	REPUBLICOSE FOR PHILIPPINES	1. NAME OF EMPLOYEE
en companyo	(Position Description Form)	MANGAOANG YOLANDA DELA CRUZU
	BURNING AND	(Family Bane) (Given Mane) (Middle Mane)
2.	DEPARTMENT, CORPORATION OR AGENCY/LOC GOVERNMENT	
	Visayas State College of Agriculture	S. MARKISS, TITLES AND ITTM NOS. OF THIS YOU
4.	DEPT./BRANCH/DIVISION Plant, Protection	5. WORK STATION/PLACE OF WORK
	PRES. APPRO. 6b. PREV. APPRO ACT/ BOARD RES/ BOARD RES/	7a. SALARY P.A.:
	ORD. NO. ORD. NO. ITEM NO. ITEM NO.	7b. OTHER COMPENSATION:
8.	OFFICIAL DESIGNATION OF POSITION Assistant Professor II	9. WORKING PROPOSED TITLE 19 19 19 19 19 19 19 19 19 19 19 19 19
10.	WAPCO CLASSIFICATION OF THIS POSITION	
13.	STATEMENT OF DUTIES AND RESPONSIBILITY	4th 5th 6th [] [] []
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14.	POSITION TITLE OF IMMEDIATE SUPERVISOR	15. POSITION TITLE OF NEXT HIGHER	
	BUTTAO NO UAGRIE E	REPAREMENT, CORPORATION OF AGENCYLOCAL GOVERNORM	
6.	NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (if more than (7), list only by their item nos. and titles)		
	A. WAST STATEMARAGE OF WORK	DEPT. ANCHORINATION	
17.	MACHINES, EQUIPMENT, TOOLS, etc. used r	regularly in performance of work.	
	microscope	ATA ATAM ATAM	
18.	CONTRACT Occasional Frequent General Public [] [] Other Agencies [] [] Supervisors [] [] Management [] [] Other (Specify) [] []	19. WORKING CONDITION Normal Working Condition Field Work Field Trips Exposed to Varied Weather Others (Specify)	
20.	I CERTIFY that the above answers are accurate and complete. October 15, 1998 YOLANDA C. MANGAOANG		
	Date The Tieu Calvellod	Signature of Employee	
22.	Describe briefly the general function o	of the position.	
		reproduction to the second sec	
23a.	Indicate the required qualifications by years and kind of education considered 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: Relevant masteral degree Experience: 1 yr relevant experience; 4 hrs relevant training		
23b.	Licenses or certificates required to do this work, if any.		
4.	I HEREBY CERTIFY that the above answers are accurate and complete.		
	10-14-98	BIMBO'T. MANDRAS, Ph.D.	
	Date	Signature and Title of Immediate Supervisor	
5.	APPROVED:	SAMUEL S. GO	
	Date	Head of Agency	

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