	REPUBLIC OF THE PHILIPPINES BC-CSC Form No. 1 (Position Description Form)	1. NAME OF EMPLOYEE SEREGENA RUTH L. MARTINGZ (Family Name) (Given Name) (Middle Name)		
2.	DEPARTMENT, CORPORATION OR AGENCE GOVERNMENT Department of Ar Visayas State College of Agriculture			
4.	DEPT./BRANCH/DIVISION of Arts	Letters 5. WORK STATION/PLACE OF WORK		
6a.	PRES. APPRO. 6b. PREV. APPRO ACT/BOARD RES/BOARD RES/ORD. NO. ITEM NO. ITEM NO.	7a. SALARY P.A.: 7b. OTHER COMPENSATION:		
8.	OFFICIAL DESIGNATION OF POSITION INSTRUCTOR I	9. WORKING PROPOSED TITLE		
10.	Titamotromon T	TION 11. OCCUPATION GROUP TITLE (1cave blank)		
12.	MUNICIPALITY []	CCK GOVERNMENTAL UNIT AND UNIT'S CLASS CITY[] PROVINCE [] 1 4th 5th 6th 1 x i] [] []		
13.	STATEMENT OF DUFIES AND RESPONS attached additional sheets.	ILITIES. If more space is needed, please		
	cent of : water and the rest	UTIES		
		d Speech Courses at DAL.		
	2/2 - Member of different Committeeship. 2/2 - Critiguing undergraduate manuscript.			
	the state of the s	given by the department head from		

14.	POSITION TITLE OF IMMEDIATE SUPERVISOR	15. POSITION TITLE OF NEXT HIGHER SUPERVISOR	
16.	NAMES. TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE IT more than (7), list only by their item nos. and titles)		
17.	MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.		
18.	Calculator, visual aids, ball pen, CONTRACT Occasional Frequent General Public [] [] Other Agencies [] [x] Supervisors [] [] Management [] [x] Other (Specify) [] []	Normal Working Condition Field Work Field Trips Exposed to Varied Weather Others (Specify)	
20.	I CERTIFY that the above answers are accurate and complete.		
	May 16 1mod Date	Signature of Employee	
21.	Describe briefly the general function of		
22.	Describe briefly the general function of	the students through quality instruction quity and well being of the College as a the position.	
23a.	•	(Keep the position in m nd rather than nt. This item should be filled for all	
23b.	Licenses or certificates required to do t	his work, if any.	
-		***************************************	
24.	I HEREBY CERTIFY that the above answers are accurate and complete. Signature and Title of Timediane Supervisor		
25.	APPROVED:		
	Date	PACIFICATION OF LANGUAGE PACIFICATION OF LANGU	