| BC-CSC Form N   | ORIPTION FORM) ON OR AGENCY/   | 1. NAME OF EMPLOYEE  NANGAOANG  (FAMILY NAME)  (GIVEN NAME)  (MIDDLE NAME)  3. BUREAU OR OFFICE                                 |  |
|---|--|---|--|
| 4. DEPT./BRANCH/DIVISION  |  | 5. WORK STATION/PLACE OF WORK   |  |
| proceedings and a second contract to the con-   | * 2307233  |   |  |
| Forestry  |  | Baybay, Leyte   |  |
| 6a. PRES. APPROP. ACT/ BP Blg. 230 BOARD RES./ ORD. NO. ITEM NO. 8. OFRICIAL DESIGNATION                | : 6b. PREV. APPROP. : ACT/ BP Blg. 131: : BOARD RES./ : ORD. NO. : ITEM NO. 7-109  OF POSITION   | 7a. SALARY P.A. : 7b. OTHER COMPENSATION  AUTHORIZED P15,264.00 p.a. cola  ACTUAL P15,264.00 p.a.  9. WORKING OR PROPOSED TITLE |  |
| Instructor  | The court of the state of the s | Instructor  |  |
| 10. WAPCO CLASSIFICATION  | OF THIS POSITION   | 11. OCCUPATIONAL GROUP TITLE (leave blank)  |  |
| 12. FOR LOCAL GOVERNMENT POSITION, CHECK GOVERNMENTAL UNIT AND UNIT'S CLASS                             |  |   |  |
| MUNICIPALITY : CITY : PROVINCE : :  |  |   |  |
| lst 2nd 3rd 4th 5th 6th   |  |   |  |
| 13. STATIMENT OF DUTIES AND RESPONSIBILITIES. If more space is needed, please attach additional sheets. |  |   |  |
| Percent of : DUTIES . Working : Time :  | Maria estados entres entres en 12 de la compansión de la  | t de ent Doctificado Levisor a obraco Esta esta esta esta esta esta esta esta e   |  |
| 80% 1.  | Teaches Forestry courses.  |   |  |
| 15% 2.  | Conducts researches funded by PCARRD and other funding agencies.   |   |  |
| 5% 3.   | Performs other functions which may be assigned by the Department Head.   |   |  |
|   | AF Knowle  |   |  |

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| · ·  |   |
|--|---|
| 14. POSITION TITLE OF IMMEDIATE SUPERVISOR               | 115. POSITION TITLE OF NEXT HIGHER SUPERVISOR |
| Head, Dept. of Forestry                                  | Director of Instruction                       |
| 16. NAMES, TITLES and ITEM NOS. OF THOSE YOU DE          | RECTLY SUPERVISE (if more than (7), list'     |
| only by their item nos. and titles). None                |   |
| 17. MACHINES, EQUIPMENT, TOOLS, etc. used regul          | larly in performance of work.                 |
| Calculator, typewriter, and other teaching               |   |
| 18. CONTACTS   | 119. WORKING CONDITION                        |
| General Public : : : :                                   | t Normal Working Condition                    |
| General Public Six 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | Field Work                                    |
| Supervisors : : : X 3                                    | Field Trips Exposed to varied Weather         |
| Management : : X: Others (Specify) : : : :               | Others (Specify)                              |
| 20. I CERTIFY that the above answers are accur           | ate and complete.                             |
| 20. I Oliver I wild the doctor drawn as a second         |   |
| - 03   | activitude                                    |
| 16 - 3 - 83<br>Date                                      | Signature of Employee                         |
|  |   |
| 21. Describe briefly the general function of t           |   |
| To provide instruction, research and ext                 | ension services in the field of Forestry.     |
|  |   |
| 22. Describe briefly the general function of t           | he position.                                  |
| To provide instruction in Forestry course                |   |
| 20 12 00 200 2020 2020 2020 2020 2020 2                  |   |
| 23a, Indicate the required qualifications by y           | rears 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).                                    | es o watching a mandate to the                |
|  | ea of specialization plus other requirements  |
| Experience: per QS of the College.                       |   |
| 23b. Licenses or certificates required to do t           | chis work, if any.                            |
| None   |   |
| 24. I hereby certify that the above answers              | are accurate and complete.                    |
|  | This A. fler                                  |
| 10-3-83  | ROMEO S. RAROS, Head, Dept. of Forestry       |
| 10 - 3 - 83<br>Date                                      | Signature and Title of Immediate              |
|  | Supervisor                                    |
| 25. APPROVED:  |   |
| 10 = 11-02   | Alle -  |
| 10-14-83   | F. A. BERNARDO  Mead of Agency                |
| Date   | Oread of Agardy (V                            |