

REPUBLIC OF THE PHILIPPINES BC-CSC Form No. 1 (Position Description Form)		1. NAME OF EMPLOYEE GOFREDO, TEOFILO CAÑETE (Family Name) (Given Name) (Middle Name)	
2. DEPARTMENT, CORPORATION OR AGENCY/LOCAL GOVERNMENT Visayas State College of Agriculture		3. BUREAU OR OFFICE ACCOUNTING DIVISION	
4. DEPT./BRANCH/DIVISION Accounting Division		5. WORK STATION/PLACE OF WORK Accounting Division	
6a. PRES. APPRO. ACT/ BOARD RES/ ORD. NO. ITEM NO.	6b. PREV. APPRO ACT/ BOARD RES/ ORD. NO. ITEM NO.	7a. SALARY P.A.: 7b. OTHER COMPENSATION:	
8. OFFICIAL DESIGNATION OF POSITION Clerk I		9. WORKING PROPOSED TITLE	
10. WAPCO CLASSIFICATION OF THIS POSITION		11. OCCUPATION GROUP TITLE (leave blank)	
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 attached additional sheets.			
Percent of Working Time : DUTIES			
25%	1. Types Vouchers		
25%	2. Types Certifications/remittances		
10%	3. Operates xerox machine		
10%	4. Incharge of forms to be mimeographed at the the mimeo office		
20%	5. Assists in typing BIR form W-2, 1701-A, W-4		
10%	6. Performs other tasks that may be assigned from time to time		

14. POSITION TITLE OF IMMEDIATE SUPERVISOR ACCOUNTING DIVISION	15. POSITION TITLE OF NEXT HIGHER SUPERVISOR ACCOUNTANT I																												
16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (if more than (7), list only by their item nos. and titles)																													
17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work. Typewriter, Computer, Calculator																													
18. CONTRACT <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Occasional</th> <th style="text-align: center;">Frequent</th> </tr> </thead> <tbody> <tr> <td>General Public</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Other Agencies</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Supervisors</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Management</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Other (Specify)</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> </tbody> </table>		Occasional	Frequent	General Public	[]	[]	Other Agencies	[]	[]	Supervisors	[]	[]	Management	[]	[]	Other (Specify)	[]	[]	19. WORKING CONDITION <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Normal Working Condition</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Field Work</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Field Trips</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Exposed to Varied Weather</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Others (Specify)</td> <td style="text-align: center;">[]</td> </tr> </tbody> </table>	Normal Working Condition	[]	Field Work	[]	Field Trips	[]	Exposed to Varied Weather	[]	Others (Specify)	[]
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20. I CERTIFY that the above answers are accurate and complete. June 16, 1997 Date TEOFILO C. NOFREDO Signature of Employee																													
21. Describe briefly the general function of the Unit or Section. Vouchers, payrolls processing																													
22. Describe briefly the general function of the position. Posting																													
23a. 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). Education: Completion of two years study in College Experience: None Required																													
23b. Licenses or certificates required to do this work, if any.																													
24. I HEREBY CERTIFY that the above answers are accurate and complete. June 16, 1997 Date ROBERTA C. LEMOS Signature and Title of Immediate Supervisor																													
25. APPROVED: Date SAMUEL S. CO Head of Agency																													