## Compressed Workweek Self-Assessment Form

|  | $\checkmark$ |
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| My job duties enable me to be out of the office on certain days, e.g. by shifting the <br> tasks normally done at those times to other hours or days. |  |
| Some of my job duties are task-based and can be done independently of other co- <br> workers. |  |
| I can participate in some way in all critical meetings and training opportunities <br> while on a compressed workweek. |  |
| I am comfortable making independent decisions. |  |
| I can concentrate and stay focused for long periods of time without getting <br> distracted or burning out. |  |
| I have enough stamina to work longer days in exchange for longer blocks of time- <br> off. |  |
| I consistently complete work assignments and meet deadlines without constant <br> supervision. |  |
| I understand that business needs may sometimes require my coming to work on a <br> 'day off' and I accept that fact. |  |
| My communication skills are strong enough to keep my managers, co-workers and <br> internal/external customers apprised of my schedule and work process where <br> necessary. |  |
| I am adaptable and flexible. | I can maintain a high quality of service to customers on a compressed workweek. |

