 - b. Identification and management of mental health problems in the workplace;
 - c. Salient features of RA 11036 and its IPR with emphasis on the basic human rights of persons with mental health condition and consent to treatment; and
 - d. Confidentiality of all information or medical records of a worker with mental health condition
2. Employers are encouraged to extend advocacy, information, education and training activities to the workers' families and communities through their corporate social responsibility (CSR) programs to strengthen approaches in the prevention of stigma and discrimination and to better understand individuals with mental health conditions.
3. The OSH personnel and Human Resource Officers shall undergo capacity building on the identification, recognition of psychosocial hazards and management of mental

health problems.

4. Training of workers and program implementers in promoting and advocating mental health in the workplace as well as identification and management of mental health problems may be coordinated with the Department of Health (DOH), National Center for Mental Health (NCMH) or with other mental health service providers.

Promotion and enhancement of workers' well-being to have healthy and productive lives through the following recommendations, among others:

1. Increasing workers' awareness on mental health and other common conditions like depression, anxiety and substance abuse including alcohol (ex. disturbing leaflets, workshops, posters)
2. Promotion of healthy lifestyle and work-life balance
3. Identification and management of work-related stress and stressors, including interpersonal issues with superiors, subordinates, co-employees, clients and customers
4. Effective management of changes in the work organization and the utilization of human resources systems (e.g., addressing burnout, review of workload)
5. Establishing mental health programs to support workers (e.g., recreational activities)
6. Workers' achievements and efforts recognition program
7. Psychosocial support in management of disaster and extreme life events
8. Capacity building of managers and human resource personnel in the identification and management of workers with mental health problems
9. Other programs and activities as may be recommended by the OSH committee deemed necessary to promote and sustain the well-being of the workers

Social Policy

1. Non-discriminatory policies and practices

- a. There shall be no discrimination in any form against workers who are at risk of developing or who are found to have mental health conditions. Workers shall not be discriminated against from hiring, promotion, and/or other benefits of employment because of their condition provided, however, such conditions shall not interfere with the employee's performance of their job or unduly affect his own safety or that of his co-workers, clients and the general public.
- b. The fitness to work of workers found to have mental health conditions shall be determined by an OH physician, after appropriate medical evaluation, taking into account the clearance provided by a mental health professional.
- c. A worker may resume work while undergoing treatment provided that an OH physician has certified that he/she is fit to work and that current treatment shall not cause unsafe conditions for the worker while at work and cause similar unsafe

conditions for other workers. To monitor and assist the workers in managing their condition, coordination shall be made between the OH/HR personnel and mental health professionals in consideration of the workers' assigned tasks and the effects of medications taken.

- d. Workers who have undergone pharmacological and psychosocial interventions/treatment and are evaluated by an OH physician to be fit to work shall not be prevented from returning to work or subjected to actions that may be construed as constructive dismissal from service.
- e. A worker shall not be terminated from work on the basis of actual, perceived, or suspected mental health condition unless the condition progresses to such severity that it affects his/her own safety or safety of co-workers and work performance and productivity upon the certification issued by a competent public health authority with expertise on mental health.

2. Confidentiality

- a. Company policy on confidentiality shall be clearly communicated and understood by all workers
- b. The advance directive prepared by the worker with mental health condition shall form part of the worker's record (201 file) which should be treated with utmost confidentiality.
- c. Results of neuropsychological tests as an additional requirement of some companies must be treated with confidentiality.
- d. Access to personal data or any information relating to a worker's mental health condition shall be bound by the rules of confidentiality and/or the DAta Privacy Act of 2012.

3. Disclosure

- a. Workers are encouraged to disclose their medical or mental health condition for purposes of reasonable accommodation
- b. Employers and co-workers shall not be obliged to reveal to a third party any information about the worker with mental health condition except in any of the following conditions:
 - i. unless it is required by law;
 - ii. with consent from the worker with mental health condition;
 - iii. life threatening emergency cases where such disclosure is necessary to prevent harm or injury to himself/herself or to other persons; or
 - iv. disclosure is required in connection with an administrative, civil or criminal case against a mental health professional or worker for negligence or a breach of professional ethics

4. Work Accommodation and Work Arrangement

- a. Agreements on work accommodation and work arrangements for a worker with mental health condition shall be made between management and workers' representatives, provided however that such mental condition shall not prevent the worker from performing the requirements of the job or will endanger his/her safety, or that of his/her co-workers, clients or the general public.
- b. Measures to accommodate and support a worker with mental health conditions, such as flexible leave arrangements, rescheduling of working hours and arrangements for return to work must be clearly explained to the worker, preferably in the presence of his/her family member.
- c. The worker may be allowed to return to work with reasonable accommodation and other such arrangements as determined or as recommended by the mental health professionals and concurred with by the OH physician, if available.
- d. Work policies should include monitoring and evaluating worker's changes in behavior/attitude which may affect his/her productivity/performance.

Treatment, Rehabilitation and Referral System

1. Mental Health Workplace Policies and Programs shall include capacity for treatment or referral procedures for treatment modalities and rehabilitation to be provided by the employer through the company's workers assistance program or any other program that will provide access to mental health services.
2. Workers with mental health conditions shall be referred to a DOH-licensed/accredited/recognised mental health facility or mental health service providers for appropriate management.

Chapter VI	:	Standards and Expectations at Workplace	Date	:	January 18, 2022
Section G	:	COVID-19 Isolation and Quarantine Leaves			

POLICY

Pursuant to Department of Labor and Employment Labor Advisory 01 Series of 2022 (Isolation and Quarantine Leaves of Employees in the Private Sector), the Foundation shall ensure safe and humane working conditions through compliance with general labor standards and occupational safety and health standards as well as minimum public health protocols.

COVERAGE

All staff tested positive for COVID-19

REGULATIONS

1. Employees falling under the case definition of a close contact, suspect, probable, or confirmed shall complete the home-based or facility-based quarantine or isolation periods in accordance with the prevailing Department of Health (DOH) Department Memorandum No. 2022-0013, DOH Department Circular No. 2022-0002, and the DOLE and DTI Joint Memorandum Circular No. 20-04-A.
2. Employers, in consultation with the employees or employees' representative if any, to adopt and implement an appropriate paid isolation and quarantine leave program on top of existing leave benefits under the company policy.
3. The paid isolation and quarantine leaves shall be without prejudice to other benefits provided by the Social Security System and Employees' Compensation Commission.

PROCEDURES

1. The staff or the immediate supervisor shall notify the HR Manager in cases of a staff tested positive for COVID-19.
2. Upon receipt of the copy of COVID-19 test result, HR shall credit COVID-19 leaves based on the medically prescribed number of isolation and quarantine days.

Chapter VI	:	Standards and Expectations at Workplace	Date	:	November 30, 2023
Section H	:	Protection from Sexual Harassment, Exploitation, and Abuse	Supersedes	:	October 12, 2020

POLICY

Organizational culture is tied to the values lived by and demonstrated by ZFF management and staff. With a strong developmental approach defined by the Health Change Model, staff are expected to understand and apply the Bridging Leadership approach, particularly the concepts of ownership and co-ownership.

Working with leadership and governance actors and stakeholders in Nutrition, Adolescent Sexual Reproductive Health and Universal Health Care, ZFF is committed to protecting the lives of vulnerable women and children, recognizing that lack of equitable access to resources and services is a function of abuse of power and the exploitation of the powerless due to a patriarchal belief system, lack of education, social capital and access to economic facilities and social opportunities. Gender-based Violence is a manifestation of a patriarchal belief system that reinforces ideas of male bias/ supremacy, gender binary, biological determinism and the normalization of violence. At ZFF, we believe that all Filipinos have a right to life and to live it according to their informed decisions without harm, free from violence, particularly sexual exploitation due to abuse of power. We affirm our respect for liberty regardless of age, gender, sexual identity and expression, disability, faith orientations or ethnic origin.

Consistent with our policy to maintain discipline, protection of ZFF's name and goodwill, we will ensure that no employee, volunteer, consultant, supplier, partner or any other representative associated with the work, program or project will be involved in any form of sexual harassment, sexual exploitation or sexual abuse. ZFF commits to addressing the needs, concerns, treatment and recovery of survivors, and endeavor to improve safeguards, awareness and capacity in reporting, investigating, responding to, and preventing sexual harassment and sexual exploitation and abuse. Institutional Management units, particularly key directors of the Admin unit, Human Resources unit, and the Strategy and Partnerships unit, together with the Occupational Safety and Health Standards team, will lead in making sure that this policy is complied with in conjunction with analogous Department of Labor and Employment (DOLE) orders and provisions.

In line with its vision, mission, organizational goals and values, ZFF is committed to:

1. Prevent and respond to reports of Sexual Harassment, Sexual Exploitation and Abuse (SHEA) and ensure corrective action is pursued in cases of complaints, observed and perceived problems related to SHEA;

2. Ensure that principles and existing policies on due process will guide the decision making and progressive actions;
3. Reinforce ZFF personnel's sense of duty to at-risk individuals who are subject to exploitation and abuse.

COVERAGE

All staff, partners, and associated personnel

DEFINITION

Sexual harassment refers to acts of unwelcome advances or conduct of a sexual nature committed by a staff against another staff which create an intimidating and hostile environment or become a condition of employment. These acts include but are not limited to touching or kissing a colleague without consent, speaking inappropriately, attempted or actual sexual assault, etc.

Sexual abuse is defined as actual or threatened physical intrusion of a sexual nature, committed by an aid worker against a beneficiary, whether by force or under unequal or coercive conditions including but not limited to unwanted kissing, touching, grabbing; threats of unwanted sexual act; raping or attempted rape.

Sexual exploitation is defined as any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, committed by an aid worker against a beneficiary, including but not limited to offering money, gifts, or a job in exchange for sexual activity; withholding due services or blackmailing for sexual activity; and engaging in sex work or prostitution no matter the laws in that location.

The **Complainant** refers to the person or persons who reported the allegation to ZFF. This may or may not be the survivor.

The **Subject of Complaint** refers to the humanitarian personnel against whom an allegation of sexual exploitation or abuse has been made.

Partners refers to all entities that ZFF works with including NGOs, CSOs, government agencies, and procurement partners such as suppliers and vendors.

ZFF ACCOUNTABILITY AND COMMITMENT TO PSHEA

I. ZFF Core Principles in PSHEA

ZFF adopts and localizes the Core Principles from the UN Secretary-General's Bulletin on Special Measures for Protection from Sexual Harassment Exploitation and Abuse (ST/SGB/2003/13 [Copy of the](#)

Special Bulletin) and the Interagency Standing Committee Amendment (2019, Copy of Revised Core Principles).

- a. Sexual exploitation and sexual abuse violate universally recognized international legal norms and standards and have always been unacceptable behavior and prohibited conduct for ZFF staff.
- b. In order to further protect the most vulnerable populations, especially women and children, the following specific standards are promulgated:
 - i. Sexual exploitation and sexual abuse constitute acts of serious misconduct and are therefore grounds for disciplinary measures, including summary dismissal.
 - ii. Sexual activity with children (under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief in the age of a child is not a defense.
 - iii. Exchange of money, employment, goods or services for sex, including sexual favors or other forms of humiliating, degrading or exploitative behavior, is prohibited. This includes any exchange of assistance that is due to beneficiaries of assistance.
 - iv. Sexual relationships between ZFF staff and stakeholders/ partners of assistance, since they are based on inherently unequal power dynamics, undermine the credibility and integrity of the work of the foundation and are prohibited.
 - v. Where a ZFF staff develops concerns or suspicions regarding sexual exploitation or sexual abuse by a colleague or a partner/ stakeholder, he or she must report such concerns via established reporting mechanisms;
 - vi. ZFF staff are obliged to create and maintain an environment that prevents sexual exploitation and sexual abuse. All staff, especially senior management team members, directors, and managers, have a particular responsibility to support and develop systems that maintain this environment.

The standards set out above are not intended to be an exhaustive list. Other types of sexually exploitative or sexually abusive behavior may be grounds for administrative action or disciplinary measures, including dismissal consistent with the ZFF Code of Conduct and Just Causes for Termination set forth by the Philippines Labor Code.

2. Organizational Culture that is safe and respectful of the rights of all, particularly women and children

ZFF is dedicated to fulfilling the following commitments to prevent and respond to sexual exploitation and abuse and sexual harassment as highlighted in its adoption and localization of the six core principles.

ZFF will be the safest place for health development professionals delivering products and services to partner LGUs, communities and constituents whom we serve. Every effort will be exerted to ensure the prevention and response to concerns and complaints on SHEA, offering support to survivors, and holding those responsible for sexual harassment, exploitation or abuse to account.

In particular, ZFF shall uphold ethical actions in ensuring privacy and safety of children, especially in

handling their personal information and identification in any of its programs, by ensuring appropriate consent is provided. ZFF protects its staff and stakeholders by ensuring that no opportunities that arise wherein possible violations of PSHEA will be committed.

3. PSHEA Roles and Accountabilities

The table below outlines the roles and accountabilities of ZFF staff involved in carrying out PSHEA actions in the Foundation.

ZFF Staff/ Units	Accountabilities
Executive Director	<ul style="list-style-type: none"> ○ Responsible for organizational commitment to PSHEA, including allocation of resources ○ Lead organizational culture that has zero tolerance for SHEA ○ Make decision over cases, based on recommendation of PSHEA Focal or assigned investigators
Senior Management (Directors)	<ul style="list-style-type: none"> ○ Provide oversight of PSHEA prevention and response ○ Review and update PSHEA-related policies and guidance ○ Ensure attention and resources to PSHEA across the organization ○ Facilitate and oversee investigations of SHEA allegations ○ Coordinate with other organizations on PSHEA, including donors ○ Ensure that a survivor-centered approach is at the center of the investigation procedures of SHEA
PSHEA Focal Point (FP)	<ul style="list-style-type: none"> ○ Report concerns or issues with PSHEA implementation to senior management & Human Resources ○ Receive reports of SHEA allegations and coordinate the response ○ Ensure the victim-survivor's access to assistance
Human Resources and Admin Services	<ul style="list-style-type: none"> ○ Conduct training and awareness-raising of ZFF employees and others on PSHEA ○ Conduct training and awareness-raising of outsourced personnel and others on PSHEA ○ Conduct screening for past SHEA violations, and other code of conduct and policy violations (e.g. fraud, corruption, abuse of power), as part of recruitment process ○ Ensure all personnel sign the ZFF Code of Conduct ○ Serve as Secretariat to top management during investigations of SHEA allegations ○ Support communication with personnel during investigation of SHEA allegations ○ Keep PSHEA-related documents of personnel on file, including signed codes of conduct ○ Integrate a PSHEA clause in contract agreements, including when subcontracting

ZFF Staff/ Units	Accountabilities
	<ul style="list-style-type: none"> ○ Keep PSHEA-related documents of personnel on file, including signed codes of conduct
All ZFF Staff	<ul style="list-style-type: none"> ○ Actively participate in SHEA-related trainings and awareness-raising efforts ○ Ensure the confidentiality of SHEA cases ○ Uphold the code of conduct and PSHEA-related policies ○ Report all allegations of SEA through the designated reporting channels ○ Participate in investigations of SHEA allegations as appropriate ○ Identify and mitigate/avoid SHEA-related program risks (particularly for personnel involved in programming)

4. Due Diligence in Recruitment and Selection of Staff, Consultants, Suppliers, Volunteers and Partners

Without compromising equal employment opportunities for candidates, ZFF is committed to prevent perpetrators of SHEA from being (re)hired. Managers and Human Resource teams will ensure strict recruitment screening processes for all personnel, including employees, volunteers, consultants and other representatives. As part of this, all application forms, interviews and references must address safeguarding and equality requirements and attitudes. The PSHEA Self-declaration Form (Annex F) and Policy Acknowledgement of the Code of Conduct and PSHEA Policy (Annex G.1) will be signed by new personnel as part of the recruitment finalization.

Consultants with prior PSHEA allegations will be screened by unit in charge (of consultant hiring, procurement, partnership, or volunteer engagement) prior to circulating any agreements for hiring, procurement, partnership or engagement. Due diligence by unit in charge may include requesting HR for any reported incidents of PSHEA allegations (especially for former ZFF staff), checking online materials, or requesting current/ former organizational affiliations for information.

5. Institutional Partnership Agreements

ZFF's Partners include NGO/CSO partners, government partners, and procurement partners including suppliers and vendors. ZFF will ensure that, when engaging in partnerships, Contract Agreement (letters of agreements) will include the appropriate language requiring such contracting entities and individuals, and their employees and volunteers to abide by the standards of this policy. Partners are also required to sign the Policy Acknowledgment Form (Annex G.2) for partners and consultants.

6. Capacity Building of ZFF Personnel

An effective training program should be able to contribute to internalizing the PSHEA policy – that it is not just a technical organizational tool but a principle and commitment to changing the culture that perpetuates SHEA.

All ZFF personnel must receive as part of their Onboarding training, a PSHEA orientation and a post-test to ensure basic core principles are learned. ZFF recognized the importance of seriously orienting and providing refresher training to its personnel, as needed, about its Code of Conduct and to establishing and sustaining a culture of gender equality, respect, and safety.

ZFF will provide mandatory information, education and training to all ZFF personnel, particularly the Occupational Safety and Health (OSH) leads for receiving complaints, to ensure they understand their duties and responsibilities when a complaint is lodged, keeping utmost confidentiality.

1. ZFF will ensure that all core staff members (staff personnel as defined in ZFF's HR manual), have undergone the PSHEA mandatory training through UNICEF's Agora or ZFF's PSHEA-developed asynchronous training course in its Learning Management System (LMS) during the first month of employment.
2. ZFF will have an annual PSHEA orientation during the General Assembly where the reiteration of the PSHEA standards and training as integral part of ZFF staff orientation.
3. All staff working on UN projects will have a PSHEA orientation on their first working day as part of HR's induction session.
4. All new staff of the foundation will receive a PSHEA orientation as part of the Onboarding curriculum (Track 1 checklist).

PROCEDURES FOR REPORTING PSHEA

1. Reporting Obligations of ZFF and Partners' Personnel

All cases of sexual harassment, exploitation and abuse require mandatory reporting to ZFF.

2. Confidentiality in Reporting

All cases of sexual harassment, exploitation and abuse require mandatory reporting to ZFF.

3. Reporting Channels

ZFF will ensure that there are multiple mechanisms for ZFF employees, related personnel, beneficiaries, and others to safely report sexual exploitation and abuse and sexual harassment. These channels should be designed in consultation with local communities and staff to ensure that they are safe and accessible.

ZFF'S Multiple Reporting Channels For SHEA Cases

- PSHEA Focal reporting channel (Staff lead of the Occupational Safety and Health Standards) – can be reached through PSHEAFocal@zuelligfoundation.org and published mobile number (ZFF Staff Facebook group, KM site)
- Occupational Physician reporting channel – can be reached through javdabu@zuelligfoundation.org and published mobile number (ZFF Staff Facebook group, KM site)
- ZFF Website Complaint channel - <https://zuelligfoundation.org/contact-us/>

4. Raising a Complaint or Concern

A complaints mechanism provides the means by which a SHEA complaint is received, documented, and referred to your management staff in headquarters.

1. The first point of contact when a ZFF (from multiple reporting pathways) receives a PSHEA complaint (or needs to report an SHEA incident him/herself) is to report the incident, case, complaint to the PSEA focal lead.
2. It is suggested that the complaint be recorded or written using a standard complaint referral form (refer to Annex 2) and that it be signed and dated. ZFF must ensure that the individual who makes a complaint is informed of its policy on confidentiality.
3. Once a complaint is made, the person who receives the information should immediately report it to the designated PSHEA Focal Lead.
4. Any investigation that is undertaken must be completed, regardless of whether the alleged perpetrator is still your staff member. In the event that a complaint does not warrant a full investigation, the Executive Director can be asked to take a number of steps to address concerns in other ways (for example, addressing matters of poor practice via training, a change in working arrangements, or a change in procedures).
5. If the ZFF staff who receives the complaint genuinely believes that ZFF's established reporting route is compromised, or that s/he would be victimized or s/he has no confidence in the local management structure, then the complaint should be raised directly to the Executive Director or the President/Chairman of the Board.

5. Community Level Reporting

To increase confidence in reporting especially at the community level, ZFF will conduct community awareness raising on PSHEA. This should become a regular activity in all ZFF community engagement. When applicable to the project, consultation with affected communities will be conducted to seek the best way for them to send their feedback and complaints, especially reports of SHEA.

ADDRESSING SHEA CASES

I. Addressing SHEA cases

ZFF will respond in a timely manner to all feedbacks related to SHEA - concerns or allegations of sexual harassment, exploitation or abuse – from its stakeholders, whether these are internal staff or external partners and beneficiaries. Within 24 hours, all feedbacks received related to SHEA will be investigated and acted upon where appropriate guided by the following standards:

1. Robust and accountable case management: All allegations of SHEA, and subsequent follow-through and documented judiciously to ensure accountability. The report will be officially acknowledged within 24 hours, and an accountability team consisting of the PSHEA focal lead, HR Director, Admin Director and OSH Physician will convene a case conference to assess immediate risks and next steps within 48 hours.

2. Safety of victim-survivor: ZFF will take immediate action to ensure the safety of the victim-survivor, the reporter, and the witnesses from any harm and retaliatory action.
3. Independent Investigations: ZFF will conduct an independent investigation, through trained investigators cognizant of the rights of everyone involved, including the complainant and/or survivor, witnesses and the subject of the complaint (perpetrator).

ZFF to continue to strengthen the processes and mechanics for internal investigation on SHEA and how the organization manages cases from a complaint, to deciding on initial response, managing an investigation, conduct of investigation, report writing, decision, then assessment of how the case was managed.

4. Fair and Accountable decision-making: ZFF will take swift and appropriate action against ZFF personnel who are found to have committed SHEA. This may include administrative or disciplinary action.
5. Survivor Assistance and Referrals: Survivors of SHEA will expect to receive support – including professional services and subsidies to aid in full recovery. Sexual harassment survivors will also receive additional 10 days paid leave benefit to cover the days that the staff has to attend to medical, legal or other concerns.

The referral pathways will guide the referral of the survivor to appropriate services. More information on item no. 2 of this section (Referral Pathways).

In the event that the referral pathways are not available for a specific location, the nearest Women and Children Protection Unit (WPCU) will be contacted. Complete directory of WPCU can be accessed from <https://www.childprotectionnetwork.org/wcpu-directory>

6. Confidentiality and Protection Against Retaliatory Actions: ZFF shall ensure confidentiality and sensitivity in handling all information, including identity of all persons involved, unless compelled by law. Staff who report allegations shall not be deemed to have committed a breach of confidentiality if the staff makes a protected disclosure of PSHEA allegation.

Retaliatory acts against the victim or the persons who filed the report in behalf of the victim shall not be tolerated by ZFF, and no retaliatory action such as, but not limited to discriminatory actions, reprimand, punitive transfer, demotion, evident bias in performance evaluations, accusations and humiliation, denial of work and promotion, reduction in salary and benefits, contract termination, or any acts that will affect the rights of the victims and those who filed the reports.

Any staff that does, causes or encourages retaliatory action against the victim or persons involved in the case will be subjected to disciplinary and administrative actions or any appropriate action.

2. Referral Pathways

The referral pathways for SHEA survivors are integrated into the Gender-Based Violence (GBV) Referral System due to the similar nature of needs of the survivors. Upon receiving the report, the PSHEA Focal Lead will ensure the survivor's safety, and with their consent, facilitate their access to medical care, psychosocial services, emergency shelter, security, and/or legal services with the guidance of the available referral pathways (ANNEX H). In the event that the referral pathways are not available for a specific location, the nearest Women and Children Protection Unit (WPCU) will be contacted. Complete directory of WPCU can be accessed from <https://www.childprotectionnetwork.org/wcpu-directory>

If possible and safe for the survivor, the PSHEA Focal Point will follow-up on the assistance the survivor has received and help them find alternative services and agencies if necessary. The FP can also coordinate with the social welfare office for case management if the survivor consents.

INVESTIGATION PROCEDURES AND CORRECTIVE ACTION

(updated November 2022 based on UN PSEA investigation process)

Sexual harm, exploitation, and abuse (SHEA) by Zuellig Family Foundation (ZFF) employees, contractors, volunteers, partners, affiliates, and other related personnel constitute acts of gross misconduct and are therefore grounds for disciplinary action, up to and including termination of employment. Receipt of allegations of SHEA by ZFF personnel, therefore, require appropriate response with the aim of providing adequate support to survivors, investigating allegations for disciplinary action, and preventing the recurrence of such misconduct. These procedures apply to all ZFF personnel, including employees, contractors, volunteers, partners, affiliates, and other related personnel.

I. SHEA Investigation Principles

The Investigation Procedures are based on the following principles:

- Confidentiality: Investigations are strictly confidential. Disclosure of the investigation to relevant stakeholders is on a need-to-know basis with confidentiality as the main guiding principle.
- Commitment to safety, health, and welfare: Safety, health, and welfare of all parties in an investigation is paramount. Risks must be continually assessed and managed. Investigations only proceed when risks to safety, health, and welfare can be appropriately managed.
- Independence: The investigation process is independent of any disciplinary action taken. This independence is maintained through separation of the roles of investigators and decision-makers.

- Impartiality: The investigation team is chosen on the basis of their ability to be impartial; conflicts of interest, including personal and working relationships with any parties to the investigation, are declared and members of the investigation team are replaced where necessary.
- Survivor-centered: Survivors are at the center of the investigation. The investigation process is designed to empower survivors and restore their sense of control over their lives and their bodies. Survivors are given an opportunity to voice their wishes, needs, and concerns, and these are taken seriously by the investigation team. Wherever possible, survivors are given choices. Investigators use trauma-informed interviewing techniques and other strategies to prevent secondary victimization of survivors. Assistance is offered to survivors at the outset of the investigation process, without prejudice to the outcome of the investigation. This assistance is offered regardless of whether the survivor initiates or cooperates with the investigation.

Principles of Victim/Survivor-Centered SHEA Investigations (adapted from [UNHCR Toolkit](#))

- Well-being, protection, and security first
 - Assistance provided to victim-survivors adheres to the principle of “do no harm” and is provided in a manner which seeks to uphold their rights, dignity, and well-being. This may entail the implementation of safety measures to protect against retaliation, re-victimization, and re-traumatization.
 - The investigators continuously assess whether the steps taken during the investigation may jeopardise the victim's safety.
 - Victim-survivors can bring a non-staff support person to interviews and meetings for moral support; however, the identity of this person has to be checked in advance. It cannot be a material witness to the case. The support person must not interfere during the interview
- Assistance and protection
 - Assistance and support are offered to SHEA victims irrespective of whether the victim initiates or cooperates with an investigation.
 - Urgent protection needs should be immediately referred to the PSHEA Focal Point.
- Respect
 - The investigators should be non-judgmental and help those involved avoid stigma and re-traumatisation.
- Non-discrimination
 - The investigators should not engage in discrimination based on race, skin colour, sexual orientation, gender identity, language, religion, political or other

opinions, national or social origin, property, birth, health or other status, or any other characteristic.

- Information
 - Procedures, consent requirements, further steps, and possible consequences must be explained to the victim as soon as possible. If relevant, explain up-front why certain information cannot be shared with the victim-survivor.
 - Due process requirements and the rights of the alleged perpetrator (the subject) must be explained to the victim as soon as possible, allowing the victim to understand how the investigation may affect them.
 - Moreover, the investigator should offer to notify the victim before the subject is informed/interviewed.
 - Keep the victim informed of the outcome of the case.
- Respect for the law: The investigation is conducted in accordance with all laws and statutes of the Philippines, including mandatory reporting of sexual abuse against children and relevant labor laws. Investigators follow accepted procedures in gathering evidence and interviewing witnesses, including the Subject of Complaint. The Subject of Complaint's rights to review evidence, review the Investigation Report, and appeal any decision made is in accordance with Philippine labor law. Any disciplinary action taken is consistent with these laws and statutes.
- Due process: The Subject of Complaint is treated fairly and in accordance with established rules and procedures. This includes the right to rigorously defend themselves against the allegation by being made aware of the nature of the allegation and any evidence that has been gathered in support of the allegation, unless doing so would put another party to the investigation at risk.
- Timely: Investigations are completed in a timely manner, balancing the need for expeditious disposal of the case against the requirement for investigations to be thorough and fair. Investigations should be closed within 30 days of receipt of the allegation by the organization, unless there are exceptional circumstances that would warrant an extension of this deadline.
- Competence: Investigations are carried out by individuals with the requisite training and experience. Investigators conduct themselves within the limits of their professional competence. They seek support and guidance for any aspects of the investigation for which they have not been specifically trained and recuse themselves from the investigation if necessary.

2. Receiving Allegations

1. **Obligation to Report** - All ZFF personnel have an obligation to report SHEA allegations, concerns, suspicions or retaliation related to SHEA. Allegations, concerns, suspicions, or retaliation shall be reported to the PSHEA Focal Person. Personnel reporting concerns shall not attempt to gather further information (other than relevant contact information), conduct a preliminary investigation, nor inform anyone else of the matter.
2. **Protection Against Retaliation** - ZFF maintains a zero-tolerance policy for retaliation against anyone for making a good faith report of sexual exploitation or abuse, assisting in making a complaint, or participating in an investigation. Anyone who makes a good-faith complaint of sexual exploitation or abuse, assists, testifies, or participates in any investigation or proceeding or who reasonably opposes such conduct in the workplace will not be adversely affected in the terms and conditions of their employment and will not be discriminated against or discharged for engaging in such activity. However, knowingly and deliberately filing a false or malicious statement may constitute grounds for disciplinary measures as stated in the Code of Conduct.
3. **Confidentiality** - Any personnel who has knowledge of a SHEA report or complaint must respect confidentiality and take appropriate action to protect the identities, privacy, and reputation of the alleged survivor, the complainant, the Subject of Complaint, and other witnesses.

Personnel who become aware of a complaint may share information regarding the complaint, including the existence of the complaint itself, only through established channels as outlined above. Any documentation relating to the complaint must be transmitted to the focal person in a strictly confidential manner in accordance with ZFF's Data Protection Policy. The obligation of confidentiality continues after the matter has been closed.

Failure to respect such confidentiality is considered misconduct and may result in disciplinary measures.

4. **Immediate Action by PSHEA Focal Person**
Upon receiving an allegation of sexual exploitation and abuse, the PSHEA Focal Person (FP) will take immediate action as follows:
 - a. Complete an Incident Report Form on SHEA, if one has not already been completed (see Annex A). In completing the Incident Report Form on SHEA, the FP shall:
 - Use the complainant's own wording to describe facts, violations and persons involved in the case.
 - Indicate where relevant information is missing and add essential contextual information where needed.
 - Remember that their role is not to investigate but rather to relate the facts for others to follow-up.
 - b. Report and manage any urgent safety concerns, keeping in mind the following:

- It is not the responsibility of the FP to complete a risk management plan. However, there may be urgent safety concerns that require immediate action to protect the health and welfare of parties to the investigation.
 - If urgent safety concerns are identified by the FP, these, along with any actions taken, must be reported without delay to the Ethics Committee.
 - In managing urgent safety concerns, the FP shall remain mindful of the obligation to maintain confidentiality and protect the identity of the parties named in the allegation.
- c. Refer the survivor for assistance, keeping in mind the following:
- If the FP is in direct contact with the alleged survivor through receipt of the complaint, i.e., if the survivor is the complainant, the FP may refer the survivor to relevant services with their consent or the consent of a caregiver or guardian in the case of a minor.
 - If the FP is not in direct contact with the alleged survivor, i.e. the survivor is not the complainant, the FP shall inform the complainant about the available victim assistance so they can relay this to the survivor. The FP shall use judgment in whether to contact the survivor to offer assistance. In cases in which the survivor is unaware that a complaint has been made, the FP is advised not to contact the survivor, unless it is deemed life-saving. In this case, the survivor will be offered assistance at an appropriate time in the investigation.
- d. Notify the Ethics Committee of the receipt of an allegation and provide them with a copy of the Incident Report Form on SHEA.
- Any documentation relating to the complaint, including the Incident Report Form on SHEA, must be transmitted in a strictly confidential manner in accordance with ZFF's Data Protection Policy. The obligation of confidentiality continues after the matter has been closed.
 - If the allegation concerns a member of the Ethics Committee, the FP shall avoid transmitting the allegation to the Ethics Committee as a whole, and instead identify a trusted member to receive the allegation (or the HR Director if FP cannot decide immediately).

3. Review of Allegations

1. Decision to Investigate

Upon receipt of an allegation, the Ethics Committee shall convene to review the allegation and decide whether an investigation is required. All complaints must be reviewed by the Ethics Committee but not all will require a formal investigation process.

In deciding whether an investigation is required, the Ethics Committee shall consider whether the alleged behavior violates one or more of the following standards:

The Inter-Agency Standing Committee Six Core Principles Relating to Sexual Exploitation, Harm and Abuse;

- ZFF's Code of Conduct;
- ZFF's Policy on Protection from Sexual Harassment, Exploitation and Abuse;
- Donor partner agreements;
- National laws on sexual misconduct – RA 7877 (Anti-Sexual Harassment), RA 11648 (Rape and SEA), RA 11313 (Safe Spaces Act)

If there is not sufficient information for the Ethics Committee to make a decision, they may decide to conduct a preliminary investigation to gather relevant information to take forward the complaint. This preliminary investigation shall be brief and aim only to gather the necessary information to make a decision whether to initiate a full investigation.

The Ethics Committee will be guided by the following in deciding whether to proceed with an investigation:

Type of Violation	Action
The behavior alleged in the complaint is not a violation of any of the above standards nor any other form of staff misconduct.	The matter shall be considered closed and no further action shall be taken.
The behavior alleged in the complaint involves staff misconduct but not sexual exploitation or abuse.	The matter shall be addressed according to ZFF's relevant policies on other forms of staff misconduct.
The behavior alleged in the complaint involves sexual exploitation or abuse by a member of the community.	<p>The survivor and/or their legal guardian will be notified of their right to report the alleged behavior to the authorities and supported if they choose to do so. If appropriate and with their consent, survivors may also be referred for services.</p> <p>If mandatory reporting requirements are triggered by the allegation, the survivor and/or their legal guardian will be notified and their consent will be sought prior to making the report.</p>
The behavior alleged in the complaint	The complaint will be referred to the organization

involves sexual exploitation or abuse by personnel of another organization.	concerned for their follow-up and/or to local authorities as appropriate.
The behavior alleged in the complaint involves sexual exploitation or abuse by ZFF personnel.	ZFF will initiate an investigation.

The Ethics Committee will convene within 48 hours of receipt of an allegation and make a decision as to whether to investigate within 3 days of receipt of the allegation.

2. Initiating an Investigation

If the Ethics Committee finds that the complaint alleges SHEA by ZFF personnel in violation of one or more of the standards listed above, they shall initiate an investigation into the allegation.

When a complaint alleges a criminal offense, ZFF may refer the allegation to the authorities for investigation. The decision to refer the complaint to the authorities shall be based on the following:

- Wishes of the survivor
 - The survivor shall be consulted prior to referring the complaint to authorities for investigation. If the survivor does not consent to the referral, unless obligated by mandatory reporting requirements, ZFF will not refer the matter to authorities but instead initiate an administrative investigation.
- Safety and welfare
 - Referral to local authorities for investigation shall only be made if ZFF is confident that doing so will not put any party to the investigation at risk. If ZFF has a concern that authorities cannot be relied upon to protect all parties to the investigation, the Ethics Committee shall initiate an administrative investigation instead.

Should ZFF refer the complaint to local authorities for investigation, the Ethics Committee will consider whether to initiate an administrative investigation as well. Duplication of investigations will be avoided unless there is a valid reason for doing so.

3. Immediate Safety Concerns

In reviewing the allegation, the Ethics Committee shall consider whether any parties to the investigation are at imminent risk of harm. Where immediate safety concerns are identified, the Ethics Committee will take or direct appropriate risk management strategies to effectively manage the risk. They may be guided in this process by the Risk Management Template (see Annex B), though it is not expected that they will complete the matrix in its entirety.

In considering risks to safety, the Ethics Committee shall consider immediate consequences for the Subject of Complaint in terms of their work (e.g. suspension, change of job responsibilities).

This decision will balance the safety of beneficiaries and other vulnerable persons against keeping the investigation confidential while investigators gather evidence to prevent tampering with evidence or intimidation of witnesses. If possible, the Subject of Complaint should not be approached or informed of any aspect of the allegation or investigation until they are asked for a formal interview during the investigation process. In addition the Subject of Complaint should only be suspended from work if there is a risk to anyone by their continuing to be at work.

4. Appointing an Investigation Team

Once a decision has been made to conduct an administrative investigation, ZFF will appoint an internal investigation.

1. Team composition and roles

The investigation team will include one Investigation Manager, and two Investigators, ideally one woman and one man who speak the same language as the survivor and other witnesses. Where investigators do not share a common language with the survivor or other witnesses, the investigation team will include one or more interpreters.

The Investigation Manager and the Investigators are required to declare any conflict of interest they may have at the outset of the investigation or as soon as they become aware of the conflict. This includes personal or professional relationships with any parties involved or likely to be involved in the investigation. Where there exists a personal or professional relationship between a member of the investigation team and a party to the investigation, the member of the investigation team shall recuse themselves from the investigation.

The Investigation Manager may be a member of the Ethics Committee. The Investigation Manager must have an appreciation of SHEA and SHEA investigations, have knowledge of human resource rules and protocols, and be able to negotiate conflicting interpersonal and institutional interests. The Investigation Manager has responsibility to:

- Oversee the investigation;
- Ensure that safety and confidentiality plans are in place;
- Ensure the survivor receives appropriate assistance;
- Review and approve the investigation plan and risk management plans;
- Provide logistical, technical, and emotional support to investigators;
- Liaise between the investigators and the Ethics Committee;
- Review final report before submission to the Ethics Committee;

ZFF will appoint two external investigators with the requisite competency in SHEA investigations (see Investigator Competencies). The Investigators will be drawn from the pool of national trained SEA Investigators managed by the National PSEA Network. The Investigators have responsibility to:

- Develop and update an investigation plan;

- Develop and update a risk management plan;
- Make recommendations regarding the work status of the Subject of Complaint;
- Refer survivors for assistance
- Gather and secure evidence;
- Make a finding on the basis of the evidence;
- Prepare a final report outlining evidence and findings;
- Prepare an observation report with recommendations on safeguarding - optional but recommended

If ZFF will opt to appoint internal investigators:

The two Investigators will be ZFF staff members with the requisite competency in SHEA investigations (see Investigator Competencies). They will not be members of the Ethics Committee. The Investigators have the responsibility to:

- Develop and update an investigation plan;
- Develop and update a risk management plan;
- Make recommendations regarding the work status of the Subject of Complaint;
- Refer survivors for assistance;
- Gather and secure evidence;
- Make a finding on the basis of the evidence;
- Prepare a final report outlining evidence and findings;
- [Prepare an observation report with recommendations on safeguarding;] - optional but recommended

2. Investigator Competencies

At a minimum, the investigators must be:

- a. Qualified to conduct SHEA investigations
 - i. Investigators must have completed training in SHEA investigations from a recognized organization.
 - ii. Investigators should have experience in conducting interviews, including interviews with survivors of sexual exploitation or abuse.
- b. Professional
 - i. Investigators have demonstrated sound judgment in negotiating difficult interactions and situations.
 - ii. Investigators have demonstrated an understanding of and ability to protect confidentiality.
- c. Responsible
 - i. Investigators are trustworthy, dependable, and personally accountable for the decision they take throughout the investigation.
- d. Impartial
 - i. Investigators have no material, personal or professional interest in the outcome

of the complaint and no personal or professional connection with any witnesses (especially the complainant and Subject Of Complaint).

3. Mandate to Investigate

The investigators are given a mandate to conduct an investigation on behalf of ZFF. Their authority to investigate is detailed in the Terms of Reference (see Annex C Sample Terms of Reference for Investigators), which empower them to collect evidence without hindrance or prior clearance, to access staff promptly and to require the full cooperation of anyone working at ZFF or with ZFF. The Terms of Reference should be reviewed by the investigators prior to the investigation to identify the extent of their investigation authority.

5. Informing Stakeholders

ZFF shall inform relevant stakeholders about the initiation of the investigation in accordance with the principle of confidentiality.

- a. Complainant - ZFF will provide the complainant with formal confirmation that their complaint has been received within 24 hours. If the complainant is not the survivor, they will be informed that the next update they will receive will only be about the two matters below, within 3 working days after a decision is made:

- The decision whether a full investigation will be conducted or not
- The results of the investigation and the disciplinary measures imposed

If the complainant is the survivor, they will be informed about significant actions initiated throughout the investigation process.

Where it is practical and safe to do so, updating will be provided in writing in a manner that is clear and discreet.

- b. UN AGENCIES/ Donors

ZFF has an obligation to inform donors of SHEA allegations. Once ZFF has decided to initiate an investigation, whether through referral to local authorities or an administrative investigation (internal/ external), ZFF will inform the following donors that a complaint of SHEA has been made against a ZFF personnel and that an investigation has been initiated:

- UN AGENCY PSHEA Focal Person
- Other donor reporting requirements

- c. Relevant Managers and Supervisors

Relevant managers and supervisors may be informed that an investigation has been initiated if it is necessary to facilitate investigators' access to evidence, premises, and witnesses.

In the event that it is necessary, they shall be made aware only that an investigation is

underway and that they are obliged to cooperate with the investigators and grant them access as needed. Managers and supervisors who have been made aware that an investigation is underway will be obliged to keep the existence of the investigation and all other details confidential (see Annex D Sample Confidentiality Reminder Note).

If it is not necessary to facilitate this access, managers and supervisors shall not be made aware of the investigation.

6. Steps in the Investigation

With the oversight of the Investigation Manager, the investigators will be responsible for conducting the investigation in a manner that is consistent with established standards on SHEA investigations. At a minimum, they will be required to:

1. Plan the investigation - At the outset of the investigation, the investigators will produce an Investigation Plan that describes the steps they will take to gather evidence, the plan for maintaining confidentiality and survivor-centered approach throughout the investigation, and the witnesses they intend to interview. This plan will be reviewed by the Investigation Manager, and will be revised as needed during the course of the investigation.
2. Manage risks - At the outset of the investigation, the investigators will complete a Risk Management Plan that assesses the risks to each party to the investigation and identifies mitigating actions for these risks (see Annex B Risk Management Template). This plan will be reviewed by the Investigation Manager, and will be revised as needed during the course of the investigation.
3. Gather evidence
 - a. A SHEA investigation is a fact-finding exercise in which investigators will gather evidence that is relevant to deciding if an allegation is true or not. Investigators may be required to gather multiple types of evidence, including documentary, electronic, physical, or testimonial evidence.
 - b. Investigators will gather information only to the extent that it relates to the elements of the case. They will not gather nor accept character evidence regarding the survivor or Subject of Complaint or any other witness. In particular, investigators will not gather nor consider relevant evidence pertaining to previous sexual activity by the survivor.
 - c. Medical evidence rarely helps to establish whether SEA occurred, therefore investigators will not usually gather this type of evidence.
 - d. Due to their specific vulnerability, investigators will avoid interviewing children as survivors or witnesses unless it is strictly necessary and will instead seek to gain sufficient evidence from other sources. If it is deemed necessary, investigators shall ensure that the interview is conducted by an interviewer with expertise in interviewing child survivors or witnesses. If neither investigator has this expertise, they shall employ

the services of an expert.

4. Refer survivors for assistance - During the interview with the survivor or survivors, investigators will explore their needs for assistance, including medical, psychosocial, legal, protection and safety, material assistance, and support for children born of sexual exploitation and abuse. With the consent of the survivor, investigators will make referrals for appropriate services that have been identified by [Organization Name] in the mapping of services for SEA survivors. Investigators will not directly provide assistance to survivors as this constitutes a conflict of interest.
5. Make a finding
 - a. Investigators are obliged to make a finding on the allegation. This finding will be based on review of the available evidence, after all relevant evidence has been gathered or reasonable efforts have been made to gather all relevant evidence.
 - b. There are three possible findings: 1) the allegations are substantiated on the basis of the evidence; 2) the allegations are not substantiated on the basis of the evidence, or; 3) the allegations are not substantiated due to insufficient evidence. The last finding shall only be made when reasonable efforts have been made to gather sufficient evidence to make a finding.
6. Submit reports on their findings
 - a. Investigators will submit a draft Investigation Report to the Investigation Manager for review and a final Investigation Report to the Ethics Committee. This report will detail the allegation, how and to whom it was reported, steps taken during the investigation, a summary of the evidence gathered, and the investigators' findings based on the evidence. This report must be submitted within 21 days of beginning the investigation.
 - b. The Investigation Report is strictly confidential and will be shared only with the Ethics Committee.
 - c. Investigators shall be mindful that the Subject of Complaint has the right to access the Investigation Report and therefore not include the name or identity of the complainant in the report.
 - d. The report will be password protected, and the password shared to the Investigation Manager and other members of the Ethics Committee in a separate email;
 - e. If requested, investigators will also submit a Management Observation Report. The purpose of the Management Observation Report is to provide feedback to ZFF on workplace processes, procedures, and practices that contributed to the SHEA incident, and make recommendations to mitigate future incidents. As this report may be shared with a wider audience, investigators will take care to provide an anonymity in the executive summary of the investigation that does not include names or identifying information regarding any of the parties to the investigation or details of the evidence gathered.

7. Decisions Regarding Disciplinary Action

Upon receipt of the Investigation Report, the Ethics Committee will convene to review the report and make a decision regarding disciplinary action based on their interpretation of the report and evidence as summarized in the report. This decision will be made within 6 months of receipt of the complaint.

If the allegation is not upheld on the basis of the evidence, the matter shall be considered closed and no further action shall be taken. No record of the investigation shall appear on the personnel file of the Subject of Complaint, unless that individual requests it.

If the allegation is not upheld on the basis of insufficient evidence, Ethics Committee shall consider whether it is possible to gather more evidence, including through referral of the matter to local authorities. The Ethics Committee shall also identify whether there are mitigating measures that could be put in place to better safeguard beneficiaries and community members.

If the allegation is upheld on the basis of the evidence, ZFF will take appropriate disciplinary action against the Subject of Complaint and any other staff or personnel implicated in the incident. Disciplinary action may include dismissal, suspension, termination of collaboration or contract with volunteers/interns/partners, termination of partnership agreement or subcontractor agreement, and any other actions deemed necessary. If an allegation is partially or fully upheld, the full report should be kept in the Subject of Complaint's personnel file alongside all details of disciplinary action taken against them.

Where the investigation has uncovered misconduct by personnel from another organization, ZFF will report to the other organization.

Where the investigation has uncovered possible criminal offenses, ZFF may refer the matter to local authorities. The decision to refer the matter to local authorities will be taken only if the survivor provides consent, and ZFF believes, after analyzing the risk, that it is in the survivor's best interest, or there is a requirement for mandatory reporting as in the case of sexual exploitation or abuse of children.

The ZFF Code of Conduct provides guidance on disciplinary measures to be imposed based on the nature of SHEA and outcome of investigation. (See Chapter VII, Code of Conduct: 1. Schedule of Disciplinary Actions: Serious and Grave; and 2. Table of Offenses: D. Acts Against People no. 42 to 45)

8. Appeal

An appeal may be filed within 48 hours from the time that the management decision has been received. This shall be addressed to the ZFF President through the Ethics Committee and Human Resource unit. The ZFF President will need to revert to the appealing Subject of Complaint within 48

hours upon receipt of the appeal. The appeal should contain a minimum of one of the following for the appeal to be acceptable:

- a. New evidence (never presented in any of the Disciplinary conferences)
- b. Proof of abuse of discretion in rendering decision/absence of due process by the Committee
- c. Questions on the interpretation of the provision of the Code of Conduct or provisions of the Labor Code

9. Informing Stakeholders of the Outcome of the Investigation

ZFF shall inform relevant stakeholders about the outcome of the investigation in accordance with the principle of confidentiality.

- a. Complainant - ZFF will inform the complainant that the investigation has been completed, the outcome of the investigation, and if the allegation has been upheld, that the matter has been referred to the Ethics Committee for appropriate disciplinary action. The complainant shall not be informed of the disciplinary action to be taken, nor the names or identities of any of the witnesses. However, if the complainant is the survivor of SHEA, they will be informed about the outcome of the case and the disciplinary actions imposed.
- b. UN Agencies and other Donors - ZFF will inform donors that the investigation has been completed, the outcome of the investigation, and any disciplinary action taken.
- c. Subject of Complaint - The Subject of Complaint will be informed of the outcome of the investigation in writing. If the complaint is not upheld, the clearance letter must not disclose the name of any witness, informant or complainant. If the allegation has been upheld, the Subject of Complaint should be given an opportunity to review the Investigation Report and appeal the decision in accordance with ZFF policy on disciplinary action, and as described above.
- d. Other Staff and Witnesses - Other staff who are aware of the investigation can be informed that the investigation has been completed and that a decision has been made. No further information will be disclosed in order to maintain confidentiality and protect the privacy of the Subject of Complaint and other parties to the investigation.

10. Follow-Up

- a. Survivor assistance - If the allegation has been upheld, ZFF shall continue to provide assistance to the survivor or survivors until such time as the survivor no longer requires this assistance. Assistance to the survivor may be provided directly by ZFF or through referral to other service providers.
- b. Safeguarding - ZFF will use the investigation as a learning opportunity to improve safeguarding

within the organization. ZFF will address any processes, procedures, or practices identified during the investigation that contributed to the SHEA, if the allegation is upheld, or which could contribute to SHEA, if the allegation is not upheld.

- c. Support to the Subject of Complaint - ZFF recognizes that being the subject of a complaint is emotionally taxing and difficult. If the allegation has not been upheld, ZFF shall facilitate psychosocial support for the Subject of Complaint and provide assistance to ameliorate any damage to their reputation that may have occurred as a consequence of the investigation.
- d. Support to Investigators [For internal investigations only] - ZFF recognizes that the investigation process can be emotionally taxing for investigators, who have had to work under the veil of secrecy and may have been exposed to traumatizing and/or graphic evidence during the course of the investigation. ZFF shall provide support to the investigators to ameliorate any negative impact of the investigation on their well-being.
- e. Staff Morale - SHEA allegations and investigations can have a negative impact on staff morale. Despite efforts to maintain confidentiality, personnel not directly involved in the investigation may have heard rumors about the allegation or investigation. They may feel demoralized by the nature of the allegation or may feel excluded due to the confidential nature of the investigation. ZFF recognizes that it may be necessary to work to restore staff morale by allowing personnel to voice their concerns, providing reassurance that due process has been followed, and explaining why some aspects of the case need to remain confidential.

11. Case Monitoring and Tracking

ZFF shall maintain a case management system to ensure that all complaints are properly managed. This system will track allegations from receipt of the complaint to closure of the case.

At a minimum, the tracking system will include:

- Complaint number;
- Date of complaint;
- Nature of complaint;
- Decision regarding investigation;
- Investigation case number (for administrative investigations);
- Finding;
- Actions taken;
- Survivor assistance provided directly or through referral;

12. Data Protection

Information collected at any point in the process from receiving a complaint, reviewing the complaint,

during the investigation, to closing the investigation will be handled in accordance with ZFF's Data Protection Policy.

If emails are shared about the allegation or investigation, all shared documents must be encrypted and password-protected, while the number of people copied must be limited to the people working directly on the case.

Chapter VII: **Code of Conduct**

Chapter VII	:	Code of Conduct	Date	:	November 30, 2023
Section A	:	Policy on Code of Conduct	Supersedes	:	December 2022

POLICY BRIEF & PURPOSE

The Zuellig Family Foundation (ZFF) Employee Code of Conduct policy outlines organizational expectations regarding staff behavior towards their colleagues, supervisors, management, board, partners, stakeholders and all parties of interest.

The expectations of acceptable staff behavior is hinged on the following ZFF core values.

Integrity

- Goals and objectives consistent with commitment to our stakeholders
- Consistency of actions, values, methods, measures, principles, expectations and outcome
- Honesty, sincerity, and transparency in all our actions

Duty

- A sense of mission and commitment to purpose
- Willful acceptance of assigned tasks and perseverance towards their completion
- Being able to effectively and efficiently contribute in the light of individual and team goals

Reliability

- Accomplishment of work based on targets and agreed expectations – i.e. quality, quantity and timeliness
- Having a sense of ownership and being accountable for all work performed
- Dependability to complete tasks amidst the demands and challenges of work

Simplicity

- Efficient and judicious use of resources
- Programs fulfilled and services rendered in a low-key but high-impact manner
- No-frills performance of work

People Development

- Facilitating staff advancement that contributes to public health leadership
- We develop public health leaders that contribute to better health outcomes for the poor

William Little (Deviance, Crime and Social Control <https://chapter7-deviance-crime-and-social-control/>) said that the “The underlying goal of social

control is to maintain social order, an arrangement of practices and behaviors on which society's members base their daily lives. Think of social order as an employee handbook and social control as the incentives and disincentives used to encourage or oblige employees to follow those rules. When a worker violates a workplace guideline, the manager steps in to enforce the rules. One means of existing rules are through sanctions. Sanctions can be positive as well as negative. Positive sanctions are rewards given for conforming to norms. A promotion at work is a positive sanction for working hard. Negative sanctions are punishments for violating norms.”

The Code of Conduct is broad enough to cover practices and behavior consistent with the core ZFF values. The prescribed sanctions serve as a corrective measure to align misbehavior to the values-based standards of staff behavior. Positive sanctions or rewards will be a function of other human resource facets like Performance Management System (PMS) and Compensation and Benefits (CompBen). The ZFF Code of Conduct policy is a form of social control informed by the core values and guidelines stipulated in the Philippine Labor code. The law protects the rights of employees and the rights of employers to exercise management prerogative to protect the interests of the enterprise to achieve its mandate.

COVERAGE

All staff

DEFINITION OF TERMS

- a. Code – ZFF Code of Conduct
- b. Less Serious Offense – A violation of the code that can be meted by coaching, and mentoring.
- c. Serious Offense - A violation of the code that is significant in effect.
- d. Grave Offense- A violation of the code that is highly impactful to the organization, causing negative results. Offenses usually falls under Just Causes, as defined by Art 282 of the Labor Code
- e. Staff – professionals of any rank, whether regular, probationary, project or contractual, who receives wages/salaries and benefits from the Foundation.
- f. Beneficiaries – the customer of the Foundation to whom the foundation has committed service to, visitors of the park facilities, etc.
- g. Office premises – Foundation owned and/or leased offices or grounds, park grounds, vehicles. It also includes venues rented for official use.
- h. Foundation Property – Foundation leased and owned equipment, furniture, supplies, documents, intellectual property and money.
- i. Company Time – the period of time that Staff has to render work for the Foundation.
- j. Notice to Explain – a written notice informing the Staff of the alleged policy violation he or she is being charged with. This is the first notice of the twin notice required by law.
- k. Notice of Decision– a written notice informing the Staff of the management decision based on the investigation conducted. This is the second notice of the twin notice required by law.

- l. Prescriptive Period – the period in which the Disciplinary Action (DA) has been served up to the time it is considered clean. The basis of the start for the prescriptive period begins on the date the DA was served. Should the same offense be committed before the end of the prescriptive period, the offense shall progress to the next level
- m. Right to be heard – a right of a staff to answer any allegations and provide evidences in support to his claim. Depending on the level of offense, this may be done
- n. Sexual abuse - defined as actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions including but not limited to unwanted kissing, touching, grabbing; threats of unwanted sexual act; raping or attempted rape.
- o. Sexual exploitation - defined as any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including but not limited to offering money, gifts, or a job in exchange for sexual activity; withholding due services or blackmailing for sexual activity; and engaging in sex work or prostitution no matter the laws in that location.
- p. Sexual harassment - refers to acts of unwelcome advances or conduct of a sexual nature committed by a staff against another staff which create an intimidating and hostile environment or become a condition of employment. These acts include but are not limited to touching or kissing a colleague without consent, speaking inappropriately, attempted or actual sexual assault, etc. and can occur in person or via devices (online or offline).
- q. Retaliation - refers to any action, direct or indirect, that intimidates, harms or threatens a person who reported or witnessed sexual harassment, sexual exploitation, or sexual abuse, including but not limited to making any kind of threats against the reporter, victims, or witnesses; and for personnel - giving poor performance reviews, not renewing contracts, or terminating them.

CONCEPTUAL FRAMEWORK OF THE CODE OF CONDUCT

Five principles based on ZFF values operate in the design, development and delivery of the Code:



DOMAINS OF THE CODE OF CONDUCT

Compliance with law

All staff must protect ZFF's legality. They should comply with all environmental, safety and fair dealing laws. While ZFF fully understands and honors the staff rights in Labor Law Book 3 (Conditions of Employment), the Code of Conduct expects its staff to be ethical and responsible when dealing with foundation's finances, products, equipment, partnerships and reputation.

Professionalism in the workplace

All staff should respect their colleagues. ZFF will not tolerate or condone any kind of discriminatory behavior, harassment or victimization. Employees should comply with institutional policies, processes, programs and learning events in fulfillment of Compliance Key Result Areas (KRA) in the annual performance plan and regularly reported in the work delivery schedule (WDS).

Protection of Company Property

All staff is expected to demonstrate stewardship of ZFF company's property, whether material or intangible, with respect and care.

Employees:

- Shouldn't misuse foundation equipment or use it frivolously.
- Staff should protect foundation facilities and other material property (e.g. company cars) from damage and vandalism, whenever possible.

Professionalism and Ethics

All staff must show professionalism and ethical behavior in the workplace:

1. Punctuality: completing projects when due, showing up on time, following work delivery schedule, and informing supervisors of challenges in a timely manner are all efforts that respect the value of paid time in the workplace.

2. **Accountability:** staff and management alike should be held accountable for their performance (duties and responsibilities, annual performance targets, delivery of outputs on a bi-monthly basis reported through the WDS, demonstrated behavior in dealing with colleagues, partners, stakeholders and the general public)
3. **Initiative:** ZFF want staff who can think on their feet and take action without waiting for someone to tell them what to do. After all, this type of flexibility and courage is what pushes teams and organizations to innovate and to overcome competition.
4. **Productivity:** ZFF want staff to accurately, completely and timely deliver strategic inputs and outputs based on Key Result Area (KRA) based annual targets.
5. **Professionalism:** Encompasses the way you carry yourself, your attitude and the way you a. Honor your commitments, b. Being attentive, responsive, and pro-active, c. Adapting to the organizational culture, d. Keeping personal matters to a minimum, and e. Avoiding the negative side of office politics
6. **Dedication:** Consistency and showing up ready to accomplish tasks daily maintaining focus and consistency of performance.
7. **Desire to Improve:** staff who embrace feedback and show commitment to learning by being responsible for their own learning.

Corruption

We discourage staff from accepting gifts from clients or partners. We prohibit briberies for the benefit of any external or internal party.

Job duties and authority

All staff should fulfill their work duties with integrity and respect toward customers (internal and external), stakeholders and the community. Supervisors (managers and directors) must not abuse their authority. We expect them to direct, support, collaborate and delegate appropriately based on an assessment of the direct report's developmental level for a particular task situation. Likewise, we expect team members to follow team leaders' instructions and complete their duties with honor and excellence. We encourage coaching and mentoring as a way of life.

Absenteeism

In a Hybrid Work Arrangement (HWA) context, staff should plan their work and report on work delivery bi-monthly, using the Human Resource Management System (HRMS) platform. All absences must be filed according to the right leave option. All forms of communication must be used to obtain supervisor approval for unscheduled absences. Filing of appropriate leaves in the official timekeeping system, Salarium, must be done within 24 hours of notice of unscheduled absence from work.

Conflict of interest

ZFF expects staff to avoid any personal, financial or other interests that might hinder their capability or willingness to perform their job duties. The Certificate of Completion (CoC) of Conflict of Interest (COI) must be filed annually and updated versions filed within the year for any changes.

Collaboration

Staff should be friendly and collaborative. They should try not to disrupt the workplace or present obstacles to their colleagues' work.

Communication

All staff must be open for communication with their colleagues, supervisors or team members.

Benefits

ZFF expects staff to demonstrate good stewardship of ZFF staff benefits. This can refer to service incentive leave, insurance, facilities, subscriptions or other benefits ZFF offers.

Policies

All staff should comply with institutional policies and processes. If they have any questions, they should ask their managers, directors or the Human Resources (HR) department.

Disciplinary actions

ZFF may have to take progressive disciplinary action against a staff who repeatedly or intentionally fail to follow our code of conduct. Disciplinary actions will vary depending on the violation.

STAFF DISCIPLINE AND CORRECTIVE ACTION

1. The immediate supervisor/manager holds the responsibility of disciplining their staff and ensuring the implementation of the code of conduct. It is also their responsibility to help preserve the culture and values of the organization to encourage an open working relationship among its staff and maintain a high level of self-discipline.

Behavior/Practice	Duty of Supervisor	Recommended Action Period
1. Reported to Supervisor	<ol style="list-style-type: none"> 1. Request for a critical incident report from staff who escalated the matter: <ol style="list-style-type: none"> a. What happened (date, time, place) b. Who is involved c. Code of conduct provision that can be invoked as deemed violated 2. On less serious and serious offenses, the immediate supervisor will take full accountability in ensuring that steps are taken to resolve the issue and correct the infraction through 	One (1) month – from HR unit's receipt of critical incident to issuance of decision memo signed by Executive Director

	<p>proper discipline, coaching, and mentoring.</p> <p>3. HR will assess if there is a case to invoke a more serious offense requiring an NTE (Notice To Explain) depending on the nature of the offense and history of the offender</p>	
2. Directly observed by Supervisor	<p>1. Supervisor writes an incident report, including the immediate action done to address critical incident (see # 2 of # 1)</p> <p>2. HR will assess if there is a case to invoke a more serious offense requiring an NTE (Notice To Explain) depending on the nature of the offense and history of the offender</p>	

2. In cases where serious to grave infractions of Foundation's policies, rules, procedures, and regulations are committed, the following guidelines should be followed in implementing progressive discipline:
 - a. HR assessment of case in collaboration with supervisor of staff subject of case
 - b. HR preparation and issuance of Notice to Explain (NTE)
 - c. HR conversation with the staff subject of the case to explain the process, rights of the staff and options in terms of nominating an additional member of the Disciplinary Committee and appointment of a non-managerial adviser during the proceedings
 - d. Holding of the Disciplinary Conference (maximum of 2 meetings)
 - e. Deliberation of the Disciplinary Committee and recommendation for Executive Director approval of Decision
 - f. HR preparation and issuance of the Decision
 - g. Issuance of staff notice of Appeal (within 48 hours)
 - h. Staff acceptance of Decision

THE DUE PROCESS

Due process ensures that management, as facilitated by the Human Resource unit, will gather all information relevant to the case and use the administrative conferences as a fact-finding process leading to an informed decision to resolve the case. Staff are informed of their alleged violation, presenting reported and directly sourced evidence, to substantiate the case and address or refute allegations as necessary. Proper documentation will be done every step of the process.

Process:

1. Serving the Notice to Explain (NTE) – the Human Resource unit shall prepare the Notice to Explain should there be enough grounds (Commission of Serious to Grave offenses within one year) to warrant a formal administrative hearing. The Notice to Explain shall be served to the staff in a face to face sit-down meeting.
 - a. Assisted by the Human Resource unit, the immediate supervisor should gather evidence to support the alleged violation of a staff named as subject of a critical incident report. If there is reasonable ground, an NTE should be served to the staff within one (1) week from the time the alleged violation was discovered. The NTE should contain the following minimum information:
 - Facts of the case – what happened, place, time, witnesses
 - Code of Conduct provisions deemed violated based on reported facts
 - Prescribed sanction for the alleged infractions
 - Request to explain formally (memorandum format) within 48 hours upon receipt of NTE
 - b. The immediate supervisor shall personally serve the NTE prepared by the Human Resource unit, following a discussion. A staff is given 48 hours to explain himself for offenses that are considered less serious and serious, and 5 calendar days for offenses that are grave.
 - c. The staff subject of the case may present evidence (and testimonies of witnesses) annexed to the formal explanation.
 - d. If the staff subject refuses to receive the written NTE (email and registered mail or delivery rider), the immediate supervisor, assisted by the Human Resources unit, shall call two witnesses to accompany the second serving of the NTE. If the staff still refuses to receive the written notice, then the two witnesses may attest that the staff refuses to receive and the Committee on Discipline shall proceed to deliberation of the case.
 - e. A staff who fails to submit his formal explanation within the prescription period, the staff rights for an administrative hearing, the right to be heard is deemed forfeited.

2. Disciplinary conference – a Committee shall hear the staff subject’s side through a formal conference presided by the Human Resource unit.

The disciplinary conference is intended to gather facts of the case to prove that proviso invoked from the Code of Conduct was committed.

 - a. The Disciplinary Committee include the
 - i. Immediate Supervisor of the staff subject of the critical incident
 - ii. Human Resources Manager or his representative
 - iii. Director of the unit (of staff subject of case)
 - iv. Executive Director – shall reserve the right to attend the hearings
 - v. Non-Managerial staff representative nominated by the staff subject of the case (optional)
 - vi. Counsel of the staff subject of the case (optional)

Notes:

1. Management has the right to change the composition of the committee as it deems necessary. Inclusion of the immediate supervisor, manager, or director may be discouraged by the Human Resource unit if there is an observed conflict of interest.
 2. The staff subject of the case may recommend in writing a member of the committee, or changing of a member, should the he/she feels that the overall composition is partial, and an objective recommendation cannot be made. This request should be substantiated.
- b. Guidelines during the Disciplinary Conference:
- i. This shall be a fact finding conference, the intent of which is to gather information relevant to the case
 - ii. The members of the committee may ask any question that they deem relevant to the case
 - iii. The staff should be informed that he or she has the right to bring one representative to act as counsel during the investigation. The role of the counsel is to advise the staff of his rights and duties. The disciplinary conference is merely factual and non-technical in character, thus the rules of court shall not apply during the investigation
 - iv. The committee shall allow the staff to present witnesses and evidence. The committee may ask the witnesses after each testimony.
 - v. Should a staff fail to submit evidence during the disciplinary conference, or on the agreed period, this means waiver on the staff's part to submit evidence on his behalf.
 - vi. The committee shall exert all efforts to resolve the case within 30 calendar days from the time that the Notice to Explain was served.
3. Deliberation of the Committee – assisted by the Human Resource unit, the Committee shall meet two (2) days after the last formal conference, to consider all the facts and testimonies as well as responses of the staff subject of the case, to analyze and decide of the case.
To determine the appropriate sanction, the committee shall:
- a. Evaluate the facts of the case and other relevant information to establish aggravating and mitigating circumstances.
 - b. Apply the disciplinary action according to the table of violations and disciplinary action. The sanctions indicated are the maximum required.
 - c. Decisions will be based on the gravity of the infraction and history of the staff subject of the case (first time or second or multiple involvements in disciplinary cases).
4. Serving of the Management Decision – the management decision shall contain the mitigating and aggravating circumstances, evaluating the merits of the case toward the management decision. A formal memo shall be prepared by the Human Resource unit for approval of the Executive Director.
The Decision memo shall be served to the staff by the Human Resource unit and the immediate supervisor of the staff subject of the case. The appropriate action steps and sanction shall be

specified in the Decision memo.

ZFF promotes and supports progressive discipline. One advantage of progressive discipline is that it provides all staff with a clear outline of what to expect if rules are not followed or if performance is not up to standard. This can create a culture of consistency and fairness, as long as it is executed properly.

5. Refusal to Accept Decision - Should a staff subject of a case refuse to receive the Management issued Decision, the immediate supervisor will call two (2) witnesses to accompany the second issuance of the memo. The Decision may also be served through registered mail with return card or through courier, sent to the last submitted home address of the staff.
6. Appeals – An appeal may be filed within 48 hours from the time that the management decision has been received. This shall be addressed to the ZFF President through the Human Resource unit. The ZFF President will need to revert to the appealing staff within 48 hours upon receipt of the appeal. The appeal should contain a minimum of one of the following for the appeal to be acceptable:
 - a. New evidence (never presented in any of the Disciplinary conferences)
 - b. Proof of abuse of discretion in rendering decision/absence of due process by the Committee
 - c. Questions on the interpretation of the provision of the Code of Conduct or provisions of the Labor Code

REPORTING OF A POTENTIAL CODE OF CONDUCT CASE

Management acknowledges that staff engagement is essential in creating an organizational culture that enables attraction and retention of talent. A staff who is a witness to a probable Code of Conduct violation is expected to report the incident as a demonstration of ZFF core values on Integrity and Duty:

1. An incident report should be filed by the staff, who is the subject of any violation or acts as a witness, to both the immediate supervisor and Human Resource unit. The incident report should contain all the details of the case:
 - Facts of the case – what happened, place, time, witnesses
 - Code of Conduct provisions deemed violated based on reported facts
 - Prescribed sanction for the alleged infractions
 - Request to explain formally (memorandum format) within 48 hours upon receipt of NTE
2. If the case involves the immediate supervisor, the report should be filed to next ranking authority.
3. The immediate supervisor shall have a preliminary discussion with the staff and coordinate preliminary investigation with the Human Resource unit. HR will channel and trigger the incident report to appropriate department involved for proper investigation.
4. After the investigation is done and have reached a resolution, the Human Resource unit shall

provide feedback to the staff concerned through a formal discussion.

SCHEDULE OF PENALTIES

Written Warning – A notice to a staff for commission of less serious offense; Led and managed by the Supervisor and support from Human resource unit, the staff subject of infraction will be issued a formal memo reminder that any repetition of the same offense within the prescribed period may escalate to a higher penalty (suspension).

Suspension – A notice to a staff for commission of serious offense; Led and managed by the Supervisor and support from Human resource unit, the staff subject of infraction will be issued a formal memo reminder that any repetition of the same offense within the prescribed period may escalate to a higher penalty (final warning).

Final Warning – A final notice to a staff that grounds for a serious offense has been established, with a reminder that any repetition of the same offense within the prescribed period may escalate to a higher penalty (dismissal).

Dismissal – A dismissal results to termination for just cause. A dismissed staff forfeits his benefits and privileges without prejudice to any appropriate legal action the Foundation may take against him. The infraction must be grave and analogous to just cause enumerated in article 282 of the Philippines Labor Code:

“Art. 282. Termination by employer. An employer may terminate an employment for any of the following causes:

1. Serious misconduct or willful disobedience by the employee of the lawful orders of his employer or representative in connection with his work;
2. Gross and habitual neglect by the employee of his duties;
3. Fraud or willful breach by the employee of the trust reposed in him by his employer or duly authorized representative;
4. Commission of a crime or offense by the employee against the person of his employer or any immediate member of his family or his duly authorized representatives; and
5. Other causes analogous to the foregoing.

SCHEDULE OF DISCIPLINARY ACTION AND PENALTIES

This Code of Conduct is not all inclusive. Management will decide on a case-to-case basis the offenses that are not included herewith. There may also be other acts or omissions not explicitly contained herein but which are clearly prejudicial to the welfare or interest of the Foundation. The Foundation reserves the right to consider these punishable and to impose appropriate sanctions as warranted by the circumstances of each case.

Classification of Offenses	Penalties	Prescriptive Period	Impact on Staff Promotion
Less Serious	Written Warning	6 months	6 months
Serious	Suspension (3-5 days)	1 year	1 year
<p>Grave and Article 282 Just Causes (1. Serious misconduct or willful disobedience by the employee of the lawful orders of his employer or representative in connection with his work;</p> <p>2. Gross and habitual neglect by the employee of his duties;</p> <p>3. Fraud or willful breach by the employee of the trust reposed in him by his employer or duly authorized representative;</p> <p>4. Commission of a crime or offense by the employee against the person of his employer or any immediate member of his family or his duly authorized representatives;)</p>	Dismissal	NA	NA

5. Acts of SHEA and acts of retaliation			
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Preventive Suspension is an act that management takes, which may be initiated by the Human Resource unit, to prevent the staff from entering company premises should the staff be suspected of violating policies and has shown imminent threat to life, property and business. This however is not a presumption of guilt of the staff but a means to assure that influence or function will not be able to affect the results of the investigation. Cases which may warrant preventive suspension are, but not limited to:

1. Theft
2. Fraud or falsification
3. Insubordination
4. Any form of harassment
5. Any cases where presence of the accused staff may cause impartiality

Just Causes, as defined by Art 282 of the Labor Code, are:

1. Serious Misconduct and Willful disobedience by the Staff of the lawful orders of his employer or representative in connection with his work.
2. Gross and Habitual Neglect by the Staff of his duties.
3. Fraud or willful breach by the Staff of the trust reposed in him by his employer or duly authorized representative.
4. Commission of a Crime or offense by the staff against the person of his employer or any of immediate member of his family or his duly authorized representative.
5. Other analogous causes to the foregoing

TABLE OF OFFENSES

A. Acts Against Integrity	
1. Rendering work for another organization, even after working hours, without securing approval from management (to determine conflict of interest)	Serious
2. Non disclosure of romantic / sexual affair with a client (partner, MHO, Mayor, etc) while such client is within the same program, or in a capacity that poses conflict of interest	Serious
3. Gaining full employment from another organization while having an existing contract with the Foundation	Grave

4.	Falsification of any company property, records, reports, or documents	Grave
5.	Receiving bribes and kickbacks for rendering official work (please refer to our gifts policy)	Grave
6.	Concealing foundation-related issues, problems, unfinished task or output, commitment to supplier or partner that may be detrimental to the foundation (there must be evidence of materiality, financially, reputation or integrity)	Grave
7.	Theft, whether attempted, frustrated or consummated	Grave
8.	Other forms of fraud, deceit, falsification, etc. (there must be evidence of materiality, financially, reputation or integrity)	Grave
9.	Violation of the penal code and other laws even when on telecommuting or fieldwork assignment	Grave
10.	Intentionally manipulating any system, data, or reports to the DED, ED, EXECOM or Board, resulting in loss of organizational integrity	Grave
11.	Any acts of piracy, and duplication of company property, covering physical and intellectual rights	Serious

B. Acts Against Duty and Reliability	
13. Simple neglect of duties and responsibilities – <i>repeated variance observed during monthly feedback discussion (4 work delivery schedule – WDS cycles) attributed to neglect – confirmed by supervisor or admission of guilt reported in WDS</i>	<p style="text-align: center;">Less Serious</p> <p style="text-align: center;">Notice of written warning after 2 consecutive WDS cycles (1st and 2nd incident)</p> <p style="text-align: center;">4th WDS cycle (4th incident) automatic issuance of Performance Improvement Plan or PIP</p>
14. Failure of Immediate Supervisor to conduct monthly Performance Feedback discussion with staff (at least one of two WDS cycles in a month)	<p style="text-align: center;">Less Serious</p> <p style="text-align: center;">Notice of written warning after 2 consecutive WDS cycles (1st and 2nd incident) 3rd WDS cycle (3rd incident) NO SUSPENSION but automatic issuance of Performance Improvement Plan or PIP</p>
15. Not reverting to supervisor messages (SMS, MS teams messaging) or calls within 4 hours is tantamount to “leaving work station during an official work day UNLESS an official Travel Assignment Order (TAO) is applied for that particular day	<p style="text-align: center;">Less Serious (<i>first offense, progressing to serious when incident is repeated within a period of 2 cut-off cycles</i>)</p>
16. Neglect of duties and responsibilities – <i>if there is evidence of variance confirmed by supervisor or admission of guilt reported by staff attributed to neglect and impacts 50% above of KRA weights</i>	<p style="text-align: center;">Serious (NO SUSPENSION but automatic issuance of Performance Improvement Plan or PIP)</p>
17. Failure of an immediate supervisor to follow through critical performance gaps of direct reports (e.g. not administering sanctions as described in # 14 and 15) impacting the project or unit’s quarter progress (substantial failure to deliver budgeted activities, see through commitment to stakeholders or even complying with learning management targets)	<p style="text-align: center;">Serious</p>
18. Failure to submit one’s self to an annual physical exam, COVID19 test, Emergency Room triage or home quarantine/LGU facility despite order from ZFF occupational Health Physician or Occupational Safety and Health Standards (OSHS) officer	<p style="text-align: center;">Serious</p>

19. Non-disclosure activities, business, engagement, and a like, that pose conflict of interest with ZFF, as defined in the HR policy	Serious
20. Insubordination or gross disrespect (language or deed) to immediate supervisor	Serious
21. Gross habitual neglect of duties and responsibilities – <i>failure to meet PIP targets due to willful neglect or lack of competence</i>	Grave
22. Non-compliance Shared Services Job Order lead times	Less Serious <i>(on second offense, progressing to serious when incident is repeated within a period of 2 cut-off cycles)</i>
23. Booking of services directly to suppliers outside the Shared Services Job Order process	Less Serious <i>(on second offense, progressing to serious when incident is repeated within a period of 2 cut-off cycles)</i>

C. Acts Against Simplicity	
24. Misappropriation and or utilizing company property, money, etc. for personal use or gain	Less Serious
25. Failure to report any damage to company property which include wastage, spoilage, and other analogous incidents	Less Serious
26. Improper use and care of company property	Less Serious
27. Unauthorized use of the name of the Foundation in an event, function, activity, etc.	Less Serious
28. Unauthorized removal of company property	Serious
29. Uploading or downloading pornography or obscene materials, pirated movies, music, and alike, using ZFF Issued laptop or smart phone	Serious
30. Unintentional damage to company property	riev

D. Acts Against People	
31. Refusing to undergo reasonable inspection by authorized security personnel during a conduct of an investigation	Less Serious
32. Engaging or urging misbehavior, disorderly conduct in the organization/digital workplace that disrupts work	Less Serious
33. Smoking in prohibited areas	Less Serious
34. Disrespectful attitude towards executives, managers, co- staff, clients, etc., through sarcasm, tone of voice, and choices of words	Serious

35. Restraining, coercing, or threatening a staff from performing his duty such as participating in investigations, acting as witness and designated responsibility	Serious
36. Abuse of authority toward a subordinate and/or other people whom transactions are made	Serious
37. Rumor mongering with the intent to defame another staff, executive, or client	Serious
38. Serious Misconduct and Willful disobedience by the Staff of the lawful orders of his employer or representative in connection with his work.	Serious
39. Lewd and lascivious acts within company premises, indecent exposures	Grave
40. Entering the ZFF premises under the influence of alcohol and drugs	Serious
41. Any form of harassment and discrimination	Serious
<p>42. Acts of sexual harassment according to RA 11313 or the Safe Spaces Act and RA 7877 or the Anti-Sexual Harassment Law; whether in person or via devices (online or offline)</p> <p>42.1 First degree offenses</p> <ul style="list-style-type: none"> ● catcalling, wolf-whistling ● leering and intrusive gazing ● unwanted invitations ● persistent unwanted comments on appearance ● relentless request for personal details or destination ● gestures or actions that ridicule on the basis of sexual orientation, gender identity and expression (SOGIE), including sexist, homophobic, and transphobic statements and slurs ● persistent telling of sexual jokes, use of sexual names, comments, and demands 	Serious

50. Intentional damage to the property of others within ZFF premises	Serious
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The Management reserves the right to amend, modify, add, and/or delete to the Code of Conduct as it sees fit for in obtaining a culture that strengthens: people, processes, programs, and promotions.

Annexes

Annex A: Sample Incident Reporting Form on SHEA

Reporting Form on Sexual Harm, Exploitation and Abuse

CONFIDENTIAL: Please restrict access to this document and keep it stored safely.

- 1. Details on how, when, and by whom, the allegation was received:**

- 2. Detailed description of alleged incident, including dates, times and locations:**

- 3. Details on alleged or suspected survivors (e.g. name, age, gender, ethnic origin/nationality, specific needs):**

- 4. Details on the subject of the allegation (e.g. name, organizational affiliation/position, previous record of misconduct):**

- 5. Actions taken in response to allegations to date (e.g. referral for assistance, investigations, notification of UN/Host Government):**

Report transmitted by:	
Name:	Contact info (email, phone):
Title:	Date:

Annex B: Risk Management Template

SHEA Investigation Risk Management

Case No	
Date:	
Investigators:	

Party	Risk	Severity*	Likelihood*	Risk management strategies	Person Responsible

* Low, moderate, high

Annex C: Sample Terms of Reference for Investigators

Terms of Reference: Investigator for Sexual Harm, Exploitation and Abuse Allegations

1. Objective

The purpose of the investigation is to gather evidence to make a finding regarding an allegation of sexual exploitation and abuse (SHEA) involving a ZFF personnel. The investigation must be conducted in accordance with professional standards and best international practice.

<Provide details of allegations here>

Specific objectives are to:

- 1) Review evidence presented and gather further evidence that might support or undermine the allegations;
- 2) Assess whether the allegations reasonably amount to SHEA, and possibly, an offense under national law;
- 3) Present a summary of the evidence and conclusions.

2. Reporting

The investigators will report to the Investigation Manager [Name and contact of Investigation Manager].

3. Timeframe

The investigation must be completed by <provide timeframe>. If the investigators are not able to complete the investigation within this timeframe, they shall inform the Investigation Manager as soon as possible.

4. Scope of Work

Key deliverables are:

- Investigation Plan, including detailed methodology of investigation (e.g. review of relevant documents, site visit(s), evidence to be gathered, list of witnesses to be interviewed), updated as needed throughout the investigation;
- Risk Management Plan, including analysis of risks posed to all parties to the investigation (survivors, witnesses, the Subject of Complaint, investigators, and the organization), strategies to reduce risks, and actions needed or taken, updated as needed throughout the investigation;
- Investigation Report, including:
 - Executive Summary
 - Allegations (i.e., listing all allegations; names of the organization's policies/code of conduct and laws potentially violated)

- Investigation Methodology (e.g. interviews, review of documents)
- Risk Management Strategies
- Investigation Findings (e.g., summary of evidence for and against the allegation)
- Conclusions regarding evidence to substantiate or not substantiate the allegation(s)
- Management Observation Report, including:
 - Analysis of adequacy of organization's response to SHEA allegation;
 - Identification of factors contributing to SHEA;
 - Recommendations (including areas of improvement for the organization's response to PSHEA and safeguarding measures;

5. Responsibilities

Lead Investigator's responsibilities:

- Conducting the investigation according to ZFF's policy;
- Regular reporting to the Investigation Manager;
- Working collaboratively with the co-investigator;
- Developing a written plan of the investigation;
- Gathering and reviewing documentary, electronic, and physical evidence relevant to investigation (e.g. organograms, personnel files, vehicle logbooks, partner meeting minutes etc.);
- Interviewing complainants, survivors, witnesses, and the Subject of Complaint, following investigative interviewing and trauma-informed interviewing guidelines;
- Assessing survivors' needs for assistance and facilitating referral for assistance with the consent of the survivor;
- Making a finding on the basis of the evidence;
- Compiling a written Investigation Report to be submitted to ZFF for decision and follow up;
- Compiling a written Management Observation Report to be submitted to ZFF for action

Co-investigator's responsibilities:

- Conducting the investigation according to ZFF's policy;
- Regular reporting to the Investigation Manager;
- Working collaboratively with the lead investigator;
- To input into the investigation plan
- Assisting in gathering and reviewing documentary, electronic, and physical evidence relevant to investigation (e.g. organograms, personnel files, vehicle logbooks, partner meeting minutes etc.);

- Attending interviews with complainants, survivors, witnesses, and the Subject of Complaint, following investigative interviewing and trauma-informed interviewing guidelines and recording said interviews;
- Asking additional questions in interviews where they feel something might have been missed;
- Contributing to the Investigation Report and Management Observation Report;

ZFF's responsibilities:

- To keep confidentiality, and to maintain an environment where confidentiality is upheld;
- To provide logistical support such as travel and accommodation;
- Managing the security of the investigation team;
- To provide the investigation team access to any evidence they might wish to secure;
- To facilitate the investigation team in interviewing witnesses, including providing an appropriate location if necessary;
- To facilitate the provision of translators if appropriate;

6. Key Required Skills and Experience

- Experienced, reliable professional investigator with experience in dealing with highly sensitive cases;
- Trained in conducting interviews, including with children and people who experienced trauma;
- Demonstrated sensitivity and knowledge to cultural diversity and gender issues, including GENDER BASED VIOLENCE experience if possible;
- Demonstrated sound judgment in negotiating difficult interactions and situations;
- Understanding of confidentiality requirements;
- Trustworthy, dependable, and personally accountable for decisions taken during the investigation;
- Fluent in relevant languages for interviews with personnel and other witnesses, including (specify);
- Proven communication and organizational skills;

7. Conflict of Interest

Investigators should have no material, personal or professional interest in the outcome of the complaint and no personal or professional connection with any witnesses (especially the complainant and Subject Of Complaint). If investigators become aware of a conflict of interest in

the course of the investigation, they must immediately bring this matter to the attention of the Investigation Manager.

8. Annexes

- ZFF Code of Conduct
- SHEA Investigation Policy and Procedures

Annex D: Confidentiality Agreement – Investigator

Confidentiality Agreement - Investigator

I, _____ have been engaged as an investigator in ZFF’s investigation into an allegation of sexual harm, exploitation and/or sexual abuse. I understand that I am required to interview witnesses, take notes and draft an investigation report in this role.

In carrying out these activities, I undertake to perform them fully and faithfully, to the best of my abilities.

I understand that all information provided by witnesses and the organization is confidential, and I agree not to use or disclose this information except as required in the course of my duties as investigator. I also undertake to store any records of interviews securely as directed by the requesting organization, and to destroy any copies of these records remaining in my possession once my involvement in the investigation ends.

Investigator signature

Date

Annex E: Sample Reminder of Confidentiality

Confidentiality Reminder for SHEA Investigations

You have been asked to provide assistance in an investigation of allegations of sexual exploitation or abuse involving personnel that is currently being undertaken. You may be interviewed, asked to provide documents, computer files and other records, or asked to assist in some other way.

Internal investigations are a key part of our organization's commitment to preventing and responding to sexual exploitation and abuse. As a participant in an investigation, there are certain points you need to know:

1. Co-operate. You are encouraged to cooperate with the investigations and respond to all questions and requests from investigators honestly and fully.
2. Keep it confidential. You must keep confidential the fact that an investigation is underway and anything discussed with you as part of the investigation.
3. No retaliation. Our organization does not tolerate any type or threat of retaliation against anyone who reports a violation or cooperates in an investigation.
4. Don't play detective. Do not try to carry out your own inquiries or exhort witnesses as this may disrupt the ongoing investigation.
5. No obstruction. Never attempt to interfere with or obstruct an investigation.

Your compliance with these requirements is imperative. Violations of these requirements are considered staff misconduct and may result in disciplinary action up to and including discharge and referral to criminal charges.

Thank you very much for assisting the organization with its investigation. If you learn or remember anything else that might be relevant to the investigation, or if you have any questions please contact me.

Name:

Email:

Phone:

Annex F: Self-Declaration Form

SELF-DECLARATION OF SEXUAL HARASSMENT, SEXUAL EXPLOITATION, AND ABUSE

I, _____, hereby declare that I have never been imposed any disciplinary measures, including dismissal or separation from service, due to abuse of authority, sexual harassment, sexual exploitation, or sexual abuse. I also declare that I have not resigned during any disciplinary proceedings nor am I a subject of ongoing investigations of misconduct.

I certify that the information in this form is true to the best of my knowledge. I understand that false and fraudulent information provided herein may disqualify me from further consideration for employment and, if employed, may result in termination of employment if discovered later.

Signed: _____

Date: _____

Annex G.1: Policy Acknowledgment of ZFF Code of Conduct and PSHEA Policy

ZFF CODE OF CONDUCT AND PSHEA POLICY ACKNOWLEDGEMENT

I, _____, acknowledge that I have read and understood the [ZFF Code of Conduct](#) and [Policy on Protection from Sexual Harassment, Sexual Exploitation and Abuse \(PSHEA\)](#). I understand my obligation to maintain a safe environment for all ZFF communities and personnel by refraining from committing abusive and exploitative acts; by reporting all suspicions and allegations of sexual exploitation and abuse; by participating in misconduct investigations; and by preventing retaliatory actions against SHEA complainants and survivors.

Signed: _____

Date: _____

Annex G.2: Policy Acknowledgment of ZFF PSHEA Policy for Partners and Consultants

ZFF PSHEA POLICY ACKNOWLEDGEMENT

I, _____, on behalf of _____ (company/ organization) , acknowledge that I have read and understood the [Policy on Protection from Sexual Harassment, Sexual Exploitation and Abuse \(PSHEA\)](#). I understand my company's/ organization's/ team's obligation to maintain a safe environment for all ZFF communities and personnel by refraining from committing abusive and exploitative acts; by reporting all suspicions and allegations of sexual exploitation and abuse; by participating in misconduct investigations; and by preventing retaliatory actions against SHEA complainants and survivors. I will ensure that my team working in ZFF projects will be informed about this policy.

Signed: _____

Date: _____

Annex H: ZFF Referral Pathways for SHEA Cases

ZFF Referral Pathway for SHEA Cases

Referral for SHEA cases are integrated into the GBV Referral Pathways, thus, for all GBV cases including SEA, this referral pathway shall be utilized. This document will refer to GBV referral pathways as inclusive of SHEA cases.

The ZFF PSHEA Focal receives the report and facilitates survivor assistance immediately with the consent of the survivor.

If the reporter is not the survivor, the reporter should be informed about the essential services and relay this to the survivor.

IMMEDIATE RESPONSE:

- Ensure the safety of the survivor and provide immediate protection or medical services if necessary.
- Provide a caring, supportive, and non-judgmental space to the survivor.
- Respect confidentiality and obtain consent or assent from survivor before sharing any information to colleagues or other agencies.
- With their consent, link the survivor to agencies that can help them.

MEDICAL/
HEALTH CARE

PSYCHOSOCIAL
SERVICES

SECURITY/
POLICE

EMERGENCY
SHELTER

IF SURVIVOR WANTS TO PURSUE POLICE/ LEGAL ACTION

Refer and/or accompany survivor to security/ police or to legal assistance

SECURITY/
POLICE

LEGAL SERVICES

Annex I: HR Forms

- Form 001 - Talent Requisition Form
- Form 002 - Application Form
- Form 003 - Interview Rating Sheet
- Form 004 - Questions for References
- Form 005 - Hiring Recommendation Form
- Form 006 - Letter of Agreement/Contract
- Form 008 - Six-month Staff Development Plan Form
- Form 010 - Personnel Action Notice Form
- Form 011 - Exit Interview Form
- Form 013 - Written Job Description
- Form 014 - Leave Application Form
- Form 015 - Staff Clearance Form
- Form 018 - Successor Generation Profile
- Form 019 - ZFF Succession Chart
- Form 20 - Internship Contract
- Form 21 - Intern Evaluation Sheet
- Form 22 - Intern Exit Interview Questionnaire

ZFF Job Evaluation Toolkit

Human Resources

Study Completed **October 2021**

BOT Approval **Aug 5, 2022**

Salary Structure BOT Approval **Dec 2, 2022**

Effectivity: **Jan 1, 2023**

Introduction to the Job Evaluation Toolkit

This Job Evaluation Toolkit contains the Job Evaluation System for Zuellig Family Foundation (ZFF) which applies to all current and emerging positions in the organization whether regular or term based.

This document is divided into 3 sections. First section provides an overview of the Job Evaluation process outlining key considerations in the design of ZFF Point-Factor Job Evaluation Rating System.

The second section presents the factors and degree level definitions and descriptors including the factor weights and points.

The third section explains procedures on administering the tool. A review procedure when requesting re-evaluations of certain jobs is likewise provided.

Contents

1. Introduction to the Job Evaluation Toolkit
2. Part 1 Job Evaluation Process Overview
 - a. Purpose of Job Evaluation
 - b. System Objectives
 - c. Key Components of Job Evaluation
 - i. Step 1. Job Analysis
 - ii. Step 2. Job Documentation
 - iii. Step 3. Job Rating
 - iv. Step 4. Creating the Job Hierarchy
 - d. Market-Based (External) Job Evaluation
 - e. Principles and Practices in Job Evaluation
3. Part 2. ZFF Point-Factor JE System
 - a. Summary of Factors and Weighting Model
 - b. Factor Definitions and Degree Level Descriptors
4. Part 3. JE Administration Procedures
 - a. Administering the JE Rating Tool
 - b. Requesting for Job Re-evaluation/Grading New Positions
5. Appendices
 - a. Salary Structure
 - b. Job Family
 - c. Implementing Rules and Regulations (IRR)

Part 1 Job Evaluation Process Overview

Purpose of Job Evaluation

Job Evaluation (JE, also called job valuation) is a method that determines the **value** and **price** of a job in order to place and compare it within an organization. The final result of a job evaluation process is the establishment of a job hierarchy which is critical in building a robust, equitable and defensible pay structure to attract, retain, and motivate talent in a competitive environment.

Job evaluation develops a means of providing competence-based pay progression, an approach that would bring internal equity. Aside from ensuring an equitable and consistent pay system, the JE process may serve other purposes to further the organization's strategic objectives such providing basis and criteria in finding the right talent, managing career progression, developing staff competencies, and aligning all jobs after restructuring especially if roles have also substantially changed.

System Objectives

The ZFF Point-Factor JE System was designed to meet the following specific objectives:

- Establish an objective, transparent and systematic process of comparing, grouping similar jobs within the organization and appropriately grading each job to maintain internal equity and external competitiveness
- Reflect which job factors are most valuable to ZFF in achieving its strategic goals and is willing to pay for
- Guide the process of capturing changes in job responsibilities, assigning pay grades to emerging positions and/or allow for reevaluation of graded positions as warranted

Key Components of Job Evaluation

Job evaluation typically involves four interrelated steps: 1. Job Analysis; 2. Job Documentation; 3. Job Rating using the organization's job evaluation plan; and 4. Creating the job hierarchy.

Step 1. Job Analysis

Job evaluation begins with a clear understanding of jobs. This is done by performing job analysis which generally gathers information about the job's

- a. **context** - purpose of the job, it's work environment, it's place in the organizational structure
- b. **content** - duties and responsibilities required of the job
- c. **specifications and qualifications** – education, knowledge, skills, and abilities required for job holder to have reasonable chance of successfully performing the role

JE focuses on the duties and responsibilities assigned to a job, not on the credentials or characteristics of the person who occupies the job, nor the quality or quantity of the incumbent's performances. This approach assumes that a true sense of a job's elements and demands can be ascertained, measured, and valued only through separating jobs from incumbent employees.

In ZFF, a **Job Analysis Questionnaire (JAQ)** (*See Appendix 1*) was developed to analyze and describe jobs across the organization. The completed JAQs are not only used in actual JE rating but also useful when updating job descriptions and/or developing JDs of newly created positions.

Step 2. Job Documentation

One of the most important outcomes of Job Analysis is job documentation. This is the process of recording job information, usually in the form of a standard written job description.

For the updated ZFF JD template/sample JD, see *Appendix 2*.

Step 3. Job Rating

After job analysis and job documentation, the next step is Job Rating using the organization's Job Evaluation Plan/Tool.

ZFF uses the **Point-Factor System** which is the most widely used *quantitative* method of job evaluation. The points system involves identifying a number of job factors (or compensable factors) and then determining the degree to which these factors are present in the job. Points are assigned for each degree of each factor. The third section explains the procedures for administering the tool. The sum of these points gives an index of the relative importance of the jobs that are rated.

The Point-Factor method produces reasonably objective and defensible results, supports documentation and an audit trail compared to non-quantitative methods which basically looks at

'whole jobs' and are often prone to subjective judgment of evaluators.

Thus, it is important that Job Rating is undertaken by a team of unbiased evaluators, often referred to as the JE committee, who are trained in the use of the system, have a consistent understanding of the meaning of the factors, and of the varying degrees within each factor. In ZFF, this committee will be comprised of the Director of the Unit (Portfolio or Institutional Management) of the job being evaluated, the HR Manager, and the DED, shall form the JE Committee. The Executive Director (ED) will be the approver of the JE result/recommendation.

The ZFF Point-Factor Rating tool will be discussed in more detail in Part 2.

Step 4. Creating the Job Hierarchy

The result of a job evaluation plan is a hierarchical ordering of jobs in terms of their relative worth to the organization. This is created by totaling the points assigned to each position, the resulting top-down list should reflect an ordering of positions meaningful for the organization.

At this point in the process, it is important that the evaluation results be carefully studied and identify positions that may be inappropriately scored and placed in relation to other positions. In this instance, the evaluators may consider rating the job again until the placement of a particular job in the hierarchy makes better sense.

Market-Based (External) Job Evaluation

As said, the purpose of JE is not only to create an internally equitable pay structure, but also one that is externally competitive. The next step therefore is to consider labor market pay practices to appropriately "price" the jobs. This process is sometimes referred to as "market-based JE" or "market-pricing". Market-pricing data collection includes salary survey formats, survey analysis, and slotting. While specific methodologies vary, the following steps are typical in market-based job evaluation:

- a. Identify the jobs to be surveyed. These benchmark jobs are central to an organization's job-worth hierarchy. Benchmarking helps guarantee that a representative selection of jobs in the organization are priced.
- b. Prepare a brief summary of each survey job. This information is needed in the matching process.
- c. Identify satisfactory matches. It is important to identify industry peer or competitor organizations and positions closely aligned with the organization's data being benchmarked.

- d. Determine market value at pay points pertinent to the organization and its reasons for market-pricing. For example, in ZFF, it is interesting to know the minimum, midpoint and maximum salary data points.
- e. Set the pay of survey jobs in accordance with the organization's pay policies. Rates may be at, above or below market values.
- f. Slot un-priced jobs into the market-priced job-worth hierarchy. Once a hierarchy is developed around benchmark market rates, additional jobs may be placed into the hierarchy as they compare with the benchmark jobs.

Principles and Practices in Job Evaluation

There are general guiding principles and practices which apply to job evaluation and are important for evaluators to understand.

- **The process is systematic but not scientific.**

It is important to recognize that evaluation tools require interpretation, and as such, evaluators must be completely objective in assigning degree levels/points. To achieve this, committee members must be trained on interpreting the elements of the system and are well calibrated on the meaning of each degree level under each factor

- **Evaluate the job, not the job incumbent.**

The job evaluation process is to determine the relative value of jobs. Evaluate the job as if it was vacant, consider what the job requires, not the performance of the individual in the job.

- **Job Evaluation requires comprehensive and accurate job information.**

Evaluators must review the Job Analysis Questionnaire (JAQ) in detail to ensure a sound understanding of the job. If there are any questions about the job, the job incumbent and/or their supervisor should be consulted.

- **Each job is evaluated in the context of an organization structure.**

In evaluating jobs, an evaluator cannot ignore the organizational structure and the impact it has on individual jobs. For every factor, jobs are compared relative to each other to ensure that the context of the organizational structure is accounted for. Evaluators need to understand the interaction between roles, supervisor-subordinate relationships, and overall group functioning.

Part 2. ZFF Point-Factor JE System

Compensable factors are the heart of a job evaluation. The ZFF Point-Factor Rating System aligns with the universally recognized factors used in determining job worth namely: skill, ability, responsibility and working conditions. The CMB determined six compensable factors of what it believes are critical to the achievement of ZFF's strategic goals and objectives in the next 10 years. These factors were carefully reviewed for their relative importance and the final weights were assigned by the committee after discussion and reaching a consensus.

Summary of Factors and Weighting Model

Below is the summary of factors and weights, the number of degree levels per factor and the corresponding range of points per factor that a job may be assigned as a result of the JE administration process. The assigned points per factor are added up and the total score will determine the job/pay grade for that particular job. A job may receive a minimum of 65 points up to a maximum of 300 points. For the ZFF Point-Factor JE Sheet, see **Appendix 3**.

Factor	Weight	Degree Levels	Range of Points
Problem Solving	20%	5	12-60
Leadership/People Management	22%	4	16.5 - 66
Accountability and Decision Making	23%	5	13.8-69
Technical Knowhow, Education and Experience	15%	5	9-45

Communication Skills, Contact and Interactions	15%	5	9-45
Working Conditions	5%	3	5-15
	100%		65 – 300

Factor Definitions and Degree Level Descriptors

Factor 1: Problem Solving

Definition. This factor measures the amount and nature of mental challenge required to perform the job. These include analyzing, evaluating, creating, innovating, conceptualizing, and using judgment in carrying out work and solving work-related issues and problems. It describes the degree to which the role must vary approaches, consider unusual circumstances, develop new techniques, criteria, or information and the ability to use or adopt new and emerging technologies (digital dexterity). Account must be taken of the quantity, variety, and complexity of the issues to be considered, researched and analyzed, or problems to be resolved, as well as the nature and amount of information available.

Degree 1	<p><i>Solves problems using standard procedures and practices</i></p> <ul style="list-style-type: none"> ● Uses existing, well-defined instructions, methods, and procedures to carry out tasks and to address standard/routine or task-related problems ● Analyzes available information and standard practice to make judgments ● Requires escalation of non-routine problems to immediate supervisor
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<p>Degree 2</p>	<p><i>Solves normal to moderately complex problems</i></p> <ul style="list-style-type: none"> ● Organizes and executes assigned work and/or identify and resolve day-to-day technical and operational problems in line with the available guidelines using independent judgment or creativity ● Provides solutions to emerging problems (not ordinary problems) with minimal to nil supervision ● Recommends tech solutions useful to ZFF programs and processes (e.g., Training and all processes and protocols), computer applications, software, other technologies to improve work outputs or provide solutions to common work concerns
<p>Degree 3</p>	<p><i>Solves complex problems and guides others in solving non-routine to complex issues and problems</i></p> <ul style="list-style-type: none"> ● Identifies and solves complex, operational, and organizational problems leveraging the appropriate resources within or outside the department/work team ● Analyzes, evaluates, and innovates existing ZFF technologies (procedures, techniques, methods, or concepts), within standards ● Directs subordinates/Leads work team in <i>solutioning</i> non-routine to complex issues and problems ● Inputs to process of <i>solutioning</i> - tech requirements to address internal (efficiency) and external program delivery needs (effectiveness-helpful to delivery of FASTER outcomes)

Degree 4	<p><i>Leads others in resolving highly complex problems and issues</i></p> <ul style="list-style-type: none">● Leads and directs strategic resolutions of highly complex or unusual organizational problems applying advanced critical analytical skills and advanced problem-solving techniques● Manages the process of generating innovation leading to value-adding results● Creates and maintains an enabling environment needed for technological innovations
Degree 5	<p><i>Evaluates and champions application of innovative solutions to highly complex problems and issues</i></p> <ul style="list-style-type: none">● Evaluates key organizational challenges; directs the development of new or innovative solutions.● Work is difficult and diversified and requires the frequent application of a high degree of independent thinking in order to create and develop procedures, techniques, or ideas● Work requires high level of creativity in conception, production, and execution to interpret and give form and structure to the program concept.● Makes digital dexterity a leadership priority, approves policies and budgets that foster a digitally dexterous environment.

Factor 2: Leadership/People Management

Definition. Defines the extent of supervisory/managerial responsibilities of the job and the types and numbers of employees being supervised/managed. Higher levels of this factor require a full range of line management tasks, including performance management and dealing with employee rights and responsibilities. This factor may also include non-supervisory development and leadership effort expectations, such as leading project teams and/or serving in a project management role that may include formal and informal mentoring, coaching and/or guidance to co-workers and other employees.

<p>Degree 1</p>	<p><i>Leads self.</i></p> <p>Demonstrates BLCF Core Competency #1 (one’s best self to manage any situation) – Personal Leadership</p>
<p>Degree 2</p>	<p><i>Acts as a resource for colleagues with less experience; may lead small projects with manageable risks and resource requirements</i></p> <p>People Manager: Manages a team or multiple related teams, sets departmental priorities, and allocates resources to align with organizational objectives and annual plan; provides full, daily management for assigned professional staff. This responsibility includes hiring, discipline, and termination, as well as, coaching, performance management, assigning, checking, and approving work to satisfy department objectives.</p> <p>Individual Contributor/Expert: May lead functional teams or projects with moderate resource requirements, risk, and/or complexity; may assign and review work of less experienced staff.</p>

<p>Degree 3</p>	<p><i>Leads other managers or leads large and complex projects or programs</i></p> <p>People Manager: Leads through subordinate managers; contributes to the development of functional/operational long-term strategy and develops annual organizational plans to ensure alignment; provides leadership and direction through managers</p> <p>Individual Contributor/Expert: Leads projects with notable risk and complexity; develops the strategy for project execution; may assign and review work of less experienced staff</p>
<p>Degree 4</p>	<p><i>Leads other managers in multiple teams or leads multiple and complex projects or programs</i></p> <p>Manages a team or multiple related teams, sets departmental priorities, and allocates resources to align with organizational* objectives and annual plan; provides full, daily management for assigned professional staff. This responsibility includes hiring, discipline, and termination, as well as, coaching, performance management, assigning, checking, and approving work to satisfy department objectives.</p> <p>*organizational (Program – i.e., LHS or Nutrition or multiple units)</p>

Factor 3: Accountability and Decision-Making

Definition. This factor defines the level of accountability and decision-making associated with the position. It measures the opportunity for the role to prevent losses in terms of time, service, money and program value, exposure to information and data security risks, damage to the foundation's public image and reputation. This factor also considers the extent to which the job provides and/or safeguards information, and/or advice, and/or makes recommendations and/or approves or makes

decisions. This factor considers the information normally available, the types of choices available and the latitude within which those choices may be made or required. Important job attributes or characteristics considered include: 1) amount of work review or supervision received. 2) nature of delegated authorities and prescribed decisions, and processes 3) extent to which discretion and independence of action are required; and 4) overall accountability given the nature of the work.

<p>Degree 1</p>	<p><i>Limited decision making. Accountable for own contributions.</i></p> <ul style="list-style-type: none"> ● Receives regular supervision. Works within detailed instructions or through the highly structured nature of the work itself. ● Requires authorization from supervisor for any deviations from assigned work ● Errors might normally result in (a) the loss of one's own time to correct the error, and/or (b) minor damage, waste, or financial loss.
<p>Degree 2</p>	<p><i>Requires minimal guidance and supervision to get things done</i></p> <ul style="list-style-type: none"> ● Receives occasional checking for accuracy, quality, and adherence to detailed instructions or through the structured nature of the work itself. ● Exercises some discretion within pre-determined limits and procedures. ● Errors could cause interruption in service, monetary loss, but are usually confined to a specific area of operation. Guidance and direction are available.

Degree 3	<p><i>Works independently in most situations</i></p> <ul style="list-style-type: none">● Receives general direction regarding work responsibilities. Finished work results are evaluated for compliance with technical standards, appropriateness, and conformity to policy/procedure.● Applies discretion and judgment in interpreting and applying/following rules, guidelines and/or protocols.● Errors or incorrect actions or decisions would cause disruption in service, monetary loss, data/ information breach or some loss in prestige or program value and could affect the work of other departments or partners.
Degree 4	<p><i>Guides and directs the work of others within team</i></p> <ul style="list-style-type: none">● Receives nominal direction regarding work responsibilities. Work is evaluated relative to overall functional or program policy in terms of feasibility, compatibility, and effectiveness.● Applies discretion and judgment in translating organizational goals into the development/refinement of program(s) strategy and related objectives and activities.● Gives recommendations that may have a wide-ranging impact throughout the organization. Activities and recommendations have a significant impact on operations, financial management, health, safety, public image, employee morale, and/or partners. Consequences and/or errors are difficult to identify and resolve and may have an impact beyond the short-term to mid-term.

<p>Degree 5</p>	<p><i>Sets directions and approves work of others beyond team</i></p> <ul style="list-style-type: none"> ● Receives no supervision. Work results are considered technically authoritative and are evaluated relative to general organizational policy in terms of feasibility, compatibility, and effectiveness. ● Exercises own judgment and ingenuity to develop and interpret program, functional and/or organizational goals and guidelines. ● Makes decisions and possibly approvals that have wide-ranging impact internally and externally to the organization. Decisions and actions have an extreme impact on operations, financial management, health, safety, public image, employee morale, and/or partners and other stakeholders. Errors in judgment could extremely handicap the operations and/or future/long-term goals, performance and/or sustainability of the organization as a whole.
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Factor 4: Technical Know-how, Education and Experience

Definition. Refers to level of professional knowledge, specialized skills, and technical mastery gained through formal schooling, training, certifications and prior practical and/or work-related experiences in order to adequately perform the job. This includes the skill or ability necessary to apply the bodies of knowledge, theories, principles, methods, procedures, practices, and techniques associated with the job.

Degree 1	<p><i>Requires basic conceptual knowledge in own job discipline</i></p> <ul style="list-style-type: none">● Requires specific knowledge of standardized work methods and processes, basic knowledge, and proficiency in an administrative, business, or operational technical discipline● Demonstrates general awareness of other work processes which are closely linked to the role's tasks and responsibilities● Completion of an undergraduate degree● Minimum of six months to 2 years of work experience
Degree 2	<p><i>Requires expanded conceptual and practical knowledge in own job discipline</i></p> <ul style="list-style-type: none">● Requires expanded knowledge of, and ability to, interpret theoretical/textbook concepts and principles to practical situations that involve problem definition and solution development.● Coordinates related work or project specific activities based on broad job content/work methods and processes or industry knowledge● Translates this knowledge into the development of new methods, approaches, or procedures, as well as applies logical, evaluative, and scientific thinking to define problems, collect information, establish facts, and determines optimal courses of action to pursue● Applies understanding of the organization and how own area integrates with others to achieve departmental objectives● Completion of undergraduate degree with relevant certifications or graduate level studies● At least 3 - 5 years or relevant work experience

<p>Degree 3</p>	<p><i>Requires in-depth conceptual and practical knowledge in own job discipline and knowledge of related job disciplines</i></p> <ul style="list-style-type: none"> ● Requires significant knowledge of a specialized functional area as well as comprehensive knowledge of the discipline due to the complex nature (breadth and/or depth) of the job ● Provides technically authoritative advice and direction to a variety of process participants. ● Completion of graduate degree in functionally relevant field ● At least 5- 7 years of related work experience
<p>Degree 4</p>	<p><i>Requires specialized depth and/or breadth of expertise in own job discipline or field</i></p> <ul style="list-style-type: none"> ● Requires in-depth knowledge of key organizational drivers and the factors that maximize department/organizational performance and application of broad industry knowledge to drive performance ● Converts strategic objectives into tangible action plans and results. Demonstrates extensive discipline, functional and industry expertise, demonstrates knowledge of program and process quality assurance, strategic and tactical problem-solving approaches. ● Understands and appreciates the organization and its interrelated components. ● Demonstrates knowledge of process quality and effective project management. ● Completion of a graduate degree, certifications and/or professional designation in a specialized field ● At least 7-10 years of related work experience and capacity

<p>Degree 5</p>	<p><i>Demonstrated ability to perform in a strategic environment</i></p> <ul style="list-style-type: none"> ● Requires demonstrated achievement of widely recognized competence and mastery in the applicable discipline (i.e., breadth and depth) and extensive study in the area ● Demonstrates knowledge of strategic and tactical problem-solving approaches, and ability to convert or translate strategic objectives into tangible action plans and results is required. ● Applies in-depth organizational knowledge and NGO expertise to differentiate the organization from the competition ● Completion of a post-graduate degree and/or professional designation in a specialized field ● At least 10 or more years of progressive related work experience and capacity
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Factor 5: Communication Skills, Contacts/ Interactions

Definition: This factor measures the level of oral or written communication with others, whether inside or outside the organization, which is inherent in the normal performance of the duties of the job. The degree levels may vary based on the type of information exchanged, the nature of the communication, purpose, and the context in which the communication occurs. Account must be taken of the diversity and complexity of the information being received or communicated, the types of contacts defined in terms of the individuals and groups with whom the role is required to interact, the nature and purpose of the exchange (e.g., networking, partnerships) and the skill required for the interaction (e.g., facilitation, collaboration, negotiation, etc.) to get results.

Degree 1	<p><i>Gathers and provides basic information which is straightforward and readily understood by the recipient.</i></p> <ul style="list-style-type: none">● Requires some communication with others outside of immediate work area, including some external contact.● Demonstrates ability to meet practical writing needs, such as simple messages and letters, requesting for information or responding to simple questions in writing.
Degree 2	<p><i>Gathers and provides information, which is straightforward, but may require explanation, or re-stating the message in a different way, to be understood by the recipient.</i></p> <ul style="list-style-type: none">● Requires some communication with persons throughout the organization.● Requires discretion when communicating with internal and external contacts and in handling confidential information.● Demonstrates ability to write about a specific topic with precision and detail. Handles informal and formal correspondence according to appropriate conventions. Writes summaries and reports. Develops documents outlining organization's mission and goals for use by the local community.● Shows good control of a range of grammatical structures and a fairly wide general vocabulary.

<p>Degree 3</p>	<p><i>Deals with confidential information, works on complex communication materials, and handles complex interactions on a regular basis.</i></p> <ul style="list-style-type: none"> ● Job responsibilities require communication with people at a number of levels inside and/or outside the organization. ● Clarifies ideas and messages, summarizes, or synthesizes information according to the audience’s need, uses judgement and discretion in discussing problems, presenting information, sharing data, and making recommendations. ● Writes complex technical reports using clear terminology and a concise format for use by high level decision makers ● Reviews technical reports, edits materials, and provides suggestions to improve clarity while ensuring documents are targeted to the intended audience
<p>Degree 4</p>	<p><i>Deals with highly confidential information, works on highly complex communication materials and highly complex interactions on a regular basis</i></p> <ul style="list-style-type: none"> ● Job responsibilities require communication with diverse contacts, inside and outside the organization. ● Consults on issues, presents highly complex information, explains analysis and rationale, and makes recommendations with a requirement to exercise persuasion to obtain cooperation, consensus, or approval of action to be taken. ● Uses discretion, persuasion, conciliation, or negotiation skills frequently when dealing with complex or volatile situations. Lack of judgement and discretion in communicating messages could result in damage to the organization’s image to some extent ● Demonstrates ability to produce most kinds of formal and informal

	<p>correspondence, in-depth summaries, reports, and research papers on a variety of social, academic, and professional topics.</p> <ul style="list-style-type: none"> ● Demonstrates the ability to explain highly complex matters, and to present and support opinions by developing cogent arguments and hypotheses. ● Writes white paper on key business objectives for use by high-level officials
Degree 5	<p><i>Deals with highly volatile communication and interactions requiring explanation, persuasiveness, conciliation and negotiation skills and high levels of discretion.</i></p> <ul style="list-style-type: none"> ● Communicates and interacts with very diverse and very important contacts, both inside and outside of the organization, including the board and foundation owners, government representatives, the community, and the general public. ● Communicates and interacts with very diverse and very important contacts, both inside and outside of the organization, including the board and foundation owners, government representatives, the community, and the general public. ● Carries out formal writing tasks such as official correspondence, position papers, and journal articles. Writes analytically on professional, academic, and societal issues.

Factor 6: Working Conditions

Definition: This factor considers the physical requirements, job location or demands inherent on the job being performed. This includes the exposure to risks, hazards, discomforts, or unpleasantness that may be imposed upon employees by various physical surroundings or job situations. Degree levels may be measured according to duration, intensity, and frequency.

Degree 1	<p><i>Performs work mostly in the office/home-office.</i></p> <ul style="list-style-type: none"> • Typically, not exposed to adverse environmental conditions.
Degree 2	<p><i>Requires minimal field travel.</i></p> <ul style="list-style-type: none"> • Traveling requirements may impose exposure to some undesirable or unpleasant environmental characteristics resulting to minimal health risk. • PPE or standard precautions are required.
Degree 3	<p><i>Requires frequent travel.</i></p> <ul style="list-style-type: none"> • Applies to HQ based but with frequent field visits or base location and • Applies to Field based but with frequent travel to GIDA barangay) within a ZFF partner province. • May require several days stay in the GIDA barangay. GIDA area characteristically affect work because of lack of level 3 water, frequent power outage, limited accredited accommodations, weak to nil internet access, potential insurgency challenge and other undesirable characteristics in the environment.

Part 3. JE Administration Procedures

Administering the JE Rating Tool

Specific guidelines for job evaluators.

1. Download the ZFF Point-Factor JE Sheet. Read through the instructions carefully.
2. Review the Job Analysis Questionnaire (JAQ) in detail to ensure a sound understanding of the job being evaluated. If there are any questions about the job, the job incumbent and/or their

supervisor should be consulted.

3. Work through the Point-Factor Rating tool, factor by factor, decide on the appropriate degree for each individual factor. Pay particular attention to the degree level descriptors and evidence of these in the job content. Often, the opening sentence of the degree level descriptors is the most important part of the definition while subsequent sentences and phrases are intended for clarification of the opening sentence.
4. The response options for each factor are arranged in a hierarchy or continuum. Because each progressive response level is intended to include all preceding options, always respond at the highest level applicable to the job.
5. After jobs have been evaluated, compare jobs one to another, both in terms of overall ranking, and factor by factor, to ensure that the relative values arrived at make sense and can be defended by evidence from the job. This step is essential in determining the relative value of a job.
6. Take notes throughout the process and ensure there is detailed documentation to support and explain decisions taken, particularly where there is some question about the degree arrived at. Documentation is essential in order to provide a job history trail for future evaluation updates or changes and to defend the result if challenged by a third party.

Requesting for Job Re-evaluation/Grading New Positions

Below business cases may warrant a request for job evaluation and must follow the recommended steps below.

1. An employee has been assigned more than is required in his/her current job description, has either permanently assumed extra responsibilities or permanently discontinued performing some/all the duties described in the employee's job description.
2. A manager (or Unit Head) wants to initiate updates to a direct report's job description
3. A hiring manager needs to add new tasks, the job now entails higher partnership or inter-sectoral collaboration requirements (frequent board and senior leader interactions) to a previously written and evaluated job description.

Step 1: Accomplish a JAQ

Concerned employee completes a JAQ to either to 1) document and describe any significant changes to his/her current job description or 2) document the job context, content, and specification for an open position without a written JD. An electronic copy of the JAQ template may be requested from HR.

Step 2: Supervisor Review/Sign-off

Employee submits the accomplished JAQ to his/her supervisor for review and sign-off.

Step 3: Submission

Employee notifies Human Resources via email, copied his/her supervisor of the request stating the reasons/rationale thereof. Completed JAQ and other supporting documents if desired must be attached in the email.

Step 4: Confirmation of Receipt

Human Resources sends an email confirming receipt of submission. A JE Committee is composed of the HR Manager, the concerned Director of the portfolio or institutional management support unit of the post being evaluated, and the DED.

Step 5: Formal Review

Each committee member will submit historical documents related to the position and/or its comparator(s). During the JE review, the committee will discuss the submission and reach a decision by consensus. In a hybrid work arrangement, the process can be conducted through email submission of documents, asynchronous messaging and online video conferencing meetings.

Step 7: Decision of the JE Committee

The HR Manager will endorse the JE Committee decision to the Executive Director (ED) for final approval.

Step 8: Communication of Decision

The decision of the JE committee will be communicated by HR to the incumbent(s) within 15 days upon reaching a decision.

Appendices:

Table 1: Salary Structure (2023-2025)

New Job Grade	Minimum	Maximum
JG 1 (Assistant)	22,720	40,896
JG 2 (Associate)	43,600	87,200
JG 3 (Expert/Manager)	69,440	138,880
JG 4 (Director)	111,200	278,000
JG 5 (Sr Director)	139,200	348,000

Table 2: Job Family (2023-2025)

JOB GRADE	2023 CLASSIFICATION DUE TO RESTRUCTURING IN JAN AND NOV 2022 AND EMERGING REALITIES OF 2023
JG 1 (Assistant)	Finance Assistant HR Assistant Administrative Assistant IMS Assistant Project Assistant

JG 2 (Associate)	<p>PORTFOLIO MANAGEMENT:</p> <p>Municipal Associate (1 to 2 municipalities managed)</p> <p>Project L&D Associate</p> <p>Project M&E Associate</p> <p>CTL (City Technical Lead – 1 city)</p> <p>INSTITUTIONAL MANAGEMENT:</p> <p>QACAP Associate</p> <p>Training Mgt Associate</p> <p>Content Dev Associate</p> <p>Admin Associate</p> <p>HR CompBen Associate</p> <p>Finance Associate</p> <p>Corp Comm Associate</p>
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JG 3 (Expert/Manager)	<p>PORTFOLIO MANAGEMENT:</p> <p>Multiple City Technical Lead (MCTL – 2 to 3 cities managed)</p> <p>Portfolio M&E Expert</p> <p>Portfolio L&D Expert</p> <p>Project M&E Expert</p> <p>Deputy Project Manager (DPM)</p> <p>Provincial Account Officer (PAO)</p> <p>INSTITUTIONAL MANAGEMENT:</p> <p>S&P MEL Expert</p> <p>S&P Strategy and Policy Advocacy Expert</p> <p>Partnerships Expert</p> <p>Public Offering Manager</p> <p>Digital Learning Expert</p> <p>HR Manager</p> <p>Admin Manager</p> <p>Information Mgt System Manager</p> <p>Public Offering Manager</p> <p>QACAP Manager</p> <p>SFP Manager</p>
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	Executive Assistant (HEA) Institute MEL Expert
JG 4 (Director)	<p>PORTFOLIO MANAGEMENT:</p> <p>Regional Account Officer (RAO)</p> <p>Project Manager</p> <p>UNFPA Project Director</p> <p>INSTITUTIONAL MANAGEMENT:</p> <p>S&P Director</p> <p>ZFFI Director</p> <p>Corp Comm Manager</p> <p>Deputy Chief of Party (DCOP)</p> <p>Finance Manager</p>
JG 5 (Sr Director)	<p>Deputy Executive Director (DED)</p> <p>TCI Chief of Party (CoP)</p> <p>LHS Portfolio Lead</p> <p>Nutrition Portfolio Lead</p> <p>ASRH Portfolio Lead</p> <p>HRIMSA Director</p>

ZFF Compensation Policy

Compensation Philosophy

As a non-profit organization, ZFF salary and benefits administration must be driven by simple principles. It must exercise prudent business judgment in balancing the stewardship of the foundation's financial resources, the financial needs of employees, and the payment of salaries sufficient to attract and retain well-qualified talent to carry out its mandate effectively. To this end, it should aim to compensate employees fairly and competitively for the work they perform and reward employees using locally appropriate total cash compensation practices.

It is recommended for ZFF to adopt a compensation system that balances market rates, internal equity, and budgetary constraints. It must consider each employee's salary to be comparable to similar work within ZFF and to similar positions of comparable organizations. In addition, it must place a high degree of value on internal pay equity and rewarding employees for performing their job with excellence.

Salary Administration Guidelines

The job evaluation process and salary structure provide the organizational framework for salaries, and these guidelines describe the policies and processes to be followed when making salary decisions. These guidelines cover the full range of employment situations that may warrant salary changes including such aspects as starting salaries, promotions, transfers, and change in job responsibilities.

A. Salary Structure

1. All salary rates shall be operated within the approved Salary Structure (Table 1)
2. The salary structure shall provide for the minimum to maximum rates of pay for each job grade
3. The midpoint of the grade is compared to the market values from salary survey results. The midpoint is where an employee's pay should be who has "market experience." The midpoint of a salary range is halfway between the high end and low end.
4. The minimum pay rate is normally the starting pay rate. The minimum rate is 80% of the midpoint.
5. The maximum is the top limit that any employee would be paid in the position.
6. As grades climb, the differences between the grades expand. This allows a regular progression between job grades.
7. The range spread in each job grade varies depending on the types of jobs clustered in a

particular job grade. Larger range spread is expected for a job grade with an expanded skill set and broad competency requirements in order to give more flexibility in pay determination and movement laterally.

8. HR shall review the salary structure to analyze labor market changes every two years. Revisions of the salary structure as informed by market survey analysis may be made subject to approval by the Executive Director and President.

B. Hiring Rates

1. The minimum rate of a particular job grade shall be the ideal hiring rate for every new employee, subject to availability of budget (internal HR budget or external budget indicated in the approved annual work plan (AWP)).
2. No employee shall receive a salary 75% less than the minimum rate of the job grade of the position.
3. Hiring new employees above the minimum may be appropriate in certain situations. At this instance, HR shall conduct an internal equity analysis. An internal equity analysis includes consideration of the current salaries of other similarly situated employees in the same classification who have comparable responsibilities, skills, knowledge, and experience. The final determination of a starting salary will also take into consideration other factors such as the budget for the position, difficulty in filling the position as evidenced by the number of qualified applicants and job offers rejected, as well a specific need for the position, including but not limited to technical expertise.

C. Transfers

1. Movement from one position to another position within the organization will not always result in a salary change.
2. If the current salary is below the minimum of the new job grade (green-circled), a salary adjustment is given to meet the minimum rate of the new job grade.
3. If the current salary is already within range (above the midpoint), no salary adjustment is required. If the transferee's current rate is below the minimum, below the midpoint, employee can negotiate for a 5-10% adjustment subject to the endorsement of HR and the requisitioning director, and final approval of the Executive Director.

D. Promotions

1. A promotion is higher-level movement to a job assigned to a higher salary grade. Such a move generally warrants an increase in salary to recognize higher level responsibilities and to

ensure that the salary for the new job is consistent with market and internal equity.

2. If the current salary is below the new minimum, the employee will receive a 10% increase or the minimum rate of the new job grade, whichever is higher.
3. If the current salary is within the range of the new job grade (but below the midpoint), the employee will receive a 10% increase or the midpoint of the new job grade, whichever is higher. If the employee's current rate is above the midpoint (but below the maximum) of the newly assigned job grade, the employee will receive a 10% increase or the maximum, whichever is higher.
4. A promotional increase within the year does not exclude the staff from eligibility for performance-based rewards.

E. Job Change/Reclassification During Restructuring/Reorganization

1. A change in position title or job grade during a restructure or reorganization may or may not involve a change in salary rate.
2. If the current salary is below the minimum of the new job grade, a salary adjustment is given to meet the minimum rate of the new job grade assigned.
3. If the current salary is already within the range of the new job grade, no salary adjustment is required. Any request for a salary adjustment by the employee because of changes in the job content because of the restructuring will require a job evaluation study. Depending on the results of the JE, HR, in collaboration with the Director in charge and the DED, will recommend for Executive Director approval any salary adjustment.

F. Equity Adjustment

1. Pay compression issues may happen during the course of employment. An example of a compression issue is when a more tenured and experienced staff ends up being paid at the same salary rate, or even lower compared to a newer, less experienced employee. When this occurs, the director in charge may request for a salary review for the affected team member.
2. The director in charge and HR shall work together to determine if an equity adjustment (5-10%) to the affected employee's salary is justified and recommend an appropriate percentage adjustment amount.
3. All equity adjustments are subject to ED approval.

G. Fixed-term Project Employees

1. Minimum hiring rates for project-based or fixed term employees shall follow the minimum rates corresponding to the assigned job grade of their positions. Because of the pay range

under the new structure is positioned at the 50% percentile of the market, niche-based, hard-to-find talent for job grades 3 and up might require management flexibility. If the annual work plan (AWP) budget supports it, exceptional approval to assign the above minimum (but below maximum) rate can be granted, subject to the approval of HR, the Director in charge, DED, and final approval of the Executive Director.

2. Term-based employees or those who are hired for the duration of the ZFF 10-year strategy (2022-2023) shall be engaged in the following recommended periods subject to donor partnership commitments, internal ZFF budget, and approval of the Executive Director:

- 2-3 year period contracts
- 1 year contracts are given to experimental positions due to restructuring, redundancies or labor saving devices
- Fixed-Term employees shall be engaged an average of 2 years. Yearly increment is not required unless drastic market movements for a particular job or job grade would warrant an adjustment in salary.
- Salary and benefits of externally funded positions is regulated by the funding source and may not adhere to ZFF's salary administration program. If an employee transfers to a regular ZFF position, the pay level may or may not be the same as when externally funded and should be aligned to an appropriate grade and range in the assignment considering the market value of the position and the knowledge, skills, abilities, and experience of the employee.

- Completion or Gratuity Pay

Eligibility Criteria

Employees that completed their contracts until the official, donor prescribed and approved completion date

- Employees whose contracts were not renewed during the project lifecycle due to strategy change or unavailability of budget from the donor partner
 1. Fixed-term employees are eligible to gratuity pay or end of term pay equivalent to 1/3 of the monthly basic salary for every year of completed service
 2. Term-based - 1/3 of monthly basic salary for every year of completed term

Ineligibility – staff that resigns or does not accept a renewal or extension of contract offer shall be deemed ineligible to receive the completion or gratuity pay