

174

REPUBLIC OF THE PHILIPPINES

BC-CSC Form No. 1

(Position Description Form)

1. NAME OF EMPLOYEE

RAMONEDA

BRENDA

M.

(Family Name) (Given Name) (Middle Name)

2. DEPARTMENT CORPORATION OR AGENCY/
LOCAL GOVERNMENT

LEYTE STATE UNIVERSITY

3. BUREAU OR OFFICE

LSU

4. DEPT./BRANCH/DIVISION

Department of Economics

5. WORK STATION/PLACE OF WORK

6a. PRES. APPRO.

ACT/

BOARD RES/

ORD. NO.

6b. PREV. APPRO.

ACT/

BOARD RES/

ITEM NO.

7a. SALARY P.A.

7b. OTHER COMPENSATION: PERA/ACA

8. OFFICIAL DESIGNATION OF POSITION

9. WORKING PROPOSED TITLE

10. WARCO CLASSIFICATION OF THIS POSITION

11. OCCUPATION GROUP TITLE

(leave blank)

12. FOR LOCAL GOVERNMENT POSITION CHECK GOVERNMENTAL UNIT AND UNIT'S CLASS

MUNICIPALITY []

CITY []

PROVINCE []

1st

2nd

3rd

4th

5th

6th

[]

[]

[]

[]

[]

[]

13. STATEMENT OF DUTIES AND RESPONSIBILITIES. If more space is needed, please attach additional sheets.

Percent of

Working Time

DUTIES

65%

Teaches Agricultural Economics courses;

15%

Prepares and conducts research and extension activities;

10%

Advises undergraduate students and DIAGNIS organization; and

10%

Other duties and responsibilities that may be assigned by the head.

14. POSITION TITLE OF IMMEDIATE SUPERVISOR Department Head	15. POSITION TITLE OF NEXT HIGHER SUPERVISOR College Dean																												
16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (if more than (7) list only by their item nos. and titles)																													
17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work. calculator; computer; overhead/slide projector; etc.																													
18. CONTACT <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Occasional</th> <th style="text-align: center;">Frequent</th> </tr> </thead> <tbody> <tr> <td>General Public</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[x]</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>Others (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	[]	[]	Others (Specify)	[]	[]	19. WORKING CONDITION <table style="width: 100%; border: none;"> <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>Other's (Specify)</td> <td style="text-align: center;">[]</td> </tr> </tbody> </table>	Normal Working Condition	[x]	Field work	[]	Field Trips	[]	Exposed to Varied Weather	[]	Other's (Specify)	[]
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20. I CERTIFY that the above answers are accurate and complete. <u>Oct. 6/2003</u> Date BRENDA M. RAMONEDA Signature of Employee																													
21. Describe briefly the general function of the Unit or Section Instruction, research & extension.																													
22. Describe briefly the general function of the position. Instruction, research & extension.																													
23. a. 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: BS degree relevant to the job. Experience: 1 year of relevant experience; 4 hrs. of relevant training.																													
23b. Licenses or certificates required to do this work, if any.																													
24. I HEREBY CERTIFY that the above answers are accurate and complete. _____ Date PEDRO T. ARMENIA Signature and Title of Immediate Supervisor																													
25. APPROVED _____ Date PACIENCIA P. MILAN Head of Agency																													