(Position Description Form) (Family Name) (Given Name) (Middle Name) DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT LEYTE STATE UNIVERSITY 4. DEPT./BRANCH/DIVISION ACCOUNTING DIVISION ACCUMULATION DEPARTMENT DEPARTMENT DEPARTMENT S. WORK STATION/PLACE OF WORK LSU, Baybay, Leyte 3a. PRES, APPRO. ACT/ BOARD RES/ ORD. NO. ITEM NO. IS 3. OFFICIAL DESIGNATION OF POSITION DEPARTMENT DEPARTMENT To CHECK DEPARTMENT To COUNTING OFF. PERA/ACA To COUNTING OFF. 11. OCCUPATION GROUP TITLE (leave blank) 12. FOR LOCAL GOVERNMENT POSITION, CHECK GOVERNMENTAL UNIT AND UNIT'S CLASS MUNICIPALITY [] 1st 2nd 3rd 4th 5th 6th [] [] [] [] [] 3. STATEMENT OF DUTIES AND RESPONSIBILITIES. If more space is needed, please attach additional sheets.		REPUBLIC OF THE PHILIPPINES	1. NAME OF EMPLOYEE
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THE CALLES

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14. POSITION TITLE OF IMMEDIATE SUPERVISOR	15. POSITION TITLE OF NEXT HIGHER
ACCOUNTANT II	SUPERVISOR
16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECT only by their item nos. and titles)	TLY SUPERVISE (if more than (7) list
17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in COMPUTER, TYPEWRITER, TOOLS	performance of work. ACCULATION ASSESSMENT OF THE PARTY
Occasional Frequent General Public ['] [] Other Agencies [] [] Supervisors [] Management [] Others (Specify) []	19. WORKING CONDITION Normal Working Condition Field work Field Trips Exposed to Varied Weather Other's (Specify) []
20. I CERTIFY that the above answers are accurate and comp ###################################	Signature of Employee
21. Describe briefly the general function of the Unit or Section CONTROLS ADJOTMENT	Here is set full discounted the Brown Set of the Month of
22. Describe briefly the general function of the position. CLERICAL WORKS	Attendant Billion
23.a Indicate the required qualifications by years and kind of evacancy for this position. (Keep the position in mind rathe incumbent. This item should be filled for all positions oth Education: Completion of 2 yrs studies in conference:	er than the qualifications of the present er than teaching).
23b. Licenses or certificates required to do this work, if any.	of south and south and south and south
24. I HEREBY CERTIFY that the above answers are accurate Date	ROBERTA C. LEMOS Accountant IV Signature and Title of Immediate Supervisor
25. APPROVED Date	PACIENCIA P. MILAN Head of Agency