

CERTIFICATION OF DUTIES AND RESPONSIBILITIES

This is to certify that Ms./Mr. _____ (*Complete name of the applicant*), has performed/is performing the following duties and responsibilities:

(*Enumerate **relevant duties and responsibilities***)

Position Title:

Duration:

Name of Office/Department/Division:

Duties and Responsibilities:

- 1.
- 2.
- 3.

This certification is issued in support of the evaluation/processing of application for the vacant position _____ (*Position title, Item No., JG*) at _____ (*Office/Department*).

(Signature over full printed name
of Immediate Supervisor)

Date

Note: Indicate duties and responsibilities for every positions with inclusive date of experience. You may use another sheet if needed.