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REPUBLIC OF THE PHILIPPINES	1. NAME OF EMPLOYEE  AURE  MA. RACHEL KIM LOCAYON
BC-CSC Form No. 1	AURE MA. RACHEL KIM LOCAYON (Family Name) (Given Name) (Middle Name)
(Position Description Form) DEPARTMENT, CORPORATION OR AGENCY	3. BUREAU OR OFFICE
LOCAL GOVERNMENT	VSU
VISAYAS STATE UNIVERSITY, Baybay City, Leyte	4.00
VIGATAG STATE GIVIVERSITT, Baybay Gity, Edyte	
DEPT. / BRANCH / DIVISION	5 WORK STATION/PLACE OF WORK
Department of Science Education	VSU
PRES. APPRO. 6b. PREV. APPRO	7a. SALARY P.A.
ACT/ ACT/	
BOARD RES/ BOARD RES/	7b. OTHER COMPENSATION PERA/ACA
ORD. NO. ITEM NO.	
OFFICIAL DESIGNATION OF POSITION	9 WORKING PROPOSED TITLE
Instructor II	Instructor II
WAPCO CLASSIFICATION OF THIS POSITION	11 OCCUPATION GROUP TITLE
	(leave blank)
<u> </u>	
FOR LOCAL GOVERNMENT POSITION, CHECK GOVERNME	NTAL UNIT AND UNIT'S CLASS
MUNICIPALITY[] CITY[]	PROVINCE [ ]
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. STATEMENT OF DUTIES AND RESPONSIBILITIES. If more sp	pace is needed please
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14. POSITION TITLE OF IMMEDIATE SUPERVISOR  Department Pead	15. POSITION TITLE OF NEXT HIGHER SUPERVISOR DEAN - CALLES
16. NAMES, TITLES, AND ITEM NOS. OF THOSE YOU only by their item nos. and titles) Students	J DIRECTLY SUPERVISE (If more than (7) list
17. MACHINES, EQUIPMENT, TOOLS, etc. used regula Computer, Printer, Overhead projector, LCD, DVD	• •
Occasional Frequent  General Publi [ ] [ ] Other Agenci [ X ] [ ] Supervisors [ ] [ X ] Management [ ] [ ] Others (Speci [ ] [ ]	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 accurate and   12-Jun-13  Date	Signature of Employee
21. Describe briefly the general function of the Unit Instruction, Research and Extension work	t or Section.
<ol> <li>Describe briefly the general function of the position Teaches BEED, BSED students and students</li> </ol>	
23.a. Indicate the required qualifications by years a vacancy for this position. (Keep the position in incumbent. This item should be filled for all po	n mind rather than the qualifiaction of the present
Education: Marestoal degree	in the cfield of Specialization
Experience:	
23.b. Licenses or certificates required to do this wo	
24. I HEREBY CERTIFY that the above answers an	re accurate and complete.
	DOLORES L. ALCOBER, DEAN, CE Signatue and Title of Immediate Supervisor
25. APPROVED	hum
Date	Head of Agency

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