REPUBLIC OF THE PHILIPPINES			1. NAME OF EMPLOYEE			7
BC-CSC FORM NO. 1		MANAIG MARILYN N.				
(POSITION DESCRIPTION FORM)		(FAMILY NAME) (GIVEN NAME) (MI)				
2. DEPT./CORP. OR AGENCY/LOCAL GOV'T.		3. BUREAU OR OFFICE				
VIGAYAS STATE UNIVERSITY			COLLEGE OF EDUCATION			
4. DEPT./BRANCH/DIVISION		5. WORK STATION/PLACE OF WORK				
DEPT OF	TEACHER EL	DUCATION	VSU, VISCA	, BAYBAY CI	TY, LEYTE	
6.a. Pres. A	Approp. Act.	6.b. Prev.	Approp.	7.a. Salary	7.b. Other	
Board Res./		Board Res./		Authorized:	Compensation;	
Ord. No.		Ord. No.		\$600		
Item No.		Item No.		Actual:		
8. OFFICIAL	DESIGNATION (	OF POSITION	9. WORKING	OR PROPOSED TO	TLE	
INSTRUC	TOR 11		. Make all o			
10.WAPCO CLASSIFICATION OF THIS POSITION			11.OCCUPATIONAL GROUP TITLE (leave blank)			
12.FOR LOCAL	GOVERNMENT	POSITION, CHE	ECK GOVERNME	NTAL UNIT AND	UNIT'S CLASS	
	TUNICIPALITY	CI	TY	PROVINCE		
1 <sup>s</sup>	T 2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup> 6 <sup>TH</sup>	7 <sup>TH</sup>	
	TT OF DUTIES A		BILITIES. If	more space is	needed, please	
PERCENT	50.83	ANN THE TANKS	SETULE REPORTED	CHELDIA DE CH		
OF WORKING TIME			DUTIE	S		
5% 5% 5% 5% 100%	a) Prehead b) Co hours c) Che d) Sub exar 2. Me 3. Par	epared teaching manuation enducts examination (quizzes) ecks test papers and	aterials/guides ar in (mid/final/long return 1 week after id turn over class re mmittees micular activities	exam ecords to department he	actions, among others are thent	ne following
	- lely	My was				
	MLLUT .a OS					

14. POSITION TITLE OF IMMEDIATE	15. POSITION TITLE OF NEXT HIGHER						
SUPERVISOR DEPT. HEAD	SUPERVISOR						
	COLLEGE DEAN						
list only by their item nos. and	THOSE YOU DIRECTLY SUPERVISE (If more than 7,						
sill som nos. and	crties)						
WANT STATE ONLY DELLY							
/ N/A							
A CAVAL CITY I EVEE	OFFE OF TEACHER EDUCATION VEW UN						
1/. MACHINES, EQUIPMENTS, TOOLS,	etc. used regularly in the performance of						
work.							
	A Sept 1 sept 1						
NIA (on study leave)	The state of the s						
18. CONTACTS	10 MODULING CONDITIONS						
	19. WORKING CONDITIONS Frequent Normal working condition						
General Public	Field Work						
Other Agencies	Field Trips						
Supervisors	Exposed to varied						
Management Others (Specify)	weather						
Others (specify)	Others (Specify)						
20. I CERTIFY THAT THE ABOVE ANSWE	EDC ADE ACCIDAME AND COMPLEME						
TO THE THE THE ABOVE MYSWE	ERS ARE ACCORATE AND COMPLETE.						
	Married						
DATE	SIGNATURE OF EMPLOYEE						
TO BE FILLED O	UT BY IMMEDIATE SUPERVISOR						
	UT BY IMMEDIATE SUPERVISOR						
TO BE FILLED O	Tunction of the Unit or Section.						
TO BE FILLED O	Tunction of the Unit or Section.						
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