

Job Salary Review Form

Employee Details

Name: _____

Job Title: _____

Manager: _____

Review Date: _____

Evaluation Criteria Table

Criteria	Rating (1-5)	Comments	Recommended Adjustment
Job Responsibilities			
Professional Growth			
Market Comparison			
Organizational Needs			

Manager's Feedback

Key Achievements: _____

Improvement Areas: _____

Final Recommendation

Proposed Salary: _____

Justification: _____

Approval

Approved

Denied

Signature of Manager: _____

Date: _____