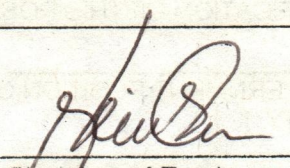
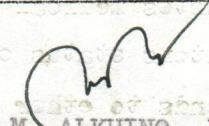
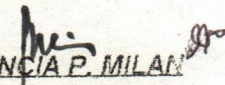


<b>REPUBLIC OF THE PHILIPPINES</b> BC-CSC Form No. 1 (Position Description Form)		1. NAME OF EMPLOYEE <b>YU ELWIN JAY VILLEGAS</b> <small>(Family Name) (Given Name) (Middle Name)</small>	
2. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT <b>LEYTE STATE UNIVERSITY</b>		3. BUREAU OR OFFICE <b>INFIRMARY</b>	
4. DEPT./BRANCH/DIVISION		5. WORK STATION/PLACE OF WORK	
6a. FRES. APPRO. ACT/ BOARD RES/ ORD. NO.	6b. PREV. APPRO ACT/ BOARD RES/ ITEM NO. <b>VISCAB-MDOF5-1-2001</b>	7a. SALARY P.A.: <b>P 231,012.00</b>  7b. OTHER COMPENSATION: <b>PERA/ACA</b>	
8. OFFICIAL DESIGNATION OF POSITION <b>Medical Officer V</b>		9. WORKING PROPOSED TITLE	
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;"> <div>1st [ ]</div> <div>2nd [ ]</div> <div>3rd [ ]</div> <div>4th [ ]</div> <div>5th [ ]</div> <div>6th [ ]</div> </div>			
13. STATEMENT OF DUTIES AND RESPONSIBILITIES. If more space is needed, please attach additional sheets.			
Percent of Working Time:		<b>DUTIES</b>	
30%  20%  10%  10%  10%  5%  5%  5%  5%  100%	1. Examines and treats patients (outpatient & inpatient). 2. Conducts annual medical & physical examination of students for enrolment, faculty, staff, new applicants and outsiders for employment. 3. Signs payrolls, vouchers, RIS, PRs, DTRs, TOs, trip tickets, leave of absence, medical certifications, etc. 4. Reviews and submits various reports of the Infirmary. 5. Supervises and monitors the various units of the Infirmary. 6. Answers to emergency calls after office hours. 7. Completes medical records of clientele. 8. Monitors status of medical equipment and supplies. 9. Attends to other tasks assigned by the University.		



<b>14. POSITION TITLE OF IMMEDIATE SUPERVISOR</b>  Vice President for Administration & Finance	<b>15. POSITION TITLE OF NEXT HIGHER SUPERVISOR</b>  President																												
<b>16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE</b> (if more than ( 7 ) list only by their item nos. and titles) Medical Officer III    College Dentist    Med. Technologist    Admin. Aides Public Health Nurse    Dental Aide    Nursing Attendants																													
<b>17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.</b> Sphygmomanometer, stethoscope, othoscope, syringes, etc.																													
<b>18. CONTACT</b> <table style="width:100%;"><tr><td></td><td style="text-align: center;">Occasional</td><td style="text-align: center;">Frequent</td></tr><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;">[ ]</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;">[ ]</td></tr></table>		Occasional	Frequent	General Public	[ ]	[X]	Other Agencies	[ ]	[ ]	Supervisors	[ ]	[ ]	Management	[ ]	[ ]	Others (Specify)	[ ]	[ ]	<b>19. WORKING CONDITION</b> <table style="width:100%;"><tr><td>Normal Working Condition</td><td style="text-align: center;">[X]</td></tr><tr><td>Field work</td><td style="text-align: center;">[ ]</td></tr><tr><td>Field Trips</td><td style="text-align: center;">[ ]</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></table>	Normal Working Condition	[X]	Field work	[ ]	Field Trips	[ ]	Exposed to Varied Weather	[ ]	Other's (Specify)	[ ]
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Field Trips	[ ]																												
Exposed to Varied Weather	[ ]																												
Other's (Specify)	[ ]																												
<b>20. I CERTIFY that the above answers are accurate and complete.</b>  Jan. 18, 2006 Date <div style="text-align: right; margin-top: 20px;"> Signature of Employee</div>																													
<b>21. Describe briefly the general function of the Unit or Section.</b> To deliver quality health care to the LSU populace and the people living in the neighboring barangays.																													
<b>22. Describe briefly the general function of the position.</b> To examine and treat patients (outpatient & inpatient); to conduct annual medical examination of students & employees and to perform other tasks assigned by the University.																													
<b>23.a</b> 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: Doctor of Medicine  Experience: one year ; 4 hours of relevant training.																													
<b>23b.</b> Licenses or certificates required to do this work, if any. RA 1080																													
<b>24. I HEREBY CERTIFY that the above answers are accurate and complete.</b>  January 19, 2006 Date <div style="text-align: right; margin-top: 20px;"> JOSE M. ALKUINO, JR. Signature and Title of Immediate Supervisor</div>																													
<b>25. APPROVED</b>  Date <div style="text-align: right; margin-top: 20px;"> PACIENCIA P. MILAN Head of Agency</div>																													