

172

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| REPUBLIC OF THE PHILIPPINES BC-CSC Form No. 1 (Position Description Form) | | 1. NAME OF EMPLOYEE MORENO LUZ O. <small>(Family Name) (Given Name) (Middle Name)</small> | |
| 2. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT LEYTE STATE UNIVERSITY | | 3. BUREAU OR OFFICE National Abaca Research Center | |
| 4. DEPT./BRANCH/DIVISION | | 5. WORK STATION/PLACE OF WORK Visca, Baybay, Leyte | |
| 6a. PRES. APPRO. ACT/ BOARD RES/ ORD. NO. RA 7180 | 6b. PREV. APPRO. ACT/ BOARD RES/ ITEM NO. 157-1 | 7a. SALARY P.A. 7b. OTHER COMPENSATION: | |
| 8. OFFICIAL DESIGNATION OF POSITION Assistant Professor 4 | | 9. WORKING PROPOSED TITLE Assistant Professor 4 | |
| 10. WAPCO CLASSIFICATION OF THIS POSITION | | 11. OCCUPATION GROUP TITLE <small>(leave blank)</small> | |
| 12. FOR LOCAL GOVERNMENT POSITION, CHECK GOVERNMENTAL UNIT AND UNIT'S CLASS | | | |
| MUNICIPALITY [] | | CITY [] | |
| PROVINCE [] | | | |
| 1st [] 2nd [] | | 3rd [] 4th [] 5th [] 6th [] | |
| 13. STATEMENT OF DUTIES AND RESPONSIBILITIES. If more space is needed, please attach additional sheets. | | | |
| Percent of Working Time : | | | |
| DUTIES | | | |
| 55% 10% 10% 10% 10% 100% | Plans and implements researches on crop improvement (abaca) In-charge Crop Improvement section Handles Laboratory classes in Ag. Botany 113 and PB 111 Performs extension activities (acts as resource person during trainings & investment forum) In-charge abaca germplasm collection Performs duties that may be assigned from time to time by the immediate supervisor | | |

(20)

| <p>14. POSITION TITLE OF IMMEDIATE SUPERVISOR</p> <p style="text-align: center; font-weight: bold;">Professor/Director ODRD</p> | <p>15. POSITION TITLE OF NEXT HIGHER SUPERVISOR</p> <p style="text-align: center; font-weight: bold;">Professor/VP Academic Affairs</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------------------------------|----------|----------------|-------------------------------------|--------------------------|----------------|--------------------------|-------------------------------------|-------------|--------------------------|-------------------------------------|------------|--------------------------|-------------------------------------|------------------|--------------------------|--------------------------|--|--------------------------|-------------------------------------|------------|-------------------------------------|-------------|-------------------------------------|---------------------------|--------------------------|---------------------------|-------------------------------------|
| <p>16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (if more than (7) list only by their item nos. and titles)</p> <p style="text-align: center; font-weight: bold;">SRAs/Aides, Laborers,</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.</p> <p style="text-align: center; font-weight: bold;">Computer, typewriter, calculator laboratory equipment</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>18. CONTACT</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 30%; text-align: center;">Occasional</th> <th style="width: 30%; text-align: center;">Frequent</th> </tr> </thead> <tbody> <tr> <td>General Public</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other Agencies</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Supervisors</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Management</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Others (Specify)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> | | Occasional | Frequent | General Public | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other Agencies | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Supervisors | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Management | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Others (Specify) | <input type="checkbox"/> | <input type="checkbox"/> | <p>19. WORKING CONDITION</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Normal Working Condition</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Field work</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Field Trips</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Exposed to Varied Weather</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other's (Specify) Travels</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </tbody> </table> | Normal Working Condition | <input checked="" type="checkbox"/> | Field work | <input checked="" type="checkbox"/> | Field Trips | <input checked="" type="checkbox"/> | Exposed to Varied Weather | <input type="checkbox"/> | Other's (Specify) Travels | <input checked="" type="checkbox"/> |
| | Occasional | Frequent | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Public | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Agencies | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisors | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Management | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Others (Specify) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Normal Working Condition | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field work | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field Trips | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exposed to Varied Weather | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other's (Specify) Travels | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>20. I CERTIFY that the above answers are accurate and complete</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;"> <p><u>Nov 27, 201</u></p> <p>Date</p> </div> <div style="width: 45%; text-align: center;"> <p></p> <p>Signature of Employee</p> </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>21. Describe briefly the general function of the Unit or Section.</p> <p style="text-align: center; font-weight: bold;">To conduct/implement research and extension on all aspects of abaca</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>22. Describe briefly the general function of the position.</p> <p style="text-align: center; font-weight: bold;">To do research, extension and instruction</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>23.a. Indicate the required qualifications by years and kind of education considered in filling up a vacancy for this position. (Keep the position in mind rather than the qualifications of the present incumbent. This item should be filled for all positions other than teaching)</p> <p>Education: <u>Master's degree in the area of specialization</u></p> <p>Experience: <u>required</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>23b. Licenses or certificates required to do this work, if any.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>24. I HEREBY CERTIFY that the above answers are accurate and complete.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;"> <p><u>11-27-201</u></p> <p>Date</p> </div> <div style="width: 45%; text-align: center;"> <p></p> <p>LELITA R. GONZAL</p> <p>Signature and Title of Immediate Supervisor</p> </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>25. APPROVED</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;"> <p>_____</p> <p>Date</p> </div> <div style="width: 45%; text-align: center;"> <p></p> <p>PACIENCIA P. MILAN</p> <p>Head of Agency</p> </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |