REPUBLIC OF THE PHILIPPINES BC-CSC Form No. 1 (POSITION DESCRIPTION FORM)  2. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT  4. DEPT./BRANCH/DIVISION			GALVE	1. NAME OF EMPLOYEE  GALVEZ LORINA ACUO (Family Name) (Given Name) (Middle Name)  3. BUREAU OR OFFICE  5. WORK STATION/PLACE OF WORK			
			3. BURE/				
			5. WORK				
DEPT. OF POOD SC	LENCE & TECHNOLO	6Y	DEPT	OF FOOD SCIE	NCE & TECHN	OLOGY	
6a. PRES. APPROP. 6b. PREV. APPROP. ACT/ ACT/ BOARD RES/ BOARD RES/ ORD. NO. ORRD. NO.			7b. OTHE	7a. SALARY P.A. \$205,76400  7b. OTHER COMPENSATION: PERA/ACA \$24,000/A			
ITEM NO.	ITEM NO. INGI	-8-2005					
8. OFFICIAL DESIGN	9. WORK	9. WORKING PROPOSED TITLE					
INSTRUCT	7) P - 1						
10. WAPCO CLASSIF		11. OCCUPATION GROUP TITLE (Leave Blank)					
1st	2nd	3rd [ ]	4th	5th [ ]	6th		
13. STATEMENT OF	DUTIES AND RESPON	SIBILITIES. I	f more space is r	needed, please at	tach additional sh	eets.	
Percent of Working Time	DUTIES:						
	Instruction -	Cour	hing gra	duark an	nd underg	radnase	
10% -	Extension -	Serve exter	das resonating pu	cessing	n during technologie	Trainings,	
10% -	Research -	Advis	rent groundering under	ngradua	te and hi	gh (a)	
100/0		0000	ic since	of in The	in research	WOYK.	

14. POSITION TITLE OF IMMEDIATE SUPERV	VISOR 15. POSITION TITLE OF NEXT HIGHER SUPERVISOR
16. NAMES, TITLES AND ITEM NOS. OF nos. and titles).	THOSE YOU DIRECTLY SUPERVISE (if more than (7), list only by their item
NONE	
17. MACHINES, EQUIPMENT, TOOLS, etc. us	
OVEN, REF., BALANCE, GL	ASSWARES, FURNACE, KITCHEN TOOLS
18. CONTACT	19. WORKING CONDITION
Occasional Fi	requent
General Public Other agencies Supervisors	Field Work
Supervisors	Field Trips
Management	Exposed to varied weather
Others (specify)	Other (specify) travels
20. I CERTIFY that the above answers are accu	urate and complete.
CETT. 16 0 Mg	$\mathcal{A}_{\mathcal{A}}$
SEPT. 16, 2009  Date	Signature of employee
23a. Indicate the required qualifications by y	b research as mandated by the University.  The research as mandated by the University.  The rears and kind of education considered in filling up a vacancy for this position. The qualification of the present incumbent. This item should be filled for all that to the poly.
23b. Licenses or certificates required to do this	work, if any.
24. I hereby certify that the above answers are a	accurate and complete.
Date	ROBERTA D. LAUZON Signature and Title of Immediate Supervisor
25. APPROVED:	
	to Miss
Date	President
Date	Head of Agency