

**PROMOTION ASSESSMENT FORM**

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| --- | --- | --- | --- |
| Employee Name |  | Position |  |
| Department |  | Join Date |  |
| Employee ID |  | Assessment Date |  |

**Comment on Innovation**

**Comment on Teamwork**

**Comment on Integrity**

**Comment on Respect**

Position Title change to: Salary rate change to :

|  |  |
| --- | --- |
| Proposed  Remark:  Date Signature & Name | Approved Review Rejected  Remark:  Date Signature & Name |
| **Business Head/Function Head**  Approved Review Rejected  Remark  Date Signature & Name | **HR Department**  Approved Review Rejected  Remark  Date Signature & Name |