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|  <p> Republic of the Philippines National Kidney and Transplant Institute East Ave, Diliman, Quezon City, 1101 Metro Manila DBM-CSC Form No. 1 (Revised Version No. 1, s. 2017) </p> | | 1. POSITION TITLE (as approved by authorized agency) with parenthetical title | |
| 2. ITEM NUMBER | | 3. SALARY GRADE | |
| | | | |
| 4. FOR LOCAL GOVERNMENT POSITION, ENUMERATE GOVERNMENTAL UNIT AND CLASS | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Province <input type="checkbox"/> City <input type="checkbox"/> Municipality </div> <div> <input type="checkbox"/> 1st Class <input type="checkbox"/> 2nd Class <input type="checkbox"/> 3rd Class <input type="checkbox"/> 4th Class </div> <div> <input type="checkbox"/> 5th Class <input type="checkbox"/> 6th Class <input type="checkbox"/> Special </div> </div> | | | |
| 5. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT | | 6. BUREAU OR OFFICE | |
| | | | |
| 7. DEPARTMENT / BRANCH / DIVISION | | 8. WORKSTATION / PLACE OF WORK | |
| | | | |
| 9. PRESENT APPROP ACT | 10. PREVIOUS APPROP ACT | 11. SALARY AUTHORIZED | 12. OTHER COMPENSATION |
| | | | |
| 13. POSITION TITLE OF IMMEDIATE SUPERVISOR | | 14. POSITION TITLE OF NEXT HIGHER SUPERVISOR | |
| | | | |
| 15. POSITION TITLE, AND ITEM OF THOSE DIRECTLY SUPERVISED | | | |
| <i>(if more than seven (7) list only by their item numbers and titles)</i> | | | |
| POSITION TITLE | | ITEM NUMBER | |
| | | | |
| 16. MACHINE, EQUIPMENT, TOOLS, ETC., USED REGULARLY IN PERFORMANCE OF WORK | | | |
| | | | |
| 17. CONTACTS / CLIENTS / STAKEHOLDERS | | | |
| 17a. Internal | Occasional | Frequent | 17b. External |
| Executive / Managerial | <input type="checkbox"/> | <input type="checkbox"/> | General Public |
| Supervisors | <input type="checkbox"/> | <input type="checkbox"/> | Other Agencies |
| Non-Supervisors | <input type="checkbox"/> | <input type="checkbox"/> | Others (Please Specify): _____ |
| Staff | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18. WORKING CONDITION | | | |
| Office Work | <input type="checkbox"/> | <input type="checkbox"/> | Other/s (Please Specify) |
| Field Work | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE UNIT OR SECTION | | | |
| | | | |

20. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE POSITION (Job Summary)**21. QUALIFICATION STANDARDS**

| 21a. Education | 21b. Experience | 21c. Training | 21d. Eligibility |
|----------------|-----------------|---------------|------------------|
| | | | |

| 21e. Core Competencies | Competency Level |
|------------------------|------------------|
| | |

| 21f. Leadership Competencies | Competency Level |
|------------------------------|------------------|
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| 22. STATEMENT OF DUTIES AND RESPONSIBILITIES (Technical Competencies) | | Competency Level |
|---|--|------------------|
| <i>Percentage of Working Time</i> | <i>(State the duties and responsibilities here:)</i> | |
| | | |

23. ACKNOWLEDGMENT AND ACCEPTANCE:

I have received a copy of this position description. It has been discussed with me and I have freely chosen to comply with the performance and behavior/conduct expectations contained herein.

Employee's Name, Date and Signature

Supervisor's Name, Designation, Date and Signature