



Kirinyaga University

OFFICE OF HUMAN RESOURCES

EMPLOYEE CONSENT FORM FOR COLLECTION AND PROCESSING OF PERSONAL DATA

(In compliance with the Data Protection Act, 2019)

1. Employee Details

Full Name _____

Employee Number _____

Department _____

Position: _____

2. Purpose of Data Collection

Kirinyaga University collects and processes employee personal data for the following purposes:

- i. Human resource management and administration
- ii. Payroll processing and statutory compliance
- iii. Performance management and appraisal
- iv. Provision of employee benefits and services
- v. Compliance with legal and regulatory obligations
- vi. Security, health, and safety management

3. Types of Personal Data Collected

The University may collect and process the following categories of personal data:

- i. Identification details (Name, ID/Passport Number, KRA PIN)
- ii. Contact information (Phone number, email address, physical address)
- iii. Employment records (contracts, qualifications, performance records)
- iv. Financial information (bank details, salary information)
- v. Sensitive personal data where applicable (health records, biometric data)

4. Data Sharing and Disclosure

Your personal data may be shared with:

- i. Government agencies and regulators (KRA, NSSF, SHA)
- ii. Authorized third-party service providers (payroll processors, insurers)
- iii. Legal authorities where required by law

All third parties are required to comply with applicable data protection laws.

5. Data Retention

Your personal data will be retained long enough to fulfill the purposes outlined above or as required by law.

6. Employee Rights

Under the Data Protection Act, 2019, you have the right to:

- i. Access your personal data
- ii. Request correction of inaccurate or incomplete data
- iii. Object to processing of your data
- iv. Request deletion of your data (where applicable)
- v. Withdraw consent at any time (subject to legal/contractual limitations)

7. Data Security

Kirinyaga University implements appropriate technical and organizational measures to safeguard personal data against unauthorized access, loss, or misuse.

8. Consent Declaration

I, the undersigned, hereby:

- Acknowledge that I have read and understood this consent form
- Give my voluntary consent to Kirinyaga University to collect and process my personal data for the purposes stated above
- Understand that I may withdraw my consent at any time in writing

I Consent

Do not consent

9. Signature

Employee Signature: _____

Date: _____

10. For Official Use

Authorized Officer Name: _____

Signature: _____

Date: _____