

REPUBLIC OF THE PHILIPPINES		1. NAME OF EMPLOYEE	
BC-CSC Form No. 1 (Position Description Form)		CAYETANO JOSELLE R. (Family Name) (Given Name) (Middle Name)	
2. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT		3. BUREAU OR OFFICE	
LEYTE STATE UNIVERSITY		LSU	
4. DEPT./BRANCH/DIVISION		5. WORK STATION/PLACE OF WORK	
		LSU	
3a. PRES. APPRO. ACT/ BOARD RES/ ORD. NO.	6b. PREV. APPRO ACT/ BOARD RES/ ITEM NO. LS	7a. SALARY P.A.: P 134,004.00	
		7b. OTHER COMPENSATION: PERA/ACA	
3. 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 [x] PROVINCE []	
1st []	2nd []	3rd []	4th []
			5th []
			6th []
3. STATEMENT OF DUTIES AND RESPONSIBILITIES. If more space is needed, please attach additional sheets.			
Percent of Working Time : DUTIES			
80%	1. Teaches service Physical Education 11, 12, 13 & 14 and Physical Education, Health and Musicl(PEHM) courses.		
15%	2. University Band Master		
5%	3. Other tasks assigned by immediate supervisor.		
100%			

14. POSITION TITLE OF IMMEDIATE SUPERVISOR

Institute Director

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)

none

17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.

athletic equipment

18. CONTACT

	Occasional	Frequent
General Public	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervisors	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Others (Specify)	<input type="checkbox"/>	<input type="checkbox"/>

19. WORKING CONDITION

Normal Working Condition	<input checked="" type="checkbox"/>
Field work	<input type="checkbox"/>
Field Trips	<input type="checkbox"/>
Exposed to Varied Weather	<input type="checkbox"/>
Other's (Specify)	<input type="checkbox"/>

20. I CERTIFY that the above answers are accurate and complete.

Date

Signature of Employee

21. Describe briefly the general function of the Unit or Section.

To provide instruction in Service PE and Diploma in Physical Education courses.

22. Describe briefly the general function of the position.

To provide instruction in Physical Education courses.

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: 1 year of relevant 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

ALELI A. VILLOCINO-Director

Signature and Title of Immediate Supervisor

25. APPROVED

Date

PACIENCIA P. MULAN
Head of Agency