8	BLIC OF THE F C-CSC Form N TION DESCRIF	0. 1		NAME OF EMPLOYEE OCON FELIX LLEVE (Family Name) (Given Name) (Middle Name)				
2. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT VISAYAS STATE UNIVERSITY				BUREAU OR OFFICE National Abaca Research Center				
4. DEPT./BRANCH/DIVISION				5. WORK STATION/PLACE OF WORK				
				VS	SU, Baybay, Le	yte		
AC BO OR	RES. APPROP. T/ ARD RES/ D. NO. M NO.	6b. PREV. APPRO ACT/ BOARD RES/ ORRD. NO. ITEM NO.	DP.	7a. SALAF	RY P.A.	ATION		
8. OF	FICIAL DESIGI	NATION OF POSITIO	N	9. WORKING PROPOSED TITLE				
	Science Rese	earch Assistant		Se	cience Researc	h Assistant		
10. W	APCO CLASSII	FICATION OF THIS P	POSITION		PATION GROU eave Blank)	UP TITLE		
12. FC	OR LOCAL GOV	ERNMENT POSITIO	N, CHECK GOV	ERNMENT UNIT	AND UNIT'S	CLASS		
	MUN	IICIPALITY[]	C	ITY[]		PROVINCE	[]	
	1st []	2nd []	3rd []	4th	5th []	6th	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13. S	TATEMENT OF	DUTIES AND RESPO	ONSIBILITIES. I	f more space is n	eeded, please	attach add	itional sheets.	
	Percent of Working Time	DUTIES:		ergoverno es seje				
	50 %	to supervise labor	ers and impleme	nt research study				
	40 %	to collect and anal	lyze data and pre	epare research re	ports			
	10 %	to perform other supervisor	research relate	d activities and	responsibilities	as directe	d by the immedia	ie
	100 %							

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14. POSITION TITE Study Lead	LE OF IMMEDIATE SUPERVISOR ler	15. POSITION TITLE OF NEXT HIGHER SUPERVI Professor/Director NARC					
nos. and tit		YOU DIRECTLY SUPERVISE (if more than (7), list only by the					
17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.							
18. CONTACT		19. WORKING CONDITION					
General Pu Other agen Supervisor Manageme Others (spe	x	Normal Working Condition x Field Work x					
20. I CERTIFY that	the above answers are accurate and 17,007	FELIX L. OCON Signature of employee					
to conduct	the general function of the Unit or S	all aspects of abaca					
22. Describe briefly to do resea	the general function of the position arch work.						
(Keep the positions of	***************************************						
	es: not required	Je Clarization					
23b. Licenses or ce	rtificates required to do this work, if	any.					
	BS in Agriculture						
24. I hereby certify	that the above answers are accurat	e and complete.					
_	Date	Director, NARC Signature and Title of Immediate Supervisor					
25. APPROVED:		Amo					
	Date	Head of Agency					