

Republic of the Philippines  
**DEPARTMENT OF BUDGET AND MANAGEMENT**  
 Compensation and Position Classification Bureau  
 DBM Bldg. I, General Solano St., San Miguel, Manila

## POSITION DESCRIPTION FORM

1. NAME OF EMPLOYEE  (Surname          Given Name          M.I.)	2. DEPARTMENT/AGENCY	
3. BUREAU/OFFICE	4. DEPARTMENT/BRANCH/DIVISION	
5. WORK STATION/PLACE OF WORK	6. CLASSIFICATION OF POSITION	
7. OCCUPATIONAL SERVICE (Leave Blank)	8. OCCUPATIONAL GROUP (Leave Blank)	
9a. ITEM NO. FY 20 _____	9b. ITEM NO. FY 20 _____	10a. SALARY/ANNUUM 10b. 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 <i>(List in the order of importance starting from the most important duties. If more space is needed, use additional sheet.)</i>		
PERCENTAGE OF WORKING: TIME		

14. POSITION TITLE OF IMMEDIATE SUPERVISOR

15. POSITION TITLE OF NEXT HIGHER SUPERVISOR

16. NAMES, POSITION TITLES AND ITEM NUMBERS OF THOSE YOU DIRECTLY SUPERVISE.  
(If more than 7 list only item nos. and titles.)

17. MACHINE, EQUIPMENT, TOOLS, ETC. USED IN THE PERFORMANCE OF WORK.

18. CONTACTS

	<u>Occasional</u>	<u>Frequent</u>
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 Immediate Supervisor

\_\_\_\_\_  
Position/Title

APPROVED:

\_\_\_\_\_  
Date

**LUZ C. ARRIOLA**  
**Schools Division Superintendent**