Managementary (Advisory Control of Control o	· · · · · · · · · · · · · · · · · · ·
REPUBLIC OF THE PHILIPPINES	1. NAME OF EMPLOYEE
BC-CSC Form No. 1	TOURAS MICHEUE CALRA
(Position Description Form)	(Family Name) (Given Name) from (Middle Name)
2. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNME	3. BUREAU OR OFFICE
VISAYAS STATE UNIVERSITY	VSU
4. DEPT./BRANCH/DIVISION	5. WORK STATION/PLACE OF WORK
6a. PRES. APPRO. 6b. PREV. APPRO ACT/	7a. SALARY, P.A. , nearing , nearons
SOARD RES/ ORD. NO. BOARD RES/ ITEM NO.	7b. OTHER COMPENSATIONERA/ACA
8. OFFICIAL DESIGNATION OF POSITION	9. WORKING PROPOSED TITLE
10. WAPCO CLASSIFICATION OF THIS POSITION	11. OCCUPATION GROUP TITLE (leave blank)
12. FOR LOCAL GOVERNMENT POSITION; CHECK MUNICIPALITY []	GOVERNMENTAL UNIT AND UNIT'S CLASS CITY [] PROVINCE []
1st 2nd	4th 5th 6th
13. STATEMENT OF DUTIES AND RESPONSIBILIT attach additional sheets.	
Percent of : . **********************************	TO THE STATE OF TH
Work g Time: DUTIES	Signal to eastern the same a mit affects adopted to
	Instruction
	performs other teaching related functions,
among others the following:	
a) Prepared teaching materi	als/guides and submit to department head.
	d/final/long hours/quizzes).
그리스에게 되는 그래요 하는 사람들이 들어왔다. 이 사는 사람들이 아름다면 되었는데 아름다면 하는데 아름다면 하는데 하는데 하는데 이렇게 되었다면 되었다면 하는데 하는데 하는데	return 1 week after exam.
	turn over class records to department head
two weeks after final e	
5% 2. Member in different committee	
5% 3. Participate in the co-curricu	
5% 4. Perform other functions assign	ned by the Department Head.
100%	

Hills

ANDAYS SEE SEE SEEDING SEE SALES	SUPERVISOR SUPERVISOR
Depat. Head	Cellege Dean
NAMES, TITLES AND ITEM NOS. OF THOSE only by their item nos. and titles)	YOU DIRECTLY SU傳版RMINS模7) list
MACHINES, EQUIPMENT, TOOLS, etc. used	d regularly in performance of work.
computer, printer, beeks, etc.	्रवार्थ प्राप्तान एक । । । । । । । । । । । । । । । । । ।
CONTACT Occasional Frequent General Public [] [[]	19. WORKING CONDITION Normal Working Condition xx Field work
Other Agencies [] [] Supervisors [] []	Field Trips [] Exposed to Varied Weather
Management [] [] Others (Specify) []	Other's (Specify)
I CERTIFY that the above answers are accurat	te and complete.
MW. 7, 2013	Magnarial
Date	Signature of Employee
Describe briefly the general function of the Unit	
Describe briefly the general function of the pos	sition.
Instruction	
a Indicate the required qualifications by years a vacancy for this position. (Keep the position in incumbent. This item should be filled for all position.)	mind rather than the qualifications of the present
Education: Masteral degree in the fiel Experience:	d ef specialization.
Licenses or certificates required to do this wo	ork,
I HEREBY CERTIFY that the above answers	are accurate and complete.
I I THE I SHOW FOR I THE BOOK I CALL I STATE OF THE WASHINGTON A STATE OF THE PARTY	
	April /
Date	Signature and Title of Innediate
	Signature and Title of Innectiate Supervisor JOSE L. ACUSMO