

REPUBLIC OF THE PHILIPPINES BC-CSC Form No. 1 (Position Description Form)		1. NAME OF EMPLOYEE ORACION MARILYN Z. <small>(Family Name) (Given Name) (Middle Name)</small>	
2. DEPARTMENT, CORPORATION OR AGENCY/LOCAL GOVERNMENT Visayas State College of Agriculture		3. BUREAU OR OFFICE DPBAB	
4. DEPT./BRANCH/DIVISION DEBAB		5. WORK STATION/PLACE OF WORK	
6a. PRES. APPRC. ACT/ BOARD RES/ ORD. NO. ITEM NO.	6b. PREV. APPRO ACT/ BOARD RES/ ORD. NO. ITEM NO.	7a. SALARY P.A.: 7b. OTHER COMPENSATION:	
8. OFFICIAL DESIGNATION OF POSITION <i>Asst. Prof.</i>		9. WORKING PROPOSED TITLE <i>Asst. Prof.</i>	
10. WAPCO CLASSIFICATION OF THIS POSITION		11. OCCUPATION GROUP TITLE <small>(leave blank)</small>	
12. FOR LOCAL GOVERNMENT POSITION, CHECK GOVERNMENTAL UNIT AND UNIT'S CLASS MUNICIPALITY [] CITY [] PROVINCE [] <div style="display: flex; justify-content: space-around; margin-top: 5px;"> 1st [] 2nd [] 3rd [] 4th [] 5th [] 6th [] </div>			
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		
95%	Teaches Cytogenetics, Genetics and Botany courses;		
5%	Perform other functions assigned by immediate supervisor.		
<u>100%</u>			

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<p>14. POSITION TITLE OF IMMEDIATE SUPERVISOR DEPARTMENT HEAD</p>	<p>15. POSITION TITLE OF NEXT HIGHER SUPERVISOR 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) NONE</p>																													
<p>17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work. Books, calculator, etc.</p>																													
<p>18. CONTRACT</p> <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;"><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>Other (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"/>	Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<p>19. WORKING CONDITION</p> <table style="width: 100%;"><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>Others (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"/>	Others (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="text-align: center;"><p><u>Nov. 3, 1997</u></p><p>Date</p></div><div style="text-align: center;"><p><u><i>M. Z. Oracion</i></u></p><p>MARILYN Z. ORACION</p><p>Signature of Employee</p></div></div>																													
<p>21. Describe briefly the general function of the Unit or Section.</p> <p>To provide instruction, research and extension services in the field of plant breeding, genetics and botany.</p>																													
<p>22. Describe briefly the general function of the position.</p> <p>Teaches genetics and botany courses.</p>																													
<p>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).</p> <p>Education: Relevant masteral degree</p> <p>Experience: 2 yrs relevant experience; 8 hrs relevant training</p>																													
<p>23b. Licenses or certificates required to do this work, if any.</p> <p style="text-align: center;">None required</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: 10px;"><div style="text-align: center;"><p><u>Jan. 2, 1997</u></p><p>Date</p></div><div style="text-align: center;"><p><u><i>Othello B. Capuno</i></u></p><p>OTHELLO B. CAPUNO</p><p>Signature and Title of Immediate Supervisor</p></div></div>																													
<p>25. APPROVED:</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="text-align: center;"><p>_____</p><p>Date</p></div><div style="text-align: center;"><p><u><i>Samuel S. Go</i></u></p><p>SAMUEL S. GO</p><p>Head of Agency</p></div></div>																													