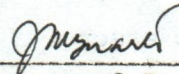
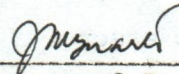
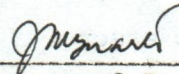
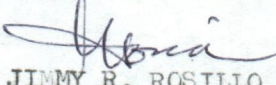
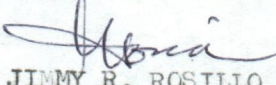
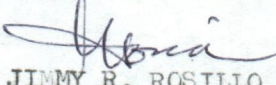
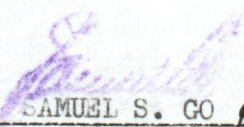
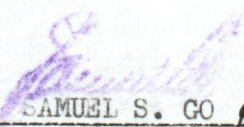
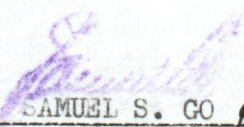


REPUBLIC OF THE PHILIPPINES BC-CSC Form No. 1 (Position Description Form)		1. NAME OF EMPLOYEE GUARTE JACQUELINE MENDOZA (Family Name) (Given Name) (Middle Name)																			
2. DEPARTMENT, CORPORATION OR AGENCY/LOCAL GOVERNMENT Visayas State College of Agriculture		3. BUREAU OR OFFICE DEPT. OF AG. ENGINEERING & APPLIED MATH.																			
4. DEPT./BRANCH/DIVISION		5. WORK STATION/PLACE OF WORK																			
6a. PRES. APPRO. ACT/ BOARD RES/ ORD. NO. ITEM NO.	6b. PREV. APPRO ACT/ BOARD RES/ ORD. NO. ITEM NO.	7a. SALARY P.A.: 7b. OTHER COMPENSATION:																			
8. OFFICIAL DESIGNATION OF POSITION Assoc Professor		9. WORKING PROPOSED TITLE Assoc Professor																			
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 attached additional sheets.																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Percent of Working Time :</td> <td style="width: 10%;"></td> <td style="width: 75%;">DUTIES</td> </tr> <tr> <td>60%</td> <td>:</td> <td>Teaches statistics subjects.</td> </tr> <tr> <td>20%</td> <td>:</td> <td>Acts as college statistician.</td> </tr> <tr> <td>10%</td> <td>:</td> <td>DABAM student coordinator</td> </tr> <tr> <td>10%</td> <td>:</td> <td>Do other duties assigned by the dept. head/supervisor.</td> </tr> <tr> <td>100%</td> <td>:</td> <td></td> </tr> </table>				Percent of Working Time :		DUTIES	60%	:	Teaches statistics subjects.	20%	:	Acts as college statistician.	10%	:	DABAM student coordinator	10%	:	Do other duties assigned by the dept. head/supervisor.	100%	:	
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100%	:																				

Guarte, J

14. POSITION TITLE OF IMMEDIATE SUPERVISOR Professor	15. POSITION TITLE OF NEXT HIGHER SUPERVISOR Director																												
16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (if more than (7), list only by their item nos. and titles)																													
17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.																													
18. CONTRACT <table border="0"><thead><tr><th></th><th>Occasional</th><th>Frequent</th></tr></thead><tbody><tr><td>General Public</td><td>[]</td><td>[]</td></tr><tr><td>Other Agencies</td><td>[]</td><td>[]</td></tr><tr><td>Supervisors</td><td>[]</td><td>[]</td></tr><tr><td>Management</td><td>[]</td><td>[]</td></tr><tr><td>Other (Specify)</td><td>[]</td><td>[]</td></tr></tbody></table>		Occasional	Frequent	General Public	[]	[]	Other Agencies	[]	[]	Supervisors	[]	[]	Management	[]	[]	Other (Specify)	[]	[]	19. WORKING CONDITION <table border="0"><tbody><tr><td>Normal Working Condition</td><td>[]</td></tr><tr><td>Field Work</td><td>[]</td></tr><tr><td>Field Trips</td><td>[]</td></tr><tr><td>Exposed to Varied Weather</td><td>[]</td></tr><tr><td>Others (Specify)</td><td>[]</td></tr></tbody></table>	Normal Working Condition	[]	Field Work	[]	Field Trips	[]	Exposed to Varied Weather	[]	Others (Specify)	[]
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20. I CERTIFY that the above answers are accurate and complete. <table border="0"><tr><td>_____ Date</td><td> _____ Signature of Employee</td></tr></table>		_____ Date	 _____ Signature of Employee																										
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21. Describe briefly the general function of the Unit or Section. Conduct research, instruction and extension																													
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23a. 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: Relevant masteral degree Experience: 2 yrs relevant experience; 8 hrs relevant training																													
23b. Licenses or certificates required to do this work, if any.																													
24. I HEREBY CERTIFY that the above answers are accurate and complete. <table border="0"><tr><td><u>11/6/97</u> Date</td><td> JIMMY R. ROSILLO _____ Signature and Title of Immediate Supervisor</td></tr></table>		<u>11/6/97</u> Date	 JIMMY R. ROSILLO _____ Signature and Title of Immediate Supervisor																										
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25. APPROVED: <table border="0"><tr><td>_____ Date</td><td> SAMUEL S. GO _____ Head of Agency</td></tr></table>		_____ Date	 SAMUEL S. GO _____ Head of Agency																										
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