

***STATEMENT OF
ACTUAL DUTIES AND RESPONSIBILITIES**

This is to state that (complete name of temporary appointee) performed the following actual duties and responsibilities during his/her temporary appointment from (complete date indicated on the appointment paper) to (complete date concluding the one-year temporary appointment) as (complete title of position indicated in the appointment paper including parenthetical title, if any) in the (complete name of office/department/division/section/unit) of the (complete name and address of the agency) :

(enumerate actual duties and responsibilities)

This Statement is issued in support of the evaluation/processing of application for grant of eligibility pursuant to Category II of CSC MC No. 11, s. 1996, as amended, and CSC MC No. 3, s. 2008.

(Signature over full printed name of
Immediate Supervisor)

(Complete position title of the signatory)

(Date)

*To be printed on agency official letterhead.