

Employee Status Promotion Form

Employee Information

Name: _____

Employee ID: _____

Department: _____

Current Job Title: _____

Proposed Title: _____

Promotion Status Checklist

Requirement	Completed (Yes/No)	Remarks
Performance Review	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Skill Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Training Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Manager Recommendation	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Justification

- Provide a brief overview of the employee's eligibility for the new role:

- Highlight specific contributions that support this promotion:

Final Decision

Approved: Yes No

Effective Date: _____

Signatures

Manager: _____

HR Representative: _____

Employee (Acknowledgment): _____