BC-CSC Form N	No. 1 SCRIPTION FORM)	1. NAME OF EMPLOYEE RAMONEDA BRENDA MASCARIÑAS (Family name) (Given Name) (Middle Name)
	ENT, CORPORTION OF AGENCY/	3. BUREAU OR OFFICE
	S STATE UNIVERSITY	Department of Economics
4. DEPT/BRAN	CH/DIVISION	5. WORK STATION/PLACE OF WORK
College	of Management & Economics	Visca, Baybay, Leyte
6a. PRES. APPI ACT/ BOARD RES ORD. NO. ITEM NO.	ROP.: 6b. PREV. APPROP. : ACT/ S/: BOARD RES : ORD NO. : ITEM NO. LS Viscab-AP4	7a. SALARY P.A.: 7b. OTHR COMPENSTION AUTHORIZED: P 376,212.00 ACTUAL: -14-2014:
	ESIGNATION OF POSITION	9. WORKING PROPOSED TITLE
Assistant Pro	fessor IV	
10. WAPCO CL	ASSIFICATION OF THIS POSITION	11. OCCUPATION GROUP TITLE (Leave blank)
	CITY 2nd 3rd 4th	PROVINCE
12 (77 4 777 1 677 1		
	I	If more space is needed, please attach additional sheets.
Percent of Working Time	DUTIES:	
85%	 a) Prepared teaching materials/g b) Conducts examination (mid/fi c) Checks test papers and return 	
5%	Member in different committees.	
5%	3. Participate in the co-curricular activities	es.
5%	4. Perform other functions assigned by the	ne Department Head.
100%		

Department Head : Dean of College/Vice President for Instruction 16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (if more than (7), list only by their item nos. and titles). 17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work. Calculator, computer, overhead/slide projector, etc. 18. CONTACT : 19. WORKING CONDITION General Public
17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work. Calculator, computer, overhead/slide projector, etc. 18. CONTACT 19. WORKING CONDITION Occasional Frequent General Public Other Agencies Field Work Supervisors Field Trips Management Others (specify) students Others (specify) students Others (specify) classroom 20. I CERTIFY that the above answers are accurate and complete. BRENDA M. RAMONEDA Signature of Employee
Calculator, computer, overhead/slide projector, etc. 18. CONTACT 19. WORKING CONDITION Occasional Frequent General Public X Normal Working Condition X Other Agencies Supervisors Heild Work Supervisors Management Others (specify) students Others (specify) students Others (specify) classroom 20. I CERTIFY that the above answers are accurate and complete. BRENDA M. RAMONEDA Signature of Employee
Occasional Frequent: General Public
Date BRENDA M. RAMONEDA Signature of Employee
Provide instruction, research and extension services.
22. Describe briefly the general function of the position. Instruction, research and extension.
23a. Indicate the required qualification by years 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).
Education : 以 S degree relevant to the job. Experience : 以 of relevant experience; # hrs. of relevant training.
23b. Licenses or certificates required to do this work, if any.
31. I hereby certify that the above answers are accurate and complete. MA. SALOME B. BULAYOG
December 17, 2014 Date Department Head Signature and Title of Immediate Supervisor
JOSE L. BACUSMO President Date