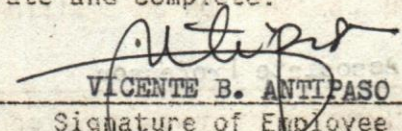
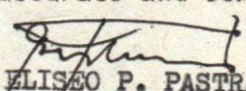
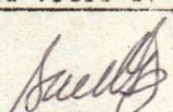


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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------------------------------------------------------------------------------------|--|
| REPUBLIC OF THE PHILIPPINES<br>BC-CSC Form No. 1<br>(Position Description Form)                                                                                                                                                                                                                                                                                                  |   | 1. NAME OF EMPLOYEE<br><b>Antipaso Vicente B.</b><br>(Family Name) (Given Name) (Middle Name) |  |
| 2. DEPARTMENT, CORPORATION OR AGENCY/LOCAL GOVERNMENT<br><br>Visayas State College of Agriculture                                                                                                                                                                                                                                                                                |   | 3. BUREAU OR OFFICE                                                                           |  |
| 4. DEPT./BRANCH/DIVISION<br><b>Physical Education</b>                                                                                                                                                                                                                                                                                                                            |   | 5. WORK STATION/PLACE OF WORK                                                                 |  |
| 6a. PRES. APPRO. ACT/ BOARD RES/ ORD. NO. ITEM NO.                                                                                                                                                                                                                                                                                                                               |   | 7a. SALARY P.A.:                                                                              |  |
| 6b. PREV. APPRO. ACT/ BOARD RES/ ORD. NO. ITEM NO.                                                                                                                                                                                                                                                                                                                               |   | 7b. OTHER COMPENSATION:                                                                       |  |
| 8. OFFICIAL DESIGNATION OF POSITION<br><b>Associate Professor</b>                                                                                                                                                                                                                                                                                                                |   | 9. WORKING PROPOSED TITLE<br><b>Associate Professor</b>                                       |  |
| 10. WAPCO CLASSIFICATION OF THIS POSITION                                                                                                                                                                                                                                                                                                                                        |   | 11. OCCUPATION GROUP TITLE<br>(leave blank)                                                   |  |
| 12. FOR LOCAL GOVERNMENT POSITION, CHECK GOVERNMENTAL UNIT AND UNIT'S CLASS<br>MUNICIPALITY <input checked="" type="checkbox"/> CITY <input type="checkbox"/> PROVINCE <input type="checkbox"/><br>1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> |   |                                                                                               |  |
| 13. STATEMENT OF DUTIES AND RESPONSIBILITIES. If more space is needed, please attached additional sheets.                                                                                                                                                                                                                                                                        |   |                                                                                               |  |
| Percent of Working time :                                                                                                                                                                                                                                                                                                                                                        |   | DUTIES                                                                                        |  |
| 80%                                                                                                                                                                                                                                                                                                                                                                              | : | 1. Teaches basic Physical Education 11, 12, 13 & 14                                           |  |
| 15%                                                                                                                                                                                                                                                                                                                                                                              | : | 2. Coordinator, Dept's Recreation Program                                                     |  |
| <u>5%</u>                                                                                                                                                                                                                                                                                                                                                                        | : | 3. Other tasks that maybe assigned by immediate superior                                      |  |
| 100%                                                                                                                                                                                                                                                                                                                                                                             | : |                                                                                               |  |

| 14. POSITION TITLE OF IMMEDIATE SUPERVISOR<br><p style="text-align: center;"><b>Department Head</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 15. POSITION TITLE OF NEXT HIGHER SUPERVISOR<br><p style="text-align: center;"><b>Director of Instruction</b></p> |                                         |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------|----------------|-----------------------------------------|--------|----------------|-----------------------------------------|--------|-------------|--------|-----------------------------------------|------------|--------|-----------------------------------------|-----------------|--------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------|------------|--------|-------------|--------|---------------------------|--------|------------------|--------|
| 16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (if more than (7), list only by their item nos. and titles)<br><p style="text-align: center;">none</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                         |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| 17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.<br><p style="text-align: center;">athletic supplies</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                         |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| 18. CONTRACT<br><table style="width: 100%; border-collapse: collapse;"> <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;">[ <input checked="" type="checkbox"/> ]</td> <td style="text-align: center;">[    ]</td> </tr> <tr> <td>Other Agencies</td> <td style="text-align: center;">[ <input checked="" type="checkbox"/> ]</td> <td style="text-align: center;">[    ]</td> </tr> <tr> <td>Supervisors</td> <td style="text-align: center;">[    ]</td> <td style="text-align: center;">[ <input checked="" type="checkbox"/> ]</td> </tr> <tr> <td>Management</td> <td style="text-align: center;">[    ]</td> <td style="text-align: center;">[ <input checked="" type="checkbox"/> ]</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 | [ <input checked="" type="checkbox"/> ] | [    ] | Other Agencies | [ <input checked="" type="checkbox"/> ] | [    ] | Supervisors | [    ] | [ <input checked="" type="checkbox"/> ] | Management | [    ] | [ <input checked="" type="checkbox"/> ] | 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;">[ <input checked="" type="checkbox"/> ]</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 | [ <input checked="" type="checkbox"/> ] | Field Work | [    ] | Field Trips | [    ] | Exposed to Varied Weather | [    ] | Others (Specify) | [    ] |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Occasional                                                                                                        | Frequent                                |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| General Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | [ <input checked="" type="checkbox"/> ]                                                                           | [    ]                                  |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| Other Agencies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | [ <input checked="" type="checkbox"/> ]                                                                           | [    ]                                  |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| Supervisors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | [    ]                                                                                                            | [ <input checked="" type="checkbox"/> ] |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | [    ]                                                                                                            | [ <input checked="" type="checkbox"/> ] |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | [    ]                                                                                                            | [    ]                                  |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| Normal Working Condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | [ <input checked="" type="checkbox"/> ]                                                                           |                                         |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| Field Work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | [    ]                                                                                                            |                                         |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| Field Trips                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | [    ]                                                                                                            |                                         |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| Exposed to Varied Weather                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | [    ]                                                                                                            |                                         |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| Others (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [    ]                                                                                                            |                                         |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| 20. I CERTIFY that the above answers are accurate and complete.<br><div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p><u>June 2, 1998</u></p> <p>Date</p> </div> <div style="text-align: center;"> <br/> <p><b>VICENTE B. ANTIPASO</b><br/>Signature of Employee</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                                         |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| 21. Describe briefly the general function of the Unit or Section.<br><p style="text-align: center;"><b>To provide instruction in physical education courses</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                         |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| 22. Describe briefly the general function of the position.<br><p style="text-align: center;"><b>To provide instruction in physical education courses</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                         |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| 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><p>Education: Relevant masteral degree</p> <p>Experience: 2 yrs relevant experience; 8 hrs relevant training</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                         |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| 23b. Licenses or certificates required to do this work, if any.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                         |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| 24. I HEREBY CERTIFY that the above answers are accurate and complete.<br><div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p><u>June 2, 1998</u></p> <p>Date</p> </div> <div style="text-align: center;"> <br/> <p><b>ELISEO P. PASTRANO - Head</b><br/>Signature and Title of Immediate Supervisor</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                         |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |
| 25. APPROVED:<br><div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>_____</p> <p>Date</p> </div> <div style="text-align: center;"> <br/> <p><b>SAMUEL S. GO</b><br/>Head of Agency</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                         |          |                |                                         |        |                |                                         |        |             |        |                                         |            |        |                                         |                 |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                         |            |        |             |        |                           |        |                  |        |