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REPUBLIC OF THEPHILIPPINES				1. NAME OF EMPLOYEE					
BC-CSC FORM NO. 1				MALASAGA EDRALIN M.					
(Position Description form)				(Family Name) (Given Name) (Middle Name)					
2. DEPARTMENT, CORPORATION OR AGENCY/LOCAL GOVERNMENT				3. BUREAU OR OFFICE					
LEYTE STATE UNIVERSITY				NCRC-V					
4. DEPARTMENT/BRANCH/DIVISION				5. \	5. WORK STATION/PLACE OF WORK				
NCRC-V				BAYBAY, LEYTE					
6A. PRES. APPROP. BOARD RES./ ORD. NO. ITEM		6B. PREV. APPROP ACT/BOARD R ORD. NO. ITEM			7A. SALARY AUTHOI ACTUA	RIZED L	7B.	OTHER DEPA/ACA	
0 OFFICIA	L DESIGNA	TIONIOT	DOGITION			P 9,318.00 ORKING OR PROPOSE		PERA/ACA	
10. WAPCO POSITIO		TION OF	THIS	, CHI	11. OCCUPA		UP TI	TLE (Leave blank)	
1 ST 2		ND	3 RD		4 TH	5 TH		6TH	
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sheets).	MENT OF D	UTIES A	ND RESPON	ISIBI	LITIES. (If mor	re space is need	ed, pl	ease attach additional	
Percent of Working	Real Real And And								
Time	a transcring in matter systematic sitema (s. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.								
50%	Data gathering								
30%	Data computation and analysis								
15%	Supervise laborers								
15%	5% Others								
							PERSONAL PROPERTY AND ADDRESS.	783511 117 12	
	(4. 131 (1.45) (1.15) M2)								
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14. POSITION TITLE	OF IMMEDIAT	Έ	15. POSITION TITLE OF NEXT I	HIGHER	
SUPERVISOR			SUPERVISOR		
Study Le			Center Director		
16. MACHINES, EQU			REGULARLY IN THE PERFORM.	ANCE OF WORK	
17. CONTACTS	Occasional	Frequent	18. WORKING CONDITIONS		
General Public	X		Normal Working Condition		
Other Agencies	X		Field work	X	
Supervisor		X	Field Trips		
Management		X	Exposed to Varied Weather	X	
Other (Specify) 19. I CERTIFY that th		L. Mail	Other (Specify)		
			ON OF THE POSITION OF THE UN		
21. DESCRIBE BRIEF	FLY THE GENE	RAL FUNCTI	ONS OF THE POSITION.		
22. Indicate the require	ed qualification b	y years and k	nd analyze data and supervise labore	up a vacancy of thi	
for all position other	r than teaching. DEGREE with sp		e qualification of the incumbent. This specialization plus other requirements		
23. LICENSE OR CI	ERTIFICATE R		D DO THIS WORK, IF ANY.		
23b. I HEREBY CER	TIFY that the al		are accurate and complete.		
	. 16 Loo3 Date		Chalruhe TESSIE C. NO		
	Date		Signature and Title of Imme	diate Supervisor	
24. APPROVED			PACIENCIA P. M		
	Date		Head of Agen	cy	