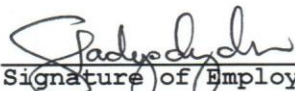
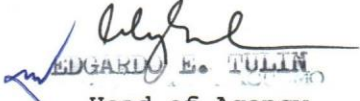


REPUBLIC OF THE PHILIPPINES BC-CSC Form No. 1 (Position Description Form)		1. NAME OF EMPLOYEE Doydora Gladys Gaspay (Family Name) (Given Name) (Middle Name)	
2. DEPARTMENT, CORPORATION OR AGENCY/LOCAL GOVERNMENT Visayas State University, Baybay City, Leyte		3. BUREAU OR OFFICE	
4. DEPT./BRANCH/DIVISION Department of Civil Engineering		5. WORK STATION/PLACE OF WORK VSU/ Baybay City, Leyte	
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: P 24,000.00	
8. OFFICIAL DESIGNATION OF POSITION Instructor-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: D U T I E S			
85% 1. Teaches assigned subject and performs other teaching related functions, among others the following: a) Prepared teaching materials/guides and submit to department head. b) Conducts examination (mid/final/long hours/quizzes). c) Checks test papers and return 1 week after exam. d) Submits grade sheet and turn over class records to department head two weeks after final examination. 5% 2. Member in different committees. 5% 3. Participate in the co-curricular activities. 5% 4. Perform other functions assigned by the Department Head. 100%			

14. POSITION TITLE OF IMMEDIATE SUPERVISOR Department Head	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)																			
17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work. computer, printer, books, etc.																			
18. CONTRACT <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center; border-bottom: 1px solid black;">Occasional</th> <th style="text-align: center; border-bottom: 1px solid black;">Frequent</th> </tr> </thead> <tbody> <tr> <td>General Public</td> <td style="text-align: center;">[X]</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	[X]	[]	Other Agencies	[]	[]	Supervisors	[]	[]	Management	[]	[]	Other (Specify)	[]	[]	19. WORKING CONDITION Normal Working Condition [X] Field Work [] Field Trips [] Exposed to Varied Weather [] Others (Specify) []
	Occasional	Frequent																	
General Public	[X]	[]																	
Other Agencies	[]	[]																	
Supervisors	[]	[]																	
Management	[]	[]																	
Other (Specify)	[]	[]																	
20. I CERTIFY that the above answers are accurate and complete. <u>OCTOBER 28, 2015</u> Date  Signature of Employee																			
21. Describe briefly the general function of the Unit or Section. To provide instruction, research & extension services.																			
22. Describe briefly the general function of the position. Instruction																			
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: Masteral degree in the field 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. _____ Date  EPIFANIA G. LORETO Signature and Title of Immediate Supervisor																			
25. APPROVED: _____ Date  EDGARDO E. TULLIN Head of Agency																			