| REPUBLIC OF THE PHILIPPINES  BC-CSC Form No. 1  (Position Description Form)                                |  | 1. NAME OF EMPLOYEE  MANGAOANG EDUARDO OLIVAS (Family Name) (Given Name) (Middle Name) |  |  |
|--|--|--|--|--|
| 2. DEPARTMENT,<br>GOVERNMENT   | CORPORATION OR AGENCY/LOCAL  | 3. BUREAU OR OFFICE  |  |  |
| Visayas State University, Baybay City, Leyte   |  | SUCs   |  |  |
| 4. DEPARTMENT/BRANCH/DIVISION  |  | 5. WORK STATION/PLACE OF WORK  |  |  |
| Department of Forest Science, College of Forestry and<br>Environmental Science                             |  | Visca, Baybay City, Leyte  |  |  |
| 6a. PRES. APPRO.<br>ACT/<br>BOARD RES/   | 6b. PREV. APPRO<br>ACT/<br>BOARD RES/  | 7a. SALARY P.A.: P 877,188.00  |  |  |
| ORD. NO.<br>ITEM NO.   | ORD. NO. VISCAB-PROF-6-1   | 7b. OTHER COMPENSATION P 24,000.00   |  |  |
| 8. OFFICIAL DESIG  | NATION OF POSITION   | 9. WORKING PROPOSED TITLE  |  |  |
|  | Professor V [  | Professor VI   |  |  |
| 10. WAPCO CLASSII  | FICATION OF THIS POSITION  | 11. OCCUPATION GROUP TITLE   |  |  |
|  |  | (leave blank)  |  |  |
| 12. FOR LOCAL GOVERNMENT POSITION, CHECK GOVERNMENTAL UNIT AND UNIT'S CLASS  MUNICIPALITY [ ] PROVINCE [ [ |  |  |  |  |
|  |  | th 5th 6th<br>] [ ] [ ]  |  |  |
| 13. STATEMENT OF DUTIES AND RESPONSIBILITIES. If more space is needed, please attach additional sheets.    |  |  |  |  |
| Percent of<br>Working Time   | DUTIES : DUT |  |  |  |
| 85%  | 1. Teaches assigned subject and performs other teaching related functions, among others the following:  a. Prepared teaching materials/guides and submit to department head  b. Conducts examination (mid/final/long hours/ quizzes).  c. Checks test papers and return 1 week after exam.  d. Submits grade sheet and turn over class records to department head two weeks after final examination.   |  |  |  |
|  |  |  |  |  |
| 5%   | Member in different committees.  |  |  |  |
| 5%   | 3. Participants in the co-curricular activities.   |  |  |  |
| 5%   | 4. Perform other functions assigned by the Department head.  |  |  |  |

| 14. POSITION TITLE OF IMMEDIATE SUPERVISOR   |   |   | 15. POSITION TITLE OF NEXT HIGHER SUPERVIS   | SOR               |  |
|--|---|---|--|-------------------|--|
| Department Head  |   |   | College Dean   |                   |  |
| 16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (if more than (7), list only by their item nos. and titles)  NONE  |   |   |  |                   |  |
| <ol> <li>MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.</li> <li>calculator, paper, ball pen, pencil, chalk, computer &amp; other instructional facilities</li> </ol> |   |   |  |                   |  |
| 17. CONTRACT   | Occasional  | Frequent  | 18. WORKING CONDITION  |                   |  |
| General Public Other Agencies Supervisors Management Other (Specify)   | [ x ]<br>[ x ]<br>[ 1]<br>[ 1]                            | [ ]<br>[ x ]<br>[ x ]<br>[ ]                                  | Normal Working Condition<br>Field work<br>Field Trips<br>Exposed to Varied Weather<br>Others Specify   | [ ]<br>[ ]<br>[ ] |  |
| 19. I CERTIFY that the above   | ve answers are acci                                       | urate and con   | nplete.  |                   |  |
| Date   |   |   | EDUARDO O. MANGAOANG Signature of Employee   |                   |  |
| 20. Describe briefly the ge  | , research and exte                                       | ension service  |  |                   |  |
| <ol> <li>Describe briefly the ge</li> <li>To provide instruction</li> </ol>  |   |   |  |                   |  |
| 23a. Indicate the required position. (Keep the position be filled for all position Education: <i>Ph.D. d</i>   | qualifications by position in mind rains other than teach | years and kir<br>ther than the<br>hing).<br>of specialization | od of education considered in filling up a va<br>qualifications of the present incumbent. The<br>on<br>32 hrs of relevant training.  |                   |  |
| 23b. Licenses or certificate   |   |   |  |                   |  |
|  |   | NO  | N E  |                   |  |
| 24. I HEREBY CERTIFY that the above answers are accurate and complete.   |   |   |  |                   |  |
|  | 77/14<br>Date   | _   | RENEZITA S. COME, Department He<br>Signature and Title of Immediate Su   |                   |  |
| 25. APPROVED   |   |   | JOSE L. BACUSMO<br>Head of Agency  |                   |  |
|  | Date  |   | The state of the s |                   |  |