

Salary Evaluation Review Form

Employee Information

Full Name: _____

Job Title: _____

Department: _____

Date of Joining: _____

Evaluation Period

Review Period Start Date: _____

Review Period End Date: _____

Performance Assessment

Performance Criteria	Rating (1-5)	Comments
Quality of Work		
Timeliness		
Team Collaboration		
Leadership Skills (if applicable)		

Salary Review Recommendation

Current Salary: _____

Proposed Salary: _____

Additional Comments: _____

Approval

Approved

Requires Further Discussion

Signature of Reviewer: _____

Date: _____