

--Republic of the Philippines
BC-CSC Form No. 1
(POSITION DESCRIPTION FORM)

2. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT	1. NAME OF EMPLOYEE (FAMILY NAME) (GIVEN NAME) (MIDDLE NAME)
4. DEPARTMENT/BRANCH/DIVISION	3. BUREAU OF OFFICE
6.a. PRES. APPROP. ACT BOARD RES. ORD. NO. ITEM NO.	6.b. PREV. APPROP. ACT BOARD RES. ORD. NO. ITEM NO.
8. OFFICIAL DESIGNATION OR POSITION	5. WORK STATION/PLACE OF WORK 7.a. SALARY AUTHORIZED : P ACTUAL : P
10. WAPCO DESIGNATION OF THE POSITION	9. WORKING OR PROPOSED TITLE 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st	2nd	3rd	4th	5th	6th	7th		

13. STATEMENT OF DUTIES AND RESPONSIBILITIES.
 (If more space is needed, please attach 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 of Employee

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 need 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

_____ Signature of Immediate Supervisor

APPROVED:

ELIZABETH E. QUESADA, CESO V
Schools Division Superintendent