| EPUBLIC OF THE PHILIPPINES  | 1. NAME OF EMPLOYEE  |  |
|---|--|--|
| BC-CSC Form No. 1   | LAMBERT, ALLEN GLENNIE PASCUAL (Family Name) (Given Nams) (Middle Name)  3. BUREAU OR OFFICE  VSU  |  |
| (Position Description Form)   |  |  |
| 2. DEPARTMENT, CORPORATION OR AGENCY/<br>LOCAL GOVERNME<br>VISAYAS STATE UNIVERSITY |  |  |
| 4. DEPT/BRANCH/DIVISION VSU LHS   | 5. WORK STATION/PLACE OF WORK  |  |
| 6b. PREV. APPRO ACT/ BOARD RES/ ORD. NO. 6b. PREV. APPRO ACT/ BOARD RES/ ITEM NO.   | 7a. SALARY P.A.:  7b. OTHER COMPENSATIONERA/ACA  |  |
| 8. OFFICIAL DESIGNATION OF POSITION   | 9. WORKING PROPOSED TITLE  |  |
| 10. WAPCO CLASSIFICATION OF THIS POSITION   | 11. OCCUPATION GROUP TITLE (leave blank)   |  |
|   | CITY[] PROVINCE[]  |  |
| 1st 2nd [ ] [ ]   | 4th 5th 6th  |  |
| 13 A EMENT OF DUTIES AND RESPONSIBILIT  | TIES. If more space is needed, please  |  |
| Percent of :  |  |  |
| Working Time: DUTIES  | Side a graph state of the state |  |
|   | for Euclidean Art.   |  |
| · · · · · · · · · · · · · · · · · · ·   |  |  |
|   | performs other teaching related functions,   |  |
| among others the following:   |  |  |
|   | ials/guides and submit to department head.   |  |
|   | id/final/long hours/quizzes).  |  |
| c) Checks test papers and r   |  |  |
| d) Submits grade sheet and two weeks after final e                                  | turn over class records to department head   |  |
| 5% 2. Member in different committee   |  |  |
| 5% : 3. Participate in the co-curricu   |  |  |
|   |  |  |
| 100%  | and of the populations head.   |  |

|      | PRINCIPAL  |  | OR15. POSITION THE OF NEXT HIGHER SUPERVISOR   |
|------|--|--|--|
|      | IAMES, TITLES AND ITER<br>y by their item nos. and titles)   | M NOS. OF THOSE                                  | YOU DIRECTLY SURERMISE7) list  |
| 7. N | MACHINES, EQUIPMENT,  DLP, Laptop, Beard,  | , TOOLS, etc. used                               | d regularly in performance of work.  |
| GOS  | CONTACT  Cocasion  Contact  Cocasion  Cocasion | onal Frequent [] [] []                           | 19. WORKING CONDITION  Normal Working Condition  Field work [ ]  Field Trips [ ]  Exposed to Varied Weather  Other's (Specify) [ ]   |
| 0. 1 | CERTIFY that the above a   | answers are accurate                             | ay.  |
| ) [  | Date Describe briefly the genera To provide instruct   |  | The state of the s |
| 2. [ | Describe briefly the general   | al function of the pos                           | ition. UG  |
| i    | vacancy for this position. (   | Keep the position in<br>ald be filled for all po | nd kind of education considered in filling up a mind rather than the qualifications of the present esitions other than teaching).  of specialization   |
| ō.   | Licenses or certificates re  | equired to do this wo                            | ork,   |
| ]4   | HEREBY CERTIFY that  | the above answers                                | are accurate and complete.   |
|      | Date   | *  | Signature and Title of Immediate Supervisor  |
|      | PPROVED  |  | JOST L. BACUSMO  |
|      | Date   |  | Head of Agency   |
|      | Date   | •  |  |