REPUBLIC OF TO BC-CSC FOR COMMENT CORPORATION LOCAL GOVERNMENT LEYTE STATE	orm No. 1 cription Form) OR AGENCY/		BUREAU	, VE	RGITE CERNA me) (Middle Name)
4. DEPT./BRANCH/DIVISION		1	. WORKS	TATION/PLA	CE OF WORK
PHYSICAL PLANT OFFICE			Baybay, Leyte		
6a. PRES. APPRO. ACT/ BOARD RES/ ORD. NO.	6b. PREV. APPRO ACT/ BOARD RES/ ITEM NO. VISCA		7a. SALARY 7b. OTHER 12		Dem : /
8. OFFICIAL DESIGNATION OF POSITION Machinist-I			9. WORKING PROPOSED TITLE Machinist -U		
10. WAPCO CLASSIFICATION OF THIS POSITION			11. OCCUP		
12 FOR LOCAL GOVERNMENT PO MUNICIPALITY [] 1st -	2nd	CITY [] 3rd			/INCE [] 6th []
attach additional sheets Percent of Working Time: 60% Undertakes machi	DU	TIES			
	of mechanical comp	onents and	parts or	fixtures	for
A Brown and A					
		• •			100000

14. POSITION TITLE OF IMMEDIATE SUPERVISOR Chief, Transportation & Motorpool Division	15. POSITION TITLE OF NEXT HIGHER SUPERVISOR Superintendent, PPO		
16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SU only by their item nos. and titles)	JPERVISE (if more than (7) list		
17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance Lathe machine, Shaper, Milling machine, Surface			
Occasional Frequent General Public [] [] Other Agencies [] [] Supervisors [] [] Management [] [] Others (Specify) []	19. WORKING CONDITION Normal Working Condition [x] Field work [] Field Trips [] Exposed to Varied Weather [] Other's (Specify) []		
20. I CERTIFY that the above answers are accurate and complete	VERGITE C. MELITON Signature of Employee		
22. Describe briefly the general function of the position. To operate lathe mechine shaper, milling machin 23.a Indicate the required qualifications by years and kind of educations.	on considered in filling up a		
vacancy for this position. (Keep the position in mind rather than incumbent. This item should be filled for all positions other than Education: High School Graduate or completion of resperience. None required.	teaching)		
23b. Licenses or certificates required to do this work, if any.			
24. I HEREBY CERTIFY that the above answers are accurate and o	CELSO F. GUMAOD		
Date	Signature and Title of Immediate Supervisor		
25. APPROVED	PACIENCIAP, MILAN ME		
Date	Head of Agency \$16/07		