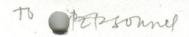
REPUBLIC OF THE PHILIPPINES	1. NAME OF EMPLOYEE
BC-CSC Form No. 1 (Position Description Ferm)	LINA DARIO PEREZ
2 DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNME VISAYAS STATE UNIVERSITY	3. BUREAU OR OFFICE  VSU  (Given Name) (Middle Name)  (Middle Name)
DSE	5. WORK STATION/PLACE OF WORK  VSU
ORD. NO.  6b. PREV. APPRO ACT/ ACT/ BOARD RES/ BOARD RES/ ITEM NO. VISCAD.	7a. SALARY P.A.: \$201764.W  7b. OTHER COMPENSATIONERA/ACA \$24,000-
INSTRUCTOR III TEMPORARY	9. WORKING PROPOSED TITLE
15. WAFCO CLASSIFICATION OF THIS POSITION	11. OCCUPATION GROUP TITLE (leave blank)
MUNICIPALITY [ ]	GOVERNMENTAL UNIT AND UNIT'S CLASS CITY [ ] PROVINCE [ ]
1st 2nd	4th 5th 6th
ATATEMENT OF DUTIES AND RESPONSIBILIT strach additional sheets.	IES. If more space is needed, please
DUTIES	notes to the contract translation.

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	DESTION TITLE OF IMMEDIATE SUPERVISOR 15. POSITION TITLE OF NEXT HIGHER SUPERVISOR WORLD
	MES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SU降版RMISE(7) list by their item nos. and titles).
(	MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.
	Occasional Frequent Normal Working Condition  Seneral Public [Y] [] Field work []  Other Agencies [V] [] Field Trips []  Supervisors [] [Y] Exposed to Varied Weather  Management [] Other's (Specify) []  Others (Specify) []
20.	CERTIFY that the above answers are accurate and complete.  10 10 09  Date  Signature of Employee
	PROVIDE OMENTY SECONDARY EDUCATION TO DESERVING CHUPPEN OF THE PURKLY POOR AS FOUNDATION FOR TEXTUREY EDUC OF TO PREPARE SOLIES briefly the general function of the position.  THEM POR A CATH FIN EMPLOY  Lustmeton
	Indicate the required qualifications by years and kind of education considered in filling up a variancy for this position. (Keep the position in mind rather than the qualifications of the present in an bent. This item should be filled for all positions other than teaching).  Education: The THE THE THE OF SPECIALIZATION  Experience: How Peaulped
	Let PASSER
4.	1 HEREBY CERTIFY that the above answers are accurate and complete.    1   4   6 9
5.	APPROVED
	Date Hoad of Agency