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REPUBLIC OF THE PHILIPPINES				1. NAME OF EMPLOYEE									
BC-CSC Form No. 1 (Position Description Form) 2. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT LEYTE STATE UNIVERSITY				(Family Name) (Given Name) (Middle Name) 3. BUREAU OR OFFICE LSU									
							4. DEPT./BRANCH/DIVISION				5. WORKS	TATION/PLACE OF WO	ORK
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o. OFFICIAL DES	SIGNATION OF POSITIO	IN INSTRUCTO	RI	9. WORKI	NG PROPOSED TITLE								
10. WAPCO CLA	SSIFICATION OF THIS	POSITION		11. OCCUPATION GROUP TITLE									
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12. FOR LOCAL	GOVERNMENT POSITION	N CHECK GOVE	RNMENTAL	LINIT AND UN	NIT'S CLASS								
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14.	POSITION TITLE OF IMMEDIATE SUPERVIS	OR 15. POSITION TITLE OF NEXT HIGHER				
-	THE SHILL THE DAY	SUPERVISOR				
	LSULHS PRINGPAL	CE - DEAN				
16.	6. 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. us	ed regularly in performance of work.				
	calculator, pens, etc.					
der reporterativo entre conductor el transit del capación de despeso	CONTACT Occasional Freq General Public [] [x] Other Agencies [] [] Supervisors [] [] Management [] [] Others (Specify) [] []	19. WORKING CONDITION Normal Working Condition x Field work [] Field Trips [] Exposed to Varied Weather Other's (Specify) []				
20.	I CERTIFY that the above answers are accumulate that the above answers are accumulated to the control of the co	Salvadorlentes				
21.	Describe briefly the general function of the					
	To provide instruction, research	h & extension.				
22.	Describe briefly the general function of the	osition.				
	Instruction	The contract of the sons to th				
23.a	Indicate the required qualifications by year vacancy for this position. (Keep the positio incumbent. This item should be filled for all	and kind of education considered in filling up a in mind rather than the qualifications of the present positions other than teaching).				
	Education: BS degree in the area	f specialization.				
	Experience:	Parterney when to be or your by.				
23b.	Licenses or certificates required to do this					
24.	I HEREBY CERTIFY that the above answe	s are accurate and complete. NELEN P. LAMBERT, Principal				
	Date	Signature and Title of Immediate				
25.	APPROVED	Supervisor				
		Ma de)				
	Date	PACIENCIA P. MILAN ^V Head of Agency				
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