REPUBLIC OF THE PHILIPPINES

BC CSC FORM NO. 1

POSITION DESCRIPTION FORM

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.NAME OF EMPLOYEE | | | | | | | 2.DEPARTMENET /CORPORATION OR AGENCY | | | |
| (Family Name) | | (Given Name) | | | (M.I) | | Department of Education | | | |
|  | | | | | | |
| 3. BUREAU OR OFFICE | | | | | | | 4. DEPARTMENT /BRANCH/DIVISION | | | |
|  | | | | | | | Department of Education | | | |
| 5. WORK STATION/PLACE OF WORK | | | | | | | 6. PRES. APPROP.ACT\_\_\_\_\_PREV.APPROP. ACT\_\_  BOARD RES. \_\_\_\_\_\_\_\_\_\_\_\_BOARD RES.\_\_\_\_\_\_\_\_\_  ORD. NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ORD. NO.\_\_\_\_\_\_\_\_\_\_\_\_  ITEM NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ITEM NO.\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 7. SALARY | | | | | | | OTHER COMPENSATION | | | |
|  | | | | | | |  | | | |
| 8. OFFICIAL CLASSIFICATION OF POSITION | | | | | | | 9. WORKING ON PROPOSED TITLE | | | |
|  | | | | | | |  | | | |
| 10. WAPCO CLASSIFICATION OF POSITION | | | | | | | 11. WORKING ON PROPOSED TITLE | | | |
|  | | | | | | |  | | | |
| 12. FOR OCAL GOVERNMENT POSITION CHECK GOV’T UNIT AND UNITS CLASS | | | | | | | | | | |
| MUNICIPAL | | | | CITY | | | | | PROVINCIAL | |
|  | | | | | | | | | | |
| 1st A | 2nd | | | 3rd | | 4th | | | 5th | 6th |
|  |  | | |  | |  | | |  |  |
|  | | | | | | | | | | |
| 13. STATEMENT OF DUTIES AND RESPONSIBILITIES (if more space is needed, attached additional sheet) | | | | | | | | | | |
| PERCENTAGE OF  WORKING TIME | | |  | | | | | | | |
|  | | |  | | | | | | | |
|  | | |  | | | | | | | |
|  | | |  | | | | | | | |
| POSITION TITLE OF IMMEDIATE SUPERVISOR POSITION IN THE NEXT HIGHER SUPERVISOR | | | | | | | | | | |
|  | | | | | | | |  | | |
| NAME TITLE AND ITEM NO. OF DIRECTLY SUPERVISED | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 17. MACHINE, EQUIPMENT, TOOLS ETC. USED REGULARLY IN THE PERFORMANCE WORK | | | | | | | |
| Service Vehicle /Automotive Tools and Parts | | | | | | | |
|  | | | | | | | |
| 18. CONTACTS | | |  | 19. WORKING CONDITION | |  | |
| General Public | Occasional | Frequent |  | Formal Working Condition  Field Works  Field Trip  Expose to varied weather  Others (Specify) | | Occasional | Frequent |
|  |  |  |  |
| Other Agencies |  |  |  |  |
| Supervisors |  |  |  |  |
| Management |  |  |  |  |
| Others (Specify) |  |  |  |  |
|  | | | | | | | |
| 20. I HEREBY CERTIFY THAT the above answers are accurate and complete | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE OF EMPLOYEE | | | | | | | |
| TO BE FILLED OUT BY IMMEDIATE SUPERVISOR | | | | | | | |
| 21. Describe briefly the general function of the position | | | | | | | |
|  | | | | | | | |
| 22. Indicate the required qualifications by year and kind of education considered in filling up a vacancy for the position. Keep the position in mind rather than the qualifications of the incumbent. This item should be filled for all position other than teaching. | | | | | | | |
| *Education:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Experince:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eligibility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | | |
| 23. License certification, required to do this work, if any. | | | | | | | |
|  | | | | | | | |
| 24. I HEREBY CERTIFY THAT the above answers are accurate and complete. | | | | | | | |
|  | | | | | | | |
| Date | | | | | Signature | | |
|  | | | | | | | |
| Date | | | | | *Head of Office* | | |