

REPUBLIC OF THE PHILIPPINES BC-CSC Form No. 1 (Position Description Form)		1. NAME OF EMPLOYEE GALVER, Lorina A. (Family Name) (Given Name) (Middle Name)	
2. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT LEYTE STATE UNIVERSITY		3. BUREAU OR OFFICE LSU	
4. DEPT./BRANCH/DIVISION DFST		5. WORK STATION/PLACE OF WORK LSU	
6a. PRES. APPRO. ACT/ BOARD RES/ ORD. NO.	6b. PREV. APPRO ACT/ BOARD RES/ ITEM NO. VLCAP-INST 1-8-2005	7a. SALARY P.A. ₱ 174,004.00 7b. OTHER COMPENSATION: PERA/ACA	
8. OFFICIAL DESIGNATION OF POSITION INSTRUCTOR I		9. WORKING PROPOSED TITLE	
10. WAPCO CLASSIFICATION OF THIS POSITION		11. OCCUPATION GROUP TITLE (leave blank)	
12. FOR LOCAL GOVERNMENT POSITION, CHECK GOVERNMENTAL UNIT AND UNIT'S CLASS MUNICIPALITY [] CITY [] PROVINCE [] 1st 2nd 3rd 4th 5th 6th [] [] [] [] [] []			
13. STATEMENT OF DUTIES AND RESPONSIBILITIES. If more space is needed, please attach additional sheets.			
Percent of Working Time:		DUTIES	

70 - Instruction - Teaching graduate and undergraduate courses.
20 - Research - act as study leader in PCRSP funded project
10 - Extension - affiliate staff in NCRC-U & even do extension activity in DFST
100%

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14. POSITION TITLE OF IMMEDIATE SUPERVISOR DEPT. HEAD	15. POSITION TITLE OF NEXT HIGHER SUPERVISOR COLLEGE DEAN																												
16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (if more than (7) list only by their item nos. and titles) Dr. Lutgarda S. Palomar - Dept. Head																													
17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work. Laboratory glassware, oven, analytical balance, furnace, kitchen tools, Aw & pH meter, refractometer																													
18. CONTACT <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 30%; text-align: center;">Occasional</th> <th style="width: 30%; text-align: center;">Frequent</th> </tr> </thead> <tbody> <tr> <td>General Public</td> <td style="text-align: center;">[X]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Other Agencies</td> <td style="text-align: center;">[X]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Supervisors</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[X]</td> </tr> <tr> <td>Management</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[X]</td> </tr> <tr> <td>Others (Specify)</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> </tbody> </table>		Occasional	Frequent	General Public	[X]	[]	Other Agencies	[X]	[]	Supervisors	[]	[X]	Management	[]	[X]	Others (Specify)	[]	[]	19. WORKING CONDITION <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Normal Working Condition</td> <td style="text-align: center;">[X]</td> </tr> <tr> <td>Field work</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Field Trips</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Exposed to Varied Weather</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Other's (Specify)</td> <td style="text-align: center;">[]</td> </tr> </tbody> </table>	Normal Working Condition	[X]	Field work	[]	Field Trips	[]	Exposed to Varied Weather	[]	Other's (Specify)	[]
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20. I CERTIFY that the above answers are accurate and complete. Oct. 15, 2006 Date Signature of Employee																													
21. Describe briefly the general function of the Unit or Section. The Unit does Instruction, Research, Extension and Production Activities in the University																													
22. Describe briefly the general function of the position. The position does Instruction, Research & Extension activities in the Department.																													
23.a. Indicate the required qualifications 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: BS degree in the area of specialization Experience:																													
23b. Licenses or certificates required to do this work, if any.																													
24. I HEREBY CERTIFY that the above answers are accurate and complete. Date LUTGARDA S. PALOMAR Signature and Title of Immediate Supervisor																													
25. APPROVED Date PACIENCIA P. MILAN Head of Agency																													