REPUBLIC OF THE PHILIPPINES BC-CSC Form No. 1 (Position Description Form) 2. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT LEYTE STATE UNIVERSITY 4. DEPT./BRANCH/DIVISION Department of Development Communication					1. NAME OF EMPLOYEE VALENZONA FRANCISCO M (Family Name) (Given Name) (Middle Name) 3. BUREAU OR OFFICE Department of Development Communication 5. WORK STATION/PLACE OF WORK								
									lopment C			Baybay, Leyte	
							6a. PRES. APPRO ACT/ BOARD RES/ ORD. NO.). 801	onerda broomb	6b. PREV. APP ACT/ BOARD RES ITEM NO. Vi		7a. SALARY P.A.: P 64,068.00 7b. OTHER COMPENSATION: F	PERA/ACA
							8. OFFICIAL DESI	IGNATIO	N OF POSI	TION		9. WORKING PROPOSED TITLE	
Utility Worker I					Utility Worker I								
10. WAPCO CLASSIFICATION OF THIS POSITION					11. OCCUPATION GROUP TITLE (leave blank)	tes e anto							
12. FOR LOCAL G MUNICIPA		hollogy	7111/	CITY [evi: (17)	deservações de la Colonia de l							
		1st	2nd	3rd	4th 5th 6th								
attach addition Percent of : Working Time :	nal shee	ts.		DUTIES	Molific Policing Community and Company of the Compa	riaco objecto o							
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50%	2.		orm messengeri		duties that may be assign	ed medicinals							
10%	3.	The da at	ther tasks ass	igned by the	sumeriors.								
10%		10 00 0	0.10.1	-3									
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		o-iwaqu?			9150								
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POSITION TITLE OF IMMEDIATE SUPERVISOR	LE DOOLTION TITLE OF NEVT LICHEN
	15. POSITION TITLE OF NEXT HIGHER
	SUPERVISOR
Department Head	Director, College of Agriculture
	SUPERVISE (if more than (7) list
NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY S	SOLETONE (IIII) STATE OF A THE STATE OF A ST
only by their item nos. and titles)	AP SERVING STOLES BLAZE
MACHINES, EQUIPMENT, TOOLS, etc. used regularly in perfe	ormance of work.
	national and the second second
A 4 4 SA TAR STI	19. WORKING CONDITION
CONTACT	Normal Working Condition
ACA ACA Occasional Frequent	Field work []
General Public []	Field Trips [1]
Other Agencies []	Exposed Waried Weather
Supervisors []	Other's (Specify)
Management []	Other's (Specify)
Others (Specify) [] []	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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I CERTIFY that the above answers are accurate and complete.	- Applalengona
	FRANCISCO W VALENZONA
Date	Signature of Employee
Department Utility Worker I	
a Indicate the required qualifications by years and kind of educ vacancy for this position. (Keep the position in mind rather th incumbent. This item should be filled for all positions other th	an the qualifications of the present
Experience: Must be able to read and write.	
expenence:	1. £0-4. 1
Experience:	
expenence:	nd complete. Lucimu Am
b. Licenses or certificates required to do this work, if any.	nd complete. ROTAGIO S. GRAVOSO
b. Licenses or certificates required to do this work, if any. I HEREBY CERTIFY that the above answers are accurate an	ROTAGIO S. GRAVOSO
b. Licenses or certificates required to do this work, if any.	Rulimu Color
b. Licenses or certificates required to do this work, if any. I HEREBY CERTIFY that the above answers are accurate an	ROTACIO S. GRAVOSO Signature and Title of Immediate
b. Licenses or certificates required to do this work, if any. I HEREBY CERTIFY that the above answers are accurate an	ROTACIO S. GRAVOSO Signature and Title of Immediate Supervisor
b. Licenses or certificates required to do this work, if any. I HEREBY CERTIFY that the above answers are accurate an	ROTACIO S. GRAVOSO Signature and Title of Immediate