

REPUBLIC OF THE PHILIPPINES BC-CSC Form No. 1 (Position Description Form)		1. NAME OF EMPLOYEE VILLOCINO ALELI ADA (Family Name) (Given Name) (Middle Name)	
2. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT LEYTE STATE UNIVERSITY		3. BUREAU OR OFFICE Department of Physical Education	
4. DEPT./BRANCH/DIVISION Physical Education		5. WORK STATION/PLACE OF WORK	
6a. PRES. APPRO. ACT/ BOARD RES/ ORD. NO.	6b. PREV. APPRO ACT/ BOARD RES/ ITEM NO.	7a. SALARY P.A. 7b. OTHER COMPENSATION:	
8. OFFICIAL DESIGNATION OF POSITION Instructor III		9. WORKING PROPOSED TITLE Instructor 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			
80%	1. Teaches basic Physical Education 11, 12, 13 & 14		
15%	2. Varsity Sports Coordinator of the department		
5%	3. Other tasks that maybe assigned by immediate superior		
100%			

<p>14. POSITION TITLE OF IMMEDIATE SUPERVISOR</p> <p style="text-align: center;">Department Head</p>	<p>15. POSITION TITLE OF NEXT HIGHER SUPERVISOR</p> <p style="text-align: center;">Director of Instruction</p>																												
<p>16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (if more than (7) list only by their item nos. and titles)</p> <p style="text-align: center;">none</p>																													
<p>17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.</p> <p style="text-align: center;">athletic equipment</p>																													
<p>18. CONTACT</p> <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;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other Agencies</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Supervisors</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Management</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Others (Specify)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Occasional	Frequent	General Public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supervisors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Others (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<p>19. WORKING CONDITION</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Normal Working Condition</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Field work</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Field Trips</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Exposed to Varied Weather</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other's (Specify)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Normal Working Condition	<input checked="" type="checkbox"/>	Field work	<input type="checkbox"/>	Field Trips	<input type="checkbox"/>	Exposed to Varied Weather	<input type="checkbox"/>	Other's (Specify)	<input type="checkbox"/>
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<p>20. I CERTIFY that the above answers are accurate and complete.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p style="text-align: center;"><u>Dec 6/01</u></p> <p style="text-align: center;">Date</p> </div> <div style="width: 45%; text-align: right;"> <p style="text-align: center;">Signature of Employee</p> </div> </div>																													
<p>21. Describe briefly the general function of the Unit or Section.</p> <p style="text-align: center;">To provide instruction in physical education courses</p>																													
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<p>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).</p> <p>Education:</p> <p>Experience:</p>																													
<p>23b. Licenses or certificates required to do this work, if any.</p>																													
<p>24. I HEREBY CERTIFY that the above answers are accurate and complete.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p> </div> <div style="width: 45%; text-align: right;"> <p style="text-align: center;">REMEDIOS R. RUSSEL</p> <p style="text-align: center;">Signature and Title of Immediate Supervisor</p> </div> </div>																													
<p>25. APPROVED</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p> </div> <div style="width: 45%; text-align: right;"> <p style="text-align: center;">PACIENCIA P. MILAN</p> <p style="text-align: center;">Head of Agency</p> </div> </div>																													