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 ConditionField 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* |