

Form Completed By:	Name, Title
Date:	DD/MM/YYYY

Employee Name:		
Current Title:		
Current Salary:	\$	
Current Salary Effective Date:	DD/MM/YYYY	
Last Bonus Received:	\$	DD/MM/YYYY
Tenure:	years	
Highest Education Level:		
Relevant Years of Working Experience Relating to the Position:	years	

Recommended Compensation Change:	
Compensation Change Type:	Ongoing <input type="checkbox"/> Temporary <input type="checkbox"/>
Compensation Change Effective Date:	DD/MM/YYYY

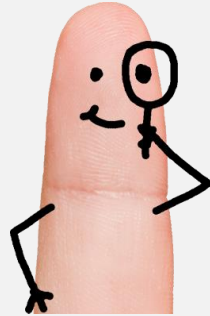
Recommendation Summary

Insert summary here.

- ◆ Use bullets if required
- ◆

Situation History

Insert history here.



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HR CONSULTANTS**

Authorizations

Employee Manager: Insert Name, Insert Title	
Signature	Date

Approved By

CUSTOMIZER: Insert approval position level 1. Example: Department VP: Insert Name	
Signature	Date

CUSTOMIZER: Insert highest position in Finance: Insert Name	
Signature	Date

CUSTOMIZER: Insert HR position Title: Insert Name	
Signature	Date