

REPUBLIC OF THE PHILIPPINES BC-CSC (Position Description Form)		1. NAME OF EMPLOYEE <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><b>POLINAR</b></td> <td style="border: none;"><b>ANATOLIO</b></td> <td style="border: none;"><b>NAROLLO</b></td> </tr> <tr> <td style="border: none;">(Family Name)</td> <td style="border: none;">(Given Name)</td> <td style="border: none;">(Middle Name)</td> </tr> </table>		<b>POLINAR</b>	<b>ANATOLIO</b>	<b>NAROLLO</b>	(Family Name)	(Given Name)	(Middle Name)			
<b>POLINAR</b>	<b>ANATOLIO</b>	<b>NAROLLO</b>										
(Family Name)	(Given Name)	(Middle Name)										
2. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT  <b>Visayas State College of Agriculture</b>		3. BUREAU OR OFFICE  <b>SUC</b>										
4. DEPARTMENT/BRANCH/DIVISION  <b>Forestry</b>		5. WORK STATION/PLACE OF WORK  <b>Baybay, Leyte</b>										
6a. PRES. APPRO. ACT/ BOARD RES/ ORD. NO. ITEM NO.	6b. PREV. APPRO ACT/ BOARD RES/ ORD. NO. ITEM NO.	7a. SALARY P.A.:  <b>P 116,016.00</b>										
8. OFFICIAL DESIGNATION OF POSITION  <b>Instructor I</b>		9. WORKING PROPOSED TITLE  <b>Instructor I</b>										
10. WAPCO CLASSIFICATION OF THIS POSITION  <b>ANATOLIO POLINAR</b>		11. OCCUPATION GROUP TITLE  (leave blank)										
12. FOR LOCAL GOVERNMENT POSITION, CHECK GOVERNMENTAL UNIT AND UNIT'S CLASS <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">MUNICIPALITY [ ]</td> <td style="text-align: center;">CITY [ ]</td> <td style="text-align: center;">PROVINCE [ ]</td> </tr> <tr> <td style="text-align: center;">1st [ ]</td> <td style="text-align: center;">2nd [ ]</td> <td style="text-align: center;">3rd [ ]</td> </tr> <tr> <td style="text-align: center;">4th [ ]</td> <td style="text-align: center;">5th [ ]</td> <td style="text-align: center;">6th [ ]</td> </tr> </table>				MUNICIPALITY [ ]	CITY [ ]	PROVINCE [ ]	1st [ ]	2nd [ ]	3rd [ ]	4th [ ]	5th [ ]	6th [ ]
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1st [ ]	2nd [ ]	3rd [ ]										
4th [ ]	5th [ ]	6th [ ]										
13. STATEMENT OF DUTIES AND RESPONSIBILITIES. If more space is needed, please attached additional sheets.												
Percent of Working Time	DUTIES											
<b>60%</b>	1. <b>Teaches forestry courses.</b>											
<b>15</b>	2. <b>Prepares course syllabi.</b>											
<b>15</b>	3. <b>Performs research and extension activities.</b>											
<b>10</b>	4. <b>Perform other functions that may be assigned from time to time.</b>											
<b>100%</b>	(Signature and Title of Immediate Supervisor)  <b>EDUARDO O. MANGAANG</b> Supervisor											



14. POSITION TITLE OF IMMEDIATE SUPERVISOR

**Department Head**

15. POSITION TITLE OF NEXT HIGHER SUPERVISOR

**Director of Instruction**

16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (if more than (7), list only by their item nos. and titles)

**NONE**

17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.

**calculator, paper, ball pen, pencil, chalk, computer & other instructional facilities**

18. CONTRACT

Occasional

Frequent

General Public

[ x ]

[ ]

Other Agencies

[ x ]

[ ]

Supervisors

[ ]

[ x ]

Management

[ ]

[ x ]

Other (Specify)

[ ]

[ ]

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 28 1999

Date

**ANATOLIO N. POLINAR**

Signature of Employee

21. Describe briefly the general function of the Unit or Section.

**To provide instruction, research and extension services.**

22. Describe briefly the general function of the position

**To provide instruction in Forestry courses.**

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: **Bachelor's degree in the area of specialization**

Experience: **None required**

23b. Licenses or certificates required to do this work, if any.

**NONE**

24. I HEREBY CERTIFY that the above answers are accurate and complete.

October 29, 1999

Date

**EDUARDO O. MANGAOANG**, Department Head

Signature and Title of Immediate Supervisor

25. APPROVED

October 1999

Date

**PACIENCIA P. MILAN**

Head of Agency