

Internal Staff Promotion Evaluation Report

Date: _____

Employee Information

Employee Name: _____ Current Position: _____
Department: _____ Supervisor: _____
Proposed Position: _____ Date of Joining: _____

Evaluation Criteria

Criteria	Comments	Rating (1-5)
Job Knowledge	_____	____
Work Quality	_____	____
Initiative	_____	____
Teamwork/Collaboration	_____	____
Leadership Skills	_____	____
Communication	_____	____
Problem Solving	_____	____

Additional Comments

Recommendation

Evaluator Name & Signature

Date