

**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 RejectedRemark:Date Signature & Name |
| **Business Head/Function Head**Approved Review RejectedRemarkDate Signature & Name | **HR Department** Approved Review RejectedRemarkDate Signature & Name |