REPUBLIC OF THE PHILIPPINES BC-CSC Form No. 1 (Position Description Form)			1. NAME OF EMPLOYEE CORDOVA JULIE ANN SALES (Family Name) (Given Name) (Middle Name)		
2. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT DLABS Visayas State University			3. BUREAU OR OFFICE VISAYAS STATE UNIVERSITY		
4. DEPT./BRANCH/DIVISION			5. WORK STATION/PLACE OF WORK		
6a. PRES. APPR ACT/ BOARD RES	ACT		7a. SALARY P	.A.:	
ORD. NO. ORD. NO. ITEM NO.			7b. OTHER COMPENSATION:		
8. OFFICIAL DESIGNATION OF POSITION INSTRUCTOR I			9. WORKING PROPOSED TITLE		
10. WAPCO CLASSIFICATION OF THIS POSITION			11. OCCUPATION GROUP TITLE (leave blank)		
12. FOR LOCAL MUNICIPAL	GOVERNMENT POSIT	TION, CHECK CITY [X		AL UNIT AND ROVINCE [
	1 st 2 nd []	3 rd	4 th	5 th	6 th
additional she	T OF DUTIES AND RES	SPONSIBILITI	ES. If more space	e is needed, pleas	se attach
Percent of Working Time	DUTIES				
85% 5%	1. Teaches assigned subject and performs other teaching related functions, among others the following: a) Prepares teaching materials/guides and submit to department head. b) Conducts examination (mid/final/long hours/quizzes). c) Checks test papers and return 1 week after exam. d) Submits grade sheet and turn over class records to department head two weeks after final examination. 2. Member in different committees.				
5% 5% 100%	 Member in different committees. Participates in the co-curricular activities. Performs other functions assigned by the Department Head. 				

DEPARTMENT HEAD SUPERVISOR DEAN 16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (if more their item nos. and titles) 17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work. Computer, calculator, charts, class records, board eraser, etc. 18. CONTRACT Occasional Frequent General Public [] [] NORKING CONDITION Normal Working Condition Field Work Field Trips Supervisors [] [] Exposed to Varied Whether Management [] [] Other (Specify) [] Other (Specify) 20. I CERTIFY that the above answers are accurate and complete. Date Date SUPERVISOR DEAN SUPERVISE (if more their item nos. and titles) 19. WORKING CONDITION Normal Working Condition Field Work Field Trips Exposed to Varied Whether Others (Specify) JULIE (NN S. CORDOVA) Signature of Employee	NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN			
DEPARTMENT HEAD 16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (if more the their item nos. and titles) 17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work. Computer, calculator, charts, class records, board eraser, etc. 18. CONTRACT Occasional Frequent General Public [] [] Field Work Other Agencies [] [] Field Work Other Agencies [] [] Field Trips Supervisors [] [] Exposed to Varied Whether Management [] [] Other (Specify) Other (Specify) [] [] Total Control of Exposed to Varied Whether Others (Specify) 20. I CERTIFY that the above answers are accurate and complete.	15. POSITION TITLE OF NEXT HIGHER			
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Date JULIE (ANN S. CORDOVA Signature of Employee	[X] [] [] []			
Date Date JULIE ANN S. CORDOVA Signature of Employee 21. Describe briefly the general function of the Unit or Section. A service department to teach				
21. Describe briefly the general function of the Unit or Section. A service denortment to total				
students through quality instruction, to improve productivity, profitability, equity & well-be University as a whole. 22. Describe briefly the general function of the position. To serve technical/academic department of the course of the dept., explore possibilities and extension in relation to university thrusts.	eing of the			
23a. Indicate the required qualifications by years and kind of education considered in filling up for this position. (Keep the position in mind rather than the qualifications of the present in These items should be filled for all positions other than teaching).	a vacancy acumbent.			
Education: masteral ollgree in the field of specialization.	,			
Experience:				
23b. Licenses or certificates required to do this work, if any.	ı			
24. I HEREBY CERTIFY that the above answers are accurate and complete.				
ANNIE P. GRAVOSO, OIC H				
Date Signature and Title of Immediate S	Supervisor			
	JOSE L. BACUSMO, President			
Date Head of gency	ent			