

REPUBLIC OF THE PHILIPPINES BC-CSC Form No. 1 (Position Description Form)		1. NAME OF EMPLOYEE GABUNADA FE M. (Family Name) (Given Name) (Middle Name)	
2. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT LEYTE STATE UNIVERSITY		3. BUREAU OR OFFICE SUC LSU	
4. DEPT./BRANCH/DIVISION FARMI		5. WORK STATION/PLACE OF WORK FARMI	
6a. PRES. APPRO ACT/ BOARD RES/ ORD NO.	6b. PREV. APPRO ACT/ BOARD RES/ ITEM NO. AP3-2-2002	7a. SALARY P.A.: 7b. OTHER COMPENSATION: PERA/ACA	
8. OFFICIAL DESIGNATION OF POSITION Assistant Professor III		9. WORKING PROPOSED TITLE Assistant Professor III	
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 attach additional sheets.			
Percent of Working Time : DUTIES			
40%	1. Formulate agricultural economic research activities of the Institute.		
30%	2. Conduct field visits to gather information/data and monitor progress of agricultural economic research activities of the project sites.		
20%	3. Teach agricultural economics courses.		
10%	4. Do other duties that may be assigned by the Director of FARMI.		
100%			

14. POSITION TITLE OF IMMEDIATE SUPERVISOR HUMAN RESOURCE MANAGEMENT OFFICER IV Director FARM	15. POSITION TITLE OF NEXT HIGHER SUPERVISOR Director, ODRD																												
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, calculator																													
18. CONTACT <table style="width: 100%; border-collapse: collapse;"> <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;">[x]</td> </tr> <tr> <td>Other Agencies</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[x]</td> </tr> <tr> <td>Supervisors</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[x]</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;">[]</td> </tr> </tbody> </table>		Occasional	Frequent	General Public	[]	[x]	Other Agencies	[]	[x]	Supervisors	[]	[x]	Management	[]	[]	Others (Specify)	[]	[]	19. WORKING CONDITION <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Normal Working Condition</td> <td style="text-align: center;">[x]</td> </tr> <tr> <td>Field work</td> <td style="text-align: center;">[x]</td> </tr> <tr> <td>Field Trips</td> <td style="text-align: center;">[x]</td> </tr> <tr> <td>Exposed to Varied Weather</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Other's (Specify)</td> <td style="text-align: center;">[]</td> </tr> </tbody> </table>	Normal Working Condition	[x]	Field work	[x]	Field Trips	[x]	Exposed to Varied Weather	[]	Other's (Specify)	[]
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20. I CERTIFY that the above answers are accurate and complete. <u>August 14, 2013</u> Date <u>M. Haburide</u> Signature of Employee																													
21. Describe briefly the general function of the Unit or Section: Research and Extension																													
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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.																													
23b. Licenses or certificates required to do this work, if any.																													
24. I HEREBY CERTIFY that the above answers are accurate and complete. <u>Aug. 15, 2013</u> Date <u>ZOSIMO M. DE LA ROSA</u> Signature and Title of Immediate Supervisor																													
25. APPROVED _____ Date <u>PACIENCIA P. MILAN</u> Head of Agency																													