REPUBLIC OF THE PHILIPPINES
BC-CSC Form No. 1
(POSITION DESCRIPTION FORM)

1. NAME OF EMPLOYEE

GABUNADA	FE	MACAVINTA
FAMILY NAME	GIVEN NAME	MIDDLE NAME

2. DEPARTMENT, CORPORATION OR AGENCY/
LOCAL GOVERNMENT
Visayas State College of Agriculture

3. BUREAU OF OFFICE
VISCA

4. DEPT/BRANCH DIVISION
FAIMI

5. WORK STATION/PLACE OF WORK
Baybay, Leyte

6a. PRES. APPROP. ACT/ BOARD RES./ ORD. NO. ITEM NO.	6b. PREV. APPROP. ACT/ BOARD RES./ ORD. NO. ITEM NO.	7a. SALARY P.A. AUTHORIZED / ACTUAL	7b. OTHER COMPENSATION

8. OFFICIAL DESIGNATION OF POSITION
Instructor

9. WORKING OR PROPOSED TITLE
Instructor

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 attache additional sheets.

Percent of working time	

14. POSITION TITLE OF IMMEDIATE SUPERVISOR

Director

15. POSITION TITLE OF NEXT HIGHER SUPERVISOR

Director-ODREX

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

Computer, logbook, calculator

18. CONTACTS

	Occasional	Frequent
General Public	/ /	/X/
Other Agencies	/ /	/X/
Supervisors	/ /	/ /
Management	/ /	/ /
Others (specify)	/ /	/ /

19. WORKING CONDITION

Normal Working Condition	X /
Field Work	/ /
Field Trips	/ /
Exposed to varied weather	/ /
Others (specify)	/ /

20. I CERTIFY THAT the above answers are accurate and complete.

May 31, 1996
Date

Signature of Employee

21. Describe briefly the general function of the Unit or Section.

22. Describe briefly the general function of the position.

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:

Experience:

23b. License or certificates required to do this work, if any.

24. I hereby certify that the above answers are accurate and complete.

Date

DOLORES L. ALCOBER

Signature and Title of Immediate Supervisor

25. APPROVED:

Date

SAMUEL S. GO

Head of Agency