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REPUBLIC OF THE PHILIPPINES  BC-CSC Form No. 1  (Position Description Form)		1. NAME OF EMPLOYEE  MANGAOANG YOLANDA DELA CRUZ
GOVERNMEN	TT, CORPORATION OR AGENCY/LOCAL IT IE STATE UNIVERSITY State College of Agriculture	(Family Name) (Given Name) (Middle Name)  3. BUREAU OR OFFICE
		5. WORK STATION/PLACE OF WORK
6a. PRES. APPRO. 6b. PREV. APPRO ACT/ BOARD RES/ ORD. NO. ORD. NO. ITEM NO. ITEM NO. VISCAB-AP2-3-1998		7a. SALARY P.A.: ₱ 169,176.00  7b. OTHER COMPENSATION: PERA/ACA
8. OFFICIAL DESIGNATION OF POSITION Assistant Professor 11		9. WORKING PROPOSED TITLE
10. WAPCO CLA	SSIFICATION OF THIS POSITION	11. OCCUPATION GROUP TITLE (leave blank)
12. FOR LOCAL MUNICIPA	GOVERNMENT POSITION, CHECK GOVER LITY [ ]	NMENTAL UNIT AND UNIT'S CLASS PROVINCE [ ]
i a	1st 2nd of 3rd 4th	5th 6th 6th 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13. STATEMENT attached	OF DUTIES AND RESPONSIBILITIES.	the complete the c
Percent of : Working Time :	DUTÍE	difficient your lovely on griffith and they be
85%	Teaches Plant Pathology, Microbiology and Plant Protection courses and advises undergraduate thesis students;	
10%	Conducts research activities on biological control of root crop pathogens and in vitrosselection for rice blast resistance;	
2%	Acts as Subject Matter Specialist in the departments pest clinic;	
3%	Performs other functions as chairman and/or member of the different committees in the department.	
	The second secon	

14. SUSC	POSITION TITLE OF IMMEDIATE SUPERVISOR  Department Head	15. POSITION TITLE OF NEXT HIGHER SUPERVISOR Director of Instruction	
6.	NAMES. TITLES AND ITEM NOS. OF THOSE YOU only by their item nos. and titles)	U DIRECTLY SUPERVISE (if more than (7), list	
7.	MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.  typewriter, puncher, stapler, ruler, scissor, ballpen & etc.		
18. 00.	CONTRACT  Occasional Frequent  General Public [ ]' [ ]  Other Agencies [ ] [ ]  Supervisors [ * ] [ ]  Management [ ] [ ]  Other (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 ac	ccurate and complete.	
	2 V. 1 2 221	YOLANDA C. MANGAOANG	
	9 Nov 2001 Date	Signature of Employee	
22.	To provide instruction in the depart	ment of Plant Protection.	
23a.	citting a secondary for this position	y years and kind of education considered in . (Keep the position in mind rather than mbent. This item should be filled for all	
	Experience: 2 years of relevant expe	erience; 8 hours of relevant training.	
23b.	Licenses or certificates required to d	to this work, it any.	
24.	I HEREBY CERTIFY that the above answer	rs are accurate and complete.	
	Date Si	ignature and Title of Immediate Supervisor	
25.	APPROVED:	PACIENCÍA P. MILAN, Ph.D President	
		Head of Agency	