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 | |