

# MYRIAD PERFORMANCE REVIEW

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

Period of Review: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Reviewers Title: \_\_\_\_\_

Key Metrics	Score	Comments
6 Week FICO		
# of Packages		
Picture on Delivery		
Contact Compliance		
Scan Compliance		
Delivery Completion Rate		
Attendance		
Seatbelt Off Rate		
Amazon Performer Status		
Rescues		
Delivery Rate		
Safety/Compliance		
<b>Overall Rating</b>		

Key Focus Areas			
Performance Improvement Plan	<input type="radio"/> Yes	<input type="radio"/> No	Effective: _____ Until: _____

Future Goals and Career Path

Reviewers Comments
DA Feedback

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this performance evaluation.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Reviewers Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**