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	30.1	143,534	159,288							1	
Board Member										2	
Deputy Administrator II	28.1	114,981	114,981								
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		120,000		BC No. 2007-510 5/8/2007							
Honorarium				RA 9184							
Deputy Administrator II		5,000									
Representation allowance				NBC No. 509 4/13/2007							
Administrator		132,000									
Deputy Administrator		108,000									
Transportation Allowance											
Administrator		132,000									
Deputy Administrator II		108,000									
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		287,068									
Deputy Administrator II		229,962									
Clothing/Uniform Allowance		6,000		BC No. 2012-1 2/23/2012							
Magna Carta		15,760									
Other Bonus and Incentives											
Productivity Incentive Bonus		2,000									
Mid-Year Benefit				RA 8441 7/28/1997							
Administrator		143,534									
Deputy Administrator II		114,981									
Year-End Benefit				BC No. 2016-3 4/28/2016							
Administrator		143,534									
Deputy Administrator II		114,981									
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											