

REPUBLIC OF THE PHILIPPINES

BC-CSC Form No. 1

(Position Description Form)

1. NAME OF EMPLOYEE

CAYTEANO JOSEPH R.

(Family Name) (Given Name) (Middle Name)

2. DEPARTMENT, CORPORATION OR AGENCY/
LOCAL GOVERNMENT

LEYTE STATE UNIVERSITY

3. BUREAU OR OFFICE

LSU

4. DEPT./BRANCH/DIVISION

Institute of Human Kinetics

5. WORK STATION/PLACE OF WORK

LSU

3a. PRES. APPRO.

ACT/

BOARD RES/

ORD. NO.

6b. PREV. APPRO

ACT/

BOARD RES/

ITEM NO. 13

7a. SALARY P.A.:

7b. OTHER COMPENSATION: PERA/ACA

3. OFFICIAL DESIGNATION OF POSITION

Instructor I

9. WORKING PROPOSED TITLE

10. WAPCO GLASSIFICATION OF THIS POSITION

Instructor I

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

[]

3. STATEMENT OF DUTIES AND RESPONSIBILITIES. If more space is needed, please attach additional sheets.

Percent of

Working Time:

DUTIES

80% 1. Teaches Service Physical Education 11, 12 & Physical Education, Health, Music (PEHM) courses.

15% 2. University Band Master

5% 3. Other tasks that maybe assigned by immediate superior.

100%

14. POSITION TITLE OF IMMEDIATE SUPERVISOR Institute Director		15. POSITION TITLE OF NEXT HIGHER SUPERVISOR College Dean	
16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (if more than (7) list only by their item nos. and titles) athletic equipment None			
17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work. athletic equipment			
18. CONTACT		19. WORKING CONDITION	
Occasional Frequent		Normal Working Condition <input checked="" type="checkbox"/>	
General Public <input checked="" type="checkbox"/>		Field work <input type="checkbox"/>	
Other Agencies <input checked="" type="checkbox"/>		Field Trips <input type="checkbox"/>	
Supervisors <input type="checkbox"/>		Exposed to Varied Weather	
Management <input type="checkbox"/>		Other's (Specify) <input type="checkbox"/>	
Others (Specify) <input type="checkbox"/>			
20. I CERTIFY that the above answers are accurate and complete. _____ Date _____ Signature of Employee			
21. Describe briefly the general function of the Unit or Section. To provide instruction in Service PE and Diploma in Physical Education courses.			
22. Describe briefly the general function of the position. To provide instruction in physical education courses.			
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: BS degree with specific area of specialization. Experience:			
23b. Licenses or certificates required to do this work, if any.			
24. I HEREBY CERTIFY that the above answers are accurate and complete. June 12/08 Date ALEX A. VILLOCINO Signature and Title of Immediate Supervisor JOSE L. BACUSIN Head of Agency			
25. APPROVED _____ Date			