COMPENSATION FOR OFFICERS											
		Basic Salary		Benefits		TCF		PBB		No of Officers	Position TCF
Position/Title	Job Grade / Job Level	Min	Max	Min	Max	Min	Max	Min	Max		
Administrator	30, 2	79,815	949,959		449,221					1	
Board Member					110,000					2	
Deputy Administrator II	28, 3	69,181	829,419		428,383					1	
Assistant Administrator	27, 3	64,057	768,684		494,011					1	
Ex-Officio Chairman											
LIST OF BENEFITS											
Name of Benefit		**Amount per Officer**	**Coverage**	**Legal Basis**							
PERA/ADCOM		24,000		BC No.4 6/28/1991							
Per Diem		110,000		BC No. 2007-510 5/8/2007							
Honorarium				RA 9184							
Deputy Administrator II		181,000									
Assistant Administrator		18,000									
Representation allowance				NBC No. 509 4/13/2007							
Administrator		132,000									
Deputy Administrator II		108,000									
Assistant Administrator		102,000									
Transportation Allowance											
Administrator											
Deputy Administrator II											
Assistant Administrator		102,000									
Food Subsidy		13,080		OP Authority & Board Res. Nos. 124-87 & 133-89							
Social Amelioration Benefit				OP Authority & COA Decision #97-689; SC G.R. No. 134740							
Administrator		158,761									
Deputy Administrator II		138,362									
Assistant Administrator		128,114									
Clothing/Uniform Allowance		5,000		BC No. 2012-1 2/23/2012							
Magna Carta		15,760		RA 8439							
Other Bonus and Incentives											
Productivity Incentive Bonus		2,000		AO No. 103 1/14/1994							
YEB				RA 8441 7/28/1997							
Administrator		79,381									
Deputy Administrator II		69,181									
Assistant Administrator		64,057									
Cash Gift		5,000		RA 8441 7/28/1997							
C N A		25,000		BC No. 2011-9 9/29/2011							
Productivity Enhancement Incentive		5,000		BC No. 2013-3 11/21/2013							
COMPENSATION FOR DIRECTORS											
GOCC Class per EO 24:											
Per Diem for Board Meetings:											
Per Diem for Committee Meetings:											
Name of Director		**BOD Meetings Attended**	**Total BOD Per Diems**	**Committee Membership**	**Committee Meetings Attended**	**Total Committee Per Diems**	**Reimbursements**	**Total**			
NA											
REIMBURSABLE EXPENSES *(if applicable)*											
Name of Director	**Total**	**Breakdown**									
NA											
COMPENSATION FROM INVESTEE COMPANIES *(if applicable)*											
Name of Director	**Investee Company**	**Total Compensation Received**	**Breakdown**	**Total Reimbursed Expenses**	**Breakdown**						
NA											