BC-CSC Form N		1. NAME OF EMPLOYEE SINON FELLICIANO GUNO
(POSITION DESC	CRIPTION FORM)	(Family Name) Given Name) (Middle Name)
DEPARTMENT, CI LOCAL GOVERNMI	ORPORATION OR AGENCY/ ENT	3. BUREAU OR OFFICE
VISAYAS STATE	COLLEGE OF AGRICULTURE	A STATE OF THE STA
4. DEPT./BRANCH/	DIVISION	5. WORK STATION/PLACE OF WORK
NARO	, Visca	Bayba Juste Leyte
6a. PRES. APPROP.	6b. PREV. APPROP.	7a. SALARY P.A. 7b. OTHER COMPENSATION
ACT/	ACT/	AUTHORIZED AUTHORIZED
BOARD RES/	BOARD RES/	The state of the s
ORD. NO.	ORD. NO.	TOATURE TOATURE
ITEM NO.		ACTUAL ACTAL
	ITEM NO.	Ceneral Sub Co
	GNATION OF POSITION	9. WORKING PROPOSED TITLE
INSTRUC	TOR II (R/S)	IRSTRUCTOR II (R/E)
10. WAPCO CLASSIFI	ICATION OF THIS POSITION	11. OCCUPATION GROUP TITLE
	stilling and strong	(Leave Blank) and the variable of
12 FOD LOCAL COUR		COMMENT THEFT AND THEFT OF THE
□ MUNICIPA	ALITY COLUMN CITY	PROVINCE TO MULTIPOPH LANGUAGE VITALING STREETS SEE LIST.
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1.0	POSITION TITLE OF IMMEDIATE SUPERV	VISOR 15. POSITION TITLE OF NEXT HIGHER SUPERVISOR
17.	TOSTITON TITLE OF IMPEDIATE SOFERY	13. (STITION TITLE OF NEXT HISTORY SON EXPISOR
		A CEPERINENEL SHIPPOSTION DE ADEMOYA
16.	NAMES, TITLES AND ITEM NOS. OF only by their item nos. and titl	THOSE YOU DIRECTLY SUPERVISE (if more than (7), list
	B.S. MADUAL JR. , A. MAR	TINEZ, A. CAINTIC
17.	MACHINES, EQUIPMENT, TOOLS, etc. u	sed regularly in performance of work.
	Calculator, Processing mad	hines, fabrication equipments & tools.
18.	CONTACT	19. WORKING CONDITION
	Occasional Frequ	
	General Public	Normal Working Condition
	Other Agencies	Field Work
	Supervisors	Field Trips
	Management Others (specify)	Exposed to varied weather Others (specify)
	others (specify)	WOLDERS (SPECITY)
20.	I CERTIFY that the above answers a	re accurate and complete.
		$\mathcal{A}_{\mathcal{O}}$.
	11- 6 1000	/ Knun
	Nov. 8, 1094	
	Date	Signature of Employee
22.	Describe briefly the general funct	d extension services on all aspects of abacation of the position.
		posthereest and processing programs in abaca
27.	Tadianta the provinced cuplifies	tions by years and kind of education considered in
23a	. Indicate the required qualifica	osition. (Keep the position in mind rather than the
		cumbent. This item should be filled for all positions
	other than teaching).	
	5: P. 6	
	and the state of t	A CONTROL OF THE CONT
271	lia and and and and and and and and and an	I to do this work if any
230	. Licenses or certificates required	to do this work, it any.
	none	
	Month	Section 2 to the second section of the Section of t
24.	I hereby certify that the above an	iswers are accurate and complete.
		JA /2
		AELITA R. GONZAL
	Date	Signature and Title of Immediate Supervisor
25	APPROVED:	0 0
20.		An Ill
		a think is the

Date