Republic of the Philippines

**DEPARTMENT OF BUDGET AND MANAGEMENT**

Compensation and Position Classification Bureau

DBM Bldg. I, General Solane St., San Miguel, Manila

**POSITION DESCRIPTION FORM**

|  |  |
| --- | --- |
| 1. **NAME OF EMPLOYEE**

***(Surname Given Name M.I)*** | 1. **DEPARTMENT/AGENCY**
 |
| 1. **BUREAU/OFFICE**
 | 1. **DEPARTMENT/BRANCH/DIVISION**
 |
| 1. **WORKSTATION/PLACE OF WORK**
 | 1. **CLASSIFICATION OF POSITION**
 |
| 1. **OCCUPATIONAL SERVICE (Leave Blank)**
 | 1. **OCCUPATIONAL GROUP (Leave Blank)**
 |
| **9a. ITEM NO. 9b. ITEM NO.****FY 20\_\_\_\_\_\_\_\_ FY 20\_\_\_\_\_\_\_\_** | **10a. SALARY/ANNUM 10.b OTHER****COMPENSATION****Authorized \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Actual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **11. DESCRIBE BRIEFLY THE GENERAL FUNCTION OF THE DIVISION/UNIT.** |
| **12. DESCRIBE BRIEFLY THE GENERAL FUNCTION OF THE POSITION.** |
| **13. STATEMENT OF DUTIES AND RESPONSIBILITIES***(List in the order of importance starting from the important duties. If more space is needed, use additional sheet.)*PERCETAGE :OF WORKING : : |
| **14. POSITION TITLE OF IMMEDIATE SUPERVISOR** | **15. POSITION TITLE NEXT HIGHER SUPERVISOR** |
| **16. NAMES, POSITION TITLES AND ITEM NUMBERS OF THOSE YOU DIRECTLY SUPERVISE***(If more than 7 list only items nos. and titles)* |
| **17. MACHINE, EQUIPMENT, TOOLS, ETC. USED IN THE PERFORMANCE OF WORK** |
| **18. CONTACTS** ***Occasional Frequent***General Public / / / /Other Agencies / / / /Supervisory / / / /Management / / / /Others / / / / | **19. WORKING CONDITION**Normal Working Conditions / /Field Work / /Field Trips / /Exposed to various weather / /Others (specify) |
| **20. I CERTIFY THAT THE ABOVE ANSWERS ARE ACCURATE AND COMPLETE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date Signature of Employee* |
| **21.** Indicate the required qualification by years and kind of education considered in filling up a vacancy for this position. *(Keep the position in mind rather than the qualification of the present incumbent. This item should be filled for all positions other than teaching.)* EDUCATION:  EXPERIENCE: |
| **22. LICENSE OR CERTIFICATE TO DO THIS WORK** (If any): |
| **23. I CERTIFY THAT THE ABOVE ANSWER ARE ACCURATE AND COMPLETE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date Signature of Employee*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Position/Title* |
| **APPROVED:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **OFFICER-IN-CHARGE** Date Office of the Schools Division Superintendent |