| REPUBLIC OF THE PHILIPPINES | 1. NAME OF EMPLOYEE |
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| BC-CSC Form No. 1 | |
| (Position Description Form) | TBANEZ (FAMILY NAME) (Given Name) (Middle Name) |
| 2. DEPARTMENT, CORPORATION OR AGENCY/LOCAL GOVERNMENT | 3. BUREAU OR OFFICE |
| Visayas State University, Baybay City, Leyte | DEPT OF CONSUMER & HOSPITALITY MGT |
| 4. DEPT./BRANCH/DIVISION | 5. WORK STATION/PLACE OF WORK |
| 6a. PRES. APPRO. 6b. PREV. APPRO | 7a. SALARY P.A.: |
| ACT/ BOARD RES/ BOARD RES/ | |
| ORD. NO. ORD. NO. ITEM NO. ITEM NO. | 7b. OTHER COMPENSATION: P 24,000.00 |
| 8. OFFICIAL DESIGNATION OF POSITION | 9. WORKING PROPOSED TITLE |
| Instructor I | |
| 10. WAPCO CLASSIFICATION OF THIS POSITION | 11. OCCUPATION GROUP TITLE |
| 10. MAZCO CIMBOTTI | (leave blank) |
| 12. FOR LOCAL GOVERNMENT POSITION, CHECK GOV | THE PARTY OF THE P |
| 1st 2nd 3rd 4 | PROVINCE [] |
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| 14. | POSITION TITLE OF IN | MEDIATE SUPERVISOR | 15.POSITION TITLE OF NEXT HIGHER SUPERVISOR | - |
| | Department Head | IBADEZ | Cellege Dean | |
| 16. | NAMES, TITLES AND I | TEM NOS. OF THOSE YOU and titles) | DIRECTLY SUPERVISE (if more than (7), list | |
| | MILE & TOSPHALID ME | DEM OF CMS | | |
| 17. | | TOOLS, etc. used re | egularly in performance of work. | |
| | | it, beens, bearing, | 19. WORKING CONDITION | |
| 18. | General Public Other Agencies Supervisors Management Other (Specify) | Casional Frequent [X] [] [] [] [] [] [] [] [] [] | Normal Working Condition [2] Field Work [Field Trips [Exposed to Varied Weather [Others (Specify) [| K]]]] |
| 20 | | above answers are ac | curate and complete. | |
| 20. | 11-28-20 Date | | Signature of Employee | |
| 21. | | | f the Unit or Section. | |
| 21. | | truction, research & | | |
| 2 | 2. Describe briefly | the general function | n of the position. | |
| | Instruction | 2 2 2 2 2 2 | | |
| 23a. | | of the present incum | years and kind of education considered (Keep the position in mind rather the abent. This item should be filled for | |
| | - | l degree in the area | of specialization. | 2 |
| | Experience: | | | |
| 23b. | Licenses or certif | icates required to do | this work, if any. | |
| 24. | I HEREBY CERTIFY t | | s are accurate and complete. | |
| | Date | | Signature and Title of Immediate Supervisor | |
| 25. | APPROVED: | | JOSE L. BACUSMO | |
| | Date | | Head of Agency | |
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