REPUBLICOSE FOR PHILIPPINES	1. NAME OF EMPLOYEE
(Position Description Form)	CASAN CAPAN MANUEL EMBODO
2. DEPARTMENT, CORPORATION OR AGENCY/LOCAL GOVERNMENT	3. BUREAU OR OFFICE
Visayas State College of Agriculture	NAMES, ITTEES AND TITLE 1415 OF CHASE
4. DEPT./BRANCH/DIVISION	5. WORK STATION/PLACE OF WORK
6a. PRES. APPRO. 6b. PREV. APPRO ACT/ BOARD RES/ BOARD RES/	7a. SALARY P.A.:
ORD. NO. ORD. NO. ITEM NO. ITEM NO.	7b. OTHER COMPENSATION:
8. OFFICIAL DESIGNATION OF POSITION Assistant Professor	9. WORKING PROPOSED TITLE Assistant Professor
10. WAPCO CLASSIFICATION OF THIS POSITION	11. OCCUPATION GROUP TITLE (leave blank)
3. STATEMENT OF DUTIES AND RESPONSIBILITIES. attached additional sheets.	If more space is needed, please
Working Time : DUTIE	S
Teaches agricultural engineering 10% Teaches mathematics subjects. 10% Do other duties assigned by the	Files Caper of the control of the co
de la Carlo De la Telegra de La	e e de em de mes elle serman schille i .
JIMMY R. ROSILLO	August 20, 1999
NEGHLITO P. PASCUAL	Acres (Acres (Ac

14.	POSITION TITLE OF IMMEDIATE SUPERVISOR	15. POSLTYONOTITLE OF NEXT HIGHER
and the second	Professor (2) (40) 20 (40)	And where to Director Manhamis
16.	NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (if more than (7), list only by their item nos. and titles)	
	none KANADITA'S SIGNISSEE	DEPT. / GLANCHVI VI STOR.
17.	MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work. calculator, pen, computer, typewriter, etc.	
18.	CONTRACT Occasional Frequent General Public [] [] Other Agencies [] [] Supervisors [] [] Management [] [] Other (Specify) [] []	19. WORKING CONDITION Normal Working Condition [] Field Work [] Field Trips [] Exposed to Varied Weather [] Others (Specify) []
20.	August 20, 1999 Date	curate and complete. Signature of Employee
21.	Describe briefly the general function of the Unit or Section. To conduct instruction, research and extension.	
22.	Describe briefly the general function of the position. To conduct instruction, research and extension.	
23a.		
23b.	Licenses or certificates required to do this work, if any.	
24.	I HEREBY CERTIFY that the above answers August 20, 1999 Date	are accurate and complete. JIMMY R. ROSILLO Signature and Title of Immediate
25.	APPROVED:	Supervisor O NO
	Pate	Head of Agency