

REPUBLIC OF THE PHILIPPINES BC-CSC Form No. 1 (Position Description Form)		1. NAME OF EMPLOYEE VILLOCINO ALELLA (Family Name) (Given Name) (Middle Name)	
2. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT VISAYAS STATE UNIVERSITY		3. BUREAU OR OFFICE VSU	
4. DEPT./BRANCH/DIVISION		5. WORK STATION/PLACE OF WORK VSU	
6a. PRES. APPRO.	6b. PREV. APPRO.	7a. SALARY P.A. ₱ 270,016.00	
ACT/ BOARD RES/ ORD. NO.	ACT/ BOARD RES/ ITEM NO. VSU-AP4-21-2002	7b. OTHER COMPENSATION PERA/ACA	
8. OFFICIAL DESIGNATION OF POSITION Asst. Prof. W		9. WORKING PROPOSED TITLE	
10. WAPCO CLASSIFICATION OF THIS POSITION		11. OCCUPATION GROUP TITLE	
12. FOR LOCAL GOVERNMENT POSITION, CHECK GOVERNMENTAL UNIT AND UNIT'S CLASS MUNICIPALITY [] CITY [] PROVINCE []			
13. STATEMENT OF DUTIES AND RESPONSIBILITIES. If more space is needed, please attach additional sheets.			
Percent of Working Time :			
DUTIES			
1. 50% Teaches Service Physical Education 11, 12, 13, 14 & Diploma in Physical Education courses.			
2. 40% Institute Director			
3. 10% Other tasks that maybe assigned by immediate superior.			
100%			
24. I HEREBY CERTIFY that the above answers are accurate and complete.			
Signature and Title of Immediate Supervisor		Date	
Signature and Title of Head of Agency		Date	

14. POSITION TITLE OF IMMEDIATE SUPERVISOR College Dean	15. POSITION TITLE OF NEXT HIGHER SUPERVISOR Vice-Pres. for Academic Affairs																												
16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (list only by their item nos. and titles)																													
17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work. Computer & athletic equipment																													
18. CONTACT <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Occasional</th> <th style="text-align: center;">Frequent</th> </tr> </thead> <tbody> <tr> <td>General Public</td> <td style="text-align: center;">☒</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Other Agencies</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Supervisors</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☒</td> </tr> <tr> <td>Management</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Others (Specify)</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> </tbody> </table>		Occasional	Frequent	General Public	☒	☐	Other Agencies	☐	☐	Supervisors	☐	☒	Management	☐	☐	Others (Specify)	☐	☐	19. WORKING CONDITION <table style="width: 100%; border: none;"> <tbody> <tr> <td>Normal Working Condition</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Field work</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Field Trips</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Exposed to Varied Weather</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Other's (Specify)</td> <td style="text-align: center;">☐</td> </tr> </tbody> </table>	Normal Working Condition	☐	Field work	☐	Field Trips	☐	Exposed to Varied Weather	☐	Other's (Specify)	☐
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20. I CERTIFY that the above answers are accurate and complete. _____ Date _____ Signature of Employee																													
21. Describe briefly the general function of the Unit or Section. To provide instruction in Service Physical Education and Diploma in Physical Education courses.																													
22. Describe briefly the general function of the position. To provide instruction in Physical Education courses.																													
23.a 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: <u>B.A</u> degree in the area of specialization Experience: <u>7</u> year of relevant experience, 4 hrs. of 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. <u>2-25-2009</u> _____ Date DOLORES L. ALCOBER _____ Signature and Title of Immediate Supervisor																													
25. APPROVED _____ Date JOSE L. BACUSMO _____ Head of Agency																													