1. NAME OF EMPLOYEE
TEVES JOVIEL ROPIRISUEZ
(Family Name) (Given Name) (Middle Name)
3. BUREAU OR OFFICE
5. WORK STATION/PLACE OF WORK VSU
7a. SALARY P.A.: 7b. OTHER COMPENSATIONERA/ACA
9. WORKING PROPOSED TITLE
11. OCCUPATION GROUP TITLE (leave blank)
4th 5th 6th [] [] [] IES. If more space is needed, please
on and improve the first of the plants for them.
water, tel enginentillere, o vegese oelt stad het.
erforms other teaching related functions, als/guides and submit to department head. d/final/long hours/quizzes). ceturn 1 week after exam.
turn over class records to department head
examination.

Device Amore

1-13-11

SUPERVISOR 15. POSITION TITLE OF NEXT HIGHER SUPERVISOR

DEPARTMENT HEAD

Net the there's said	COLLEGE DEAN, CME
3. NAMES, TITLES AND ITEM NOS. OF THOSE only by their item nos. and titles)	E YOU DIRECTLY SU傳版版MSE(7) list
7. MACHINES, EQUIPMENT, TOOLS, etc. use Laptop / computer white board / clall board Projector white board pen	pental pens / ball pens bond paper printer ballpens etc.
CONTACT Occasional Frequent General Public [] [x] Other Agencies [] [] Supervisors [] [x] Management [] [x]	19. WORKING CONDITION Normal Working Condition [8] Field work [] Field Trips [] Exposed to Varied Weather Other's (Specify) []
Others (Specify) [] [] On i CERTIFY that the above answers are accurate to January 2010	ate and complete.
Date	Signature of Employee
2. Describe briefly the general function of the po Institution, Research, Extension & from 23.a Indicate the required qualifications by years a vacancy for this position. (Keep the position incumbent. This item should be filled for all p	and kind of education considered in filling up a in mind rather than the qualifications of the present
Education: B. S. degree in the area of Experience:	specialization.
icenses or certificates required to do this w	ork,
EREBY CERTIFY that the above answers	Jarann 5
Date 201	Signature and Title of Immediate Supervisor