

REPUBLIC OF THE PHILIPPINES

BC-CSC Form No. 1

(Position Description Form)

1. NAME OF EMPLOYEE

GONZAGA ZENAIDA CUEVAS

(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

HORTICULTURE

5. WORK STATION/PLACE OF WORK

DOH, LSU, Visca

6a. PRES. APPRO

ACT/

BOARD RES/

ORD NO

6b. PREV. APPRO

ACT/

BOARD RES/

ITEM NO

7a. SALARY P.A.

7b. OTHER COMPENSATION PERA/VACA

P12000.00/a

8. OFFICIAL DESIGNATION OF POSITION

Asst. Prof. II

9. WORKING PROPOSED TITLE

Asst. Prof. II

10. WARCO CLASSIFICATION OF THIS POSITION

Asst. Prof. II

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

attach additional sheets.

Percent of

Working Time

DUTIES

80% Teaching

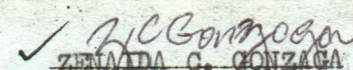
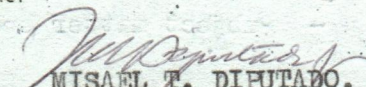
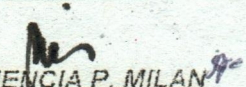
- Teaches HORT 22, HORT 141, HORT 110

10% Research

- Do research work on ornamentals and vegetable crops

10% Extension

- Subject matter specialist

14. POSITION TITLE OF IMMEDIATE SUPERVISOR HUMAN RESOURCE MANAGEMENT OFFICER IV Department Head, DOH	15. POSITION TITLE OF NEXT HIGHER SUPERVISOR Dean, College of Agriculture																												
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. pens, class record, chalk, calculator, overhead projector, computer, chalkboard, etc.																													
18. CONTACT <table style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Occasional</th> <th style="text-align: center;">Frequent</th> </tr> </thead> <tbody> <tr> <td>General Public</td> <td style="text-align: center;">☒</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>Others (Specify)</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☒ students</td> </tr> </tbody> </table>		Occasional	Frequent	General Public	☒	☐	Other Agencies	☒	☐	Supervisors	☐	☒	Management	☐	☒	Others (Specify)	☐	☒ students	19. WORKING CONDITION <table style="width: 100%;"> <tbody> <tr> <td>Normal Working Condition</td> <td style="text-align: right;">☒</td> </tr> <tr> <td>Field work</td> <td style="text-align: right;">☒</td> </tr> <tr> <td>Field Trips</td> <td style="text-align: right;">☐</td> </tr> <tr> <td>Exposed to Varied Weather</td> <td style="text-align: right;">☐</td> </tr> <tr> <td>Other's (Specify)</td> <td style="text-align: right;">☐</td> </tr> </tbody> </table>	Normal Working Condition	☒	Field work	☒	Field Trips	☐	Exposed to Varied Weather	☐	Other's (Specify)	☐
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20. I CERTIFY that the above answers are accurate and complete. <u>Sept 27, 2002</u> Date  ZETAIDA C. GONZAGA Signature of Employee																													
21. Describe briefly the general function of the Unit or Section Do instruction, research and extension on horticultural crops.																													
22. Describe briefly the general function of the position. Teaching Horticulture subjects																													
23.a. 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: Relevant masteral degree Experience: 1 year of relevant experience; 4 hours of relevant training.																													
23.b. Licenses or certificates required to do this work, if any:																													
24. I HEREBY CERTIFY that the above answers are accurate and complete. <u>October 3, 2002</u> Date  MISAEAL F. DIPUTADO, JR. Signature and Title of Immediate Supervisor																													
25. APPROVED _____ Date  PACIENCIA P. MILAN Head of Agency																													