

REPUBLIC OF THE PHILIPPINES

BC-CSC Form No. 1

(Position Description Form)

1. NAME OF EMPLOYEE

CIDRES, ANNEEN YDANEZ

(Family Name) (Given Name) (Middle Name)

2. DEPARTMENT, CORPORATION OR AGENCY/  
LOCAL GOVERNMENT

LEYTE STATE UNIVERSITY

3. BUREAU OR OFFICE

LSU

4. DEPT./BRANCH/DIVISION

Family & Consumer Sciences

5. WORK STATION/PLACE OF WORK

LSU

3a. PRES. APPRO.

ACT/

BOARD RES/

ORD. NO.

6b. PREV. APPRO

ACT/

BOARD RES/

ITEM NO. LS

7a. SALARY P.A.: P 147,408-

7b. OTHER COMPENSATION: PERA/ACA

3. OFFICIAL DESIGNATION OF POSITION

INSTRUCTOR 1

9. WORKING PROPOSED TITLE

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

85 : Teaches HRIM courses

4 : Advises HRIM student organization

11 : Performs other related responsibilities assigned by the Department Head



<b>14. POSITION TITLE OF IMMEDIATE SUPERVISOR</b> Department Head	<b>15. POSITION TITLE OF NEXT HIGHER SUPERVISOR</b> Dean
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**16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE** (if more than ( 7 ) list only by their item nos. and titles)  
 students

**17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.**  
 computer, laboratory equipments, ballpen, 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;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" 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 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> </table>		Occasional	Frequent	General Public	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other Agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supervisors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Management	<input type="checkbox"/>	<input type="checkbox"/>	Others (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<b>19. WORKING CONDITION</b> Normal Working Condition Field work <span style="float: right;"><input type="checkbox"/></span> Field Trips <span style="float: right;"><input type="checkbox"/></span> Exposed to Varied Weather Other's (Specify) <span style="float: right;"><input type="checkbox"/></span>
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Management	<input type="checkbox"/>	<input type="checkbox"/>																	
Others (Specify)	<input type="checkbox"/>	<input type="checkbox"/>																	

**20. I CERTIFY that the above answers are accurate and complete.**  
05-20-2008 Date 
  
AILEEN Y. CLORES  
 Signature of Employee

**21. Describe briefly the general function of the Unit or Section.**  
 To provide instruction, research & extension services

**22. Describe briefly the general function of the position.**  
 Instruction, research & extension services

**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: Bachelor's degree in the area of specialization  
 Experience:

**23.b. Licenses or certificates required to do this work, if any.**

**24. I HEREBY CERTIFY that the above answers are accurate and complete.**  
May 30, 2008 Date 
  
EUNICE I. HERAY  
 Signature and Title of Immediate Supervisor

**25. APPROVED**  
Date 
  
JOSE L. BACUS  
 Head of Agency