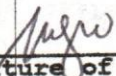
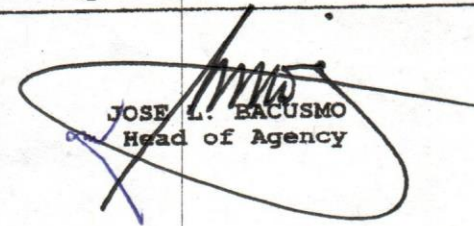


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>REPUBLIC OF THE PHILIPPINES</b><br><b>BC-CSC Form No. 1</b><br><b>(Position Description Form)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | <b>1. NAME OF EMPLOYEE</b><br><div style="display: flex; justify-content: space-between;"> <div>RUFEN<br/>(Family Name)</div> <div>CEHOM<br/>(Given Name)</div> <div>GUARTE<br/>(Middle Name)</div> </div> |  |
| <b>2. DEPARTMENT, CORPORATION OR AGENCY/LOCAL GOVERNMENT</b><br>Visayas State University, Baybay City, Leyte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      | <b>3. BUREAU OR OFFICE</b><br>VSU-HOSPITAL                                                                                                                                                                 |  |
| <b>4. DEPT./BRANCH/DIVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      | <b>5. WORK STATION/PLACE OF WORK</b><br>VSU-HOSPITAL                                                                                                                                                       |  |
| <b>6a. PRES. APPRO.</b><br>ACT/<br>BOARD RES/<br>ORD. NO.<br>ITEM NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>6b. PREV. APPRO</b><br>ACT/<br>BOARD RES/<br>ORD. NO.<br>ITEM NO. | <b>7a. SALARY P.A.:</b> P 298,444.00<br><br><b>7b. OTHER COMPENSATION:</b> P 24,000.00<br>5-2010                                                                                                           |  |
| <b>8. OFFICIAL DESIGNATION OF POSITION</b><br>NURSE II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      | <b>9. WORKING PROPOSED TITLE</b>                                                                                                                                                                           |  |
| <b>10. WAPCO CLASSIFICATION OF THIS POSITION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      | <b>11. OCCUPATION GROUP TITLE</b><br>(leave blank)                                                                                                                                                         |  |
| <b>12. FOR LOCAL GOVERNMENT POSITION, CHECK GOVERNMENTAL UNIT AND UNIT'S CLASS</b><br>MUNICIPALITY [ ] CITY [ ] PROVINCE [ ]<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>1st<br/>[ ]</div> <div>2nd<br/>[ ]</div> <div>3rd<br/>[ ]</div> <div>4th<br/>[ ]</div> <div>5th<br/>[ ]</div> <div>6th<br/>[ ]</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                                                                                                                                                            |  |
| <b>13. STATEMENT OF DUTIES AND RESPONSIBILITIES. If more space is needed, please attached additional sheets.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                                                                                                                                                            |  |
| Percent of :<br>Working Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                                                                                                                                                            |  |
| <b>D U T I E S</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                                                                                                                                                                            |  |
| <u>60% Clinical</u><br>30% - Carries out duties as OPD, ER, and Ward Nurse in accordance to the Standard Nursing Practice and VSU Hospital Policies. This includes Administration of medication, monitor of admitted patients and carry out Doctors order.<br>15% - Assist physicians in the physical and medical examination of students and staff and those who want to avail health services<br>8% - monitor safe, comfortable and therapeutic environment for patients and families and families in accordance to VSU-Hospital policies and Standards during our duty<br>5% - maintain accurate reports and records of which include daily census and monthly Statistical health report<br>2% - Serve as first aider during sports feast and university activities<br><u>40% Preventive</u><br>40% - Participate in the implementation of Health program of VSU-Hospital through information dissemination and health education |                                                                      |                                                                                                                                                                                                            |  |

| 14. POSITION TITLE OF IMMEDIATE SUPERVISOR<br><b>MS. JAN. ANA-B. MASEIRO</b><br>NURSE III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 15. POSITION TITLE OF NEXT HIGHER SUPERVISOR<br>DR. ELLWIN JAI V. YU<br>MEDICAL OFFICER IV |            |          |                |       |     |                |     |     |             |     |     |            |     |     |                 |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |       |            |     |             |     |                           |     |                  |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------|----------|----------------|-------|-----|----------------|-----|-----|-------------|-----|-----|------------|-----|-----|-----------------|-----|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------|------------|-----|-------------|-----|---------------------------|-----|------------------|-----|
| 16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (if more than (7), list only by their item nos. and titles)<br>Institutional workers<br>Nursing Attendants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            |            |          |                |       |     |                |     |     |             |     |     |            |     |     |                 |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |       |            |     |             |     |                           |     |                  |     |
| 17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.<br>Suction machine<br>Nebulizer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |            |          |                |       |     |                |     |     |             |     |     |            |     |     |                 |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |       |            |     |             |     |                           |     |                  |     |
| 18. CONTRACT<br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center; border-bottom: 1px solid black;">Occasional</th> <th style="text-align: center; border-bottom: 1px solid black;">Frequent</th> </tr> </thead> <tbody> <tr> <td>General Public</td> <td style="text-align: center;">[ X ]</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>Other (Specify)</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> </tr> </tbody> </table> |                                                                                            | Occasional | Frequent | General Public | [ X ] | [ ] | Other Agencies | [ ] | [ ] | Supervisors | [ ] | [ ] | Management | [ ] | [ ] | Other (Specify) | [ ] | [ ] | 19. WORKING CONDITION<br><table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Normal Working Condition</td> <td style="text-align: center;">[ X ]</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>Others (Specify)</td> <td style="text-align: center;">[ ]</td> </tr> </tbody> </table> | Normal Working Condition | [ X ] | Field Work | [ ] | Field Trips | [ ] | Exposed to Varied Weather | [ ] | Others (Specify) | [ ] |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Occasional                                                                                 | Frequent   |          |                |       |     |                |     |     |             |     |     |            |     |     |                 |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |       |            |     |             |     |                           |     |                  |     |
| General Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | [ X ]                                                                                      | [ ]        |          |                |       |     |                |     |     |             |     |     |            |     |     |                 |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |       |            |     |             |     |                           |     |                  |     |
| Other Agencies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | [ ]                                                                                        | [ ]        |          |                |       |     |                |     |     |             |     |     |            |     |     |                 |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |       |            |     |             |     |                           |     |                  |     |
| Supervisors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | [ ]                                                                                        | [ ]        |          |                |       |     |                |     |     |             |     |     |            |     |     |                 |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |       |            |     |             |     |                           |     |                  |     |
| Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | [ ]                                                                                        | [ ]        |          |                |       |     |                |     |     |             |     |     |            |     |     |                 |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |       |            |     |             |     |                           |     |                  |     |
| Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | [ ]                                                                                        | [ ]        |          |                |       |     |                |     |     |             |     |     |            |     |     |                 |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |       |            |     |             |     |                           |     |                  |     |
| 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.<br><br><div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>07-18-2013</u><br/>Date         </div> <div style="text-align: center;"> <br/>Signature of Employee         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |            |          |                |       |     |                |     |     |             |     |     |            |     |     |                 |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |       |            |     |             |     |                           |     |                  |     |
| 21. Describe briefly the general function of the Unit or Section.<br>Provides preventive, therapeutic and rehabilitative services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |            |          |                |       |     |                |     |     |             |     |     |            |     |     |                 |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |       |            |     |             |     |                           |     |                  |     |
| 22. Describe briefly the general function of the position.<br>Provide quality nursing care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            |            |          |                |       |     |                |     |     |             |     |     |            |     |     |                 |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |       |            |     |             |     |                           |     |                  |     |
| 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).<br><br>Education: Bachelor of Science in Nursing<br>Experience: 1 yr. of relevant experience; 4 hrs. of relevant training.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            |            |          |                |       |     |                |     |     |             |     |     |            |     |     |                 |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |       |            |     |             |     |                           |     |                  |     |
| 23b. Licenses or certificates required to do this work, if any.<br>PRC LICENSE - RA 1080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |            |          |                |       |     |                |     |     |             |     |     |            |     |     |                 |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |       |            |     |             |     |                           |     |                  |     |
| 24. I HEREBY CERTIFY that the above answers are accurate and complete.<br><br><div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>7/18/2013</u><br/>Date         </div> <div style="text-align: center;"> <br/>Signature and Title of Immediate Supervisor         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                            |            |          |                |       |     |                |     |     |             |     |     |            |     |     |                 |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |       |            |     |             |     |                           |     |                  |     |
| 25. APPROVED:<br><br><div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>                    </u><br/>Date         </div> <div style="text-align: center;"> <br/>JOSE L. BACUSMO<br/>Head of Agency         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |            |          |                |       |     |                |     |     |             |     |     |            |     |     |                 |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |       |            |     |             |     |                           |     |                  |     |