

(POSITION DESCRIPTION FORM)

2. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT Quezon City		1. NAME OF EMPLOYEE (FAMILY NAME) (GIVEN NAME) (MIDDLE NAME)	
4. DEPARTMENT/BRANCH/DIVISION Division of City Schools, Quezon City		3. BUREAU OF OFFICE <i>Department of Education (DepEd)</i>	
6.a. PRES. APPROP. ACT BOARD RES. ORD. NO. ITEM NO.	6.b. PREV. APPROP. ACT BOARD RES. ORD. NO. ITEM NO.	7.a. SALARY AUTHORIZED : P ACTUAL : p	7.b. OTHER COMPENSATION
8. OFFICIAL DESIGNATION OR POSITION		9. WORKING OR PROPOSED TITLE	
10. WAPCO DESIGNATION OF THE POSITION		11. OCCUPATION GROUP TITLE (Leave Blank)	

12. FOR LOCAL GOVERNMENT POSITION CHECK GOVERNMENTAL UNIT AND UNIT'S CLASS

MUNICIPALITY			CITY			PROVINCE	
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	
1st <input type="checkbox"/>	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>	4th <input type="checkbox"/>	5th <input type="checkbox"/>	6th <input type="checkbox"/>	7th <input type="checkbox"/>	

13. STATEMENT OF DUTIES AND RESPONSIBILITIES.
(If more space is needed, please attached additional sheets.)

Percent of
Working Time

14. POSITION TITLE OF IMMEDIATE SUPERVISOR

15. POSITION OF NEXT HIGHER SUPERVISOR

16. NAMES, TITLES AND ITEMS OF THOSE YOU DIRECTLY SUPERVISE. (If more than 7 list only their nos. and titles.)

17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.

18. CONTACTS:

General Public
Other Agencies
Supervisors
Management
Others

Occasional	Frequent

19. WORKING CONDITION

Normal Working Condition
Field Work
Field Trips
Expose to Various Weather
Others (Specify)

20. I CERTIFY that the above answers are accurate and complete.

Date

Signature

TO BE FILLED OUT BY IMMEDIATE SUPERVISOR

21. Describe briefly the general function of the Unit or Section.

22. Describe briefly the general function of the position.

23.a. Indicate the required qualification by years and kind of education considered in filling up a vacancy for the position. (Keep the position in mind rather than the qualifications of the present incumbent. This item should be filled for a position other than teaching.)

Education:

Experience:

23.b. Licenses or certification required to do this work, if any.

24. I hereby certify that that above answers are accurate and complete.

Date

Principal
Signature of immediate Supervisor

APPROVED:

VICTORIA Q. FUENTES
Schools Division Superintendent