	IC OF THE PHILIPPINES		1. NAME OF EMPLOYED	
	BC-CSC Form No. 1		(Family Name) (Given Na	
2. DEPARTMENT, CORPO LOCAL GOVERNMENT	DRATION OR AGENCY/	i make i	3. BUREAU OR OFFICE	WHEN AND ADDRESS OF THE PARTY O
4. DEPT/BRANCH/DIVISI Department of F	ON Good Science & Technology	(DFST)	5. WORK STATION/PLA	all the for given in
6a, FRES, APPRO. ACT/ BOARD RES/ ORD. NO.	6b. PREV. APPRO ACT/ BOARD RES/ ITEM NO.		7b. OTHER COMPENSA	
8. OFFICIAL DESIGNATION TINSTRUCTOR		*	9. WORKING PROPOS	SED TITLE E DE CONTROLLE
10. WAPCO CLASSIFICA	TION OF THIS POSITION		11. OCCUPATION GRO	OUP TITLE
12. FOR LOCAL GOVERN MUNICIPALITY [,	IMENT POSITION, CHECK GOVE	CITY [/INCE []
	1st 2nd	3rd []	4th 5th	6th
13. STATEMENT OF DU attach additional she	TIES AND RESPONSIBILITIES. ets.	If more space	is needed, please	Tratoustan Ra
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Working Time :	DI	UTIES	Like to want	End tampton 200
25%. Alo,	hes graduate & und research activities und extension work with technologies to adog entre preneurs:	les PCRSI	P-LSU Collabora	artion (study leader
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14. POSITION TITLE OF IMMEDIATE SUPERVISOR	15. POSITION TITLE OF NEXT HIGHER	
Deat Herd	SUPERVISOR Magnet	
Dept. Head	occur-	
6. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTL only by their item nos. and titles)	LY SUPERVISE (if more than (7) list	
7. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in p	performance of work.	
pH meter, over, glasswanes, computer, J	nojector, muffle funace, lef. etc.	
18. CONTACT	19. WORKING CONDITION	
Occasional Frequent	Normal Working Condition	
General Public []	Field work	
Other Agencies []	Field Trips	
Supervisors []	Exposed to Varied Weather	
Management []	Other's (Specify)	
Others (Specify) []		
20. I CERTIFY that the above answers are accurate and comple	ate .	
	(Sld)	
Dec. J. WAT	Topus	
Date	Signature of Employee	
21. Describe briefly the general function of the Unit or Section.	0 01 1	
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