

Employee Internal Promotion Form

Employee Information

Full Name: _____

Employee ID: _____

Current Job Title: _____

Department: _____

Date of Joining: _____

Proposed Promotion Details

New Job Title: _____

Effective Date: _____

New Department (if applicable):

New Reporting Manager: _____

Performance Summary

Performance Area	Rating (1-5)	Comments/Examples
Leadership	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Team Collaboration	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Goal Achievement	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Communication Skills	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Justification for Promotion

Provide reasons for recommending this promotion:

Key Achievements: _____

Signatures

Proposed By: _____

Date: _____

Approved By: _____

Date: _____