	EPUBLIC OF THE PHILIPPINES BC-CSC Form No. 1	1. NAME OF EMPLOYEE
(I	Position Description Form)	ALVARADO HERMINIA RABANZO (Family Name) (Given Name) (Middle Name)
2. DEPART GOVERN	MENT, CORPORATION OR AGENCY/LOCAL	3. BUREAU OR OFFICE
	VISAYAS STATE UNIVERSITY	VSU, Visca, Baybay City, Leyte
	BRANCH/DIVISION TING OFFICE	5. WORK STATION/PLACE OF WORK
6a. PRES. AP ACT/ BOARD RE ORD. NO. ITEM NO.	ACT/ BOARD RES/ ORD. NO.	7a. SALARY P.A.: 7b. OTHER COMPENSATION:
	TAL DESIGNATION OF POSITION	9. WORKING PROPOSED TITLE Administrative Aide IV
10. WAPCO	CLASSIFICATION OF THIS POSITION	11. OCCUPATION GROUP TITLE (leave blank)
	CAL GOVERNMENT POSITION, CHECK GOVER CIPALITY [] CITY []	NMENTAL UNIT AND UNIT'S CLASS PROVINCE []
	1st 2nd 3rd 4th	
		[] []
	[] [] [] [] ENT OF DUTIES AND RESPONSIBILITIES. med additional sheets. :	[] [] If more space is needed, please
attach Percent of	[] [] [] [] MENT OF DUTIES AND RESPONSIBILITIES. med additional sheets. : DUTIE - Posts salaries, honora	[] [] If more space is needed, please s rium, overtime, stipend, RATA etc. Of ers and PCC regular staff in their
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14.	POSITION TITLE OF IMMEDIATE SUPERVISOR Division Head	15. POSITION TITLE OF NEXT HIGHER SUPERVISOR Director of Finance	
16.	NAMES, TITLES AND ITEM NOS. OF THOSE YOU by their item nos. and titles)	DIRECTLY SUPERVISE (if more than (7), list only	
	none		
17.	MACHINES, EQUIPMENT, TOOLS, etc. used re	gularly in performance of work.	
18.	CONTRACT	19. WORKING CONDITION Normal Working Condition [x] Field Work [] Field Trips [] Exposed to Varied Weather [] Others (Specify) []	
20.	I CERTIFY that the above answers are accurate and complete.		
	October 07, 2015 Date	HERMINIA R. ALVARADO Signature of Employee	
21.	Describe briefly the general function of the Unit or Section.		
22.	Describe briefly the general function of the position.		
23a.		years and kind of education considered in (Keep the position in mind rather than the This item should be filled for all	
	Education: Two years college/graduat	e	
	Experience:		
23b.	Licenses or certificates required to do this work, if any.		
24.	I HEREBY CERTIFY that the above answers are accurate and complete. ERLINDA'S. ESGUERRA		
	Date Sign	ature and Title of Immediate Supervisor	
25.	APPROVED:	JOSE L. BACUSMO Head of Agency	
		X	