| REPUBLIC OF THE PHILIPPINES   |  |   |   | 1. NAME OF EMPLOYEE  |  |   |  |
|---|--|---|---|--|--|---|--|
| BC-CSC Form No. 1   |  |   | GATCHALTAN FLORIFIE A.                            |  |  |   |  |
| (Position Description Form)   |  |   |   | (Family Name) (Given Name) (Middle Name)  3. BUREAU OR OFFICE  |  |   |  |
| DEPARTMENT, CO  |  | OR AGENCY/  |   | 3. BUREAU  | OR OFFICE  |   |  |
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Life a of Agency

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|--|--|--|--|
| 14. POSITION TITLE OF IMMEDIATE SUPERVISOR Institute Director  | 15. POSITION TITLE OF NEXT HIGHER SUPERVISOR   |  |  |
| I I BURGAN ON OFFICE   | College Ecan   |  |  |
| 16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRE only by their item nos. and titles)  17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly   | MORN GHOMADELTHEO  |  |  |
| athletic equipment   | in performance of work.  |  |  |
| 18. CONTACT  |  |  |  |
| Occasional Frequent  | 19. WORKING CONDITION  |  |  |
| General Public X   | Normal Working Condition   |  |  |
| Other Agencies [X]   | Field work   |  |  |
| Supervisors []   | Exposed to Varied Weather  |  |  |
| Management [ ] [ ] Others (Specify) [ ]  | Other's (Specify) [ ]  |  |  |
| COAJO DI MALLUMA RYNU LATY   | THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.   |  |  |
| 20. I CERTIFY that the above answers are accurate and com  | plete / LIAGRIANA.   |  |  |
| Later to the first to the second   | Only s   |  |  |
| 10/07/07   | 1 mu   |  |  |
| Date   | Signature of Employee  |  |  |
| 1. Describe briefly the general function of the Unit or Section  |  |  |  |
| To provide instruction in Service Physics  | 1  |  |  |
| Education courses.   | sical Education and Diploma in Physical  |  |  |
| Describe briefly the general function of the position.   | A Property of the Control of the Con |  |  |
| To provide instruction in physical ed  | ucation courses.   |  |  |
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| The second secon | recording the received a control of the recording to the  |  |  |
| 3.a Indicate the required qualifications by years and kind of evacancy for this position. (Keep the position in mind rathe incumbent. This item should be filled for all positions oth   | or thon the qualification of the   |  |  |
| Education: Des James 1   | Roughages to the fact charter of the first to  |  |  |
| Education: BS degree in the area of specialis  | zation   |  |  |
| Experience:  | 20 CC)   |  |  |
|  |  |  |  |
| 3b. Licenses or certificates required to do this work, if any.   |  |  |  |
|  |  |  |  |
| 4. I HEREBY CERTIFY that the above answers are accurate  | and a with   |  |  |
| and anothers are accurate  | and complete.  |  |  |
| .14  |  |  |  |
| _/0/5/07   | ALEY A. VILLOCINO .  |  |  |
| Date   | Signature and Title of Immediate   |  |  |
| 5. APPROVED  | Supervisor   |  |  |
| 3. APPROVED  |  |  |  |
|  | MINT   |  |  |
| Date   | BACUSMO  |  |  |
|  | Head of Agency   |  |  |
|  |  |  |  |