

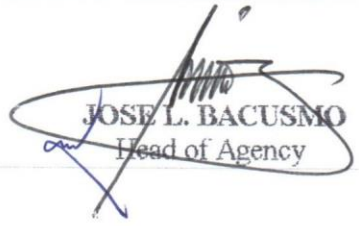


|   |  |  |  |
|---|--|--|--|
| REPUBLIC OF THE PHILIPPINES   |  | 1. NAME OF EMPLOYEE                              |  |
| BC-CSC Form No. 1<br>(Position Description Form)  |  | CIMA FRANCA LYNETTE CANO                         |  |
|   |  | (Family Name)      Given Name      (Middle Name) |  |
| 2. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT  |  | 3. BUREAU OR OFFICE                              |  |
| VISAYAS STATE UNIVERSITY  |  | VSU  |  |
| 4. DEPT./BRANCH/DIVISION  |  | 5. WORK STATION/PLACE OF WORK                    |  |
| Department of Food Science and Technology   |  | VSU  |  |
| 6a. PRES. APPRO.<br>ACT/<br>BOARD RES/<br>ORD. NO.  | 6b. PREV. APPRO<br>ACT/<br>BOARD RES/S<br>ITEM NO.   | 7a. SALARY P.A.: ₱ 239,280.00                    |  |
|   |  | 7b. OTHER COMPENSATION:<br>PERA/ACA              |  |
| 8. OFFICIAL DESIGNATION OF POSITION   |  | 9. WORKING PROPOSED TITLE                        |  |
| Instructor I  |  |  |  |
| 10. WAPCO CLASSIFICATION OF THIS POSITION   |  | 11. OCCUPATION GROUP TITLE<br>(leave blank)      |  |
| 12. FOR LOCAL GOVERNMENT POSITION, CHECK GOVERNMENTAL UNIT AND UNITS CLASS                                |  |  |  |
| MUNICIPALITY [ ]  |  | CITY [x]      PROVINCE [ ]                       |  |
| 1 <sup>st</sup><br>[ ]  | 2 <sup>nd</sup><br>[ ]   | 3 <sup>rd</sup><br>[ ]                           | 4 <sup>th</sup><br>[ ]      5 <sup>th</sup><br>[ ]      6 <sup>th</sup><br>[ ] |
| 13. STATEMENT OF DUTIES AND RESPONSIBILITIES. (f more space is needed, please attached additional sheets. |  |  |  |
| Percent Working Time  | DUTIES   |  |  |
| 85%   | 1. Teaches assigned subject and performs other teaching related functions, among others the following:<br>a) Prepared teaching materials/guides and submit to department head.<br>b) Conducts examination (mid/final/long hours/quizzes).<br>c) Checks test papers and return 1 week after exam.<br>d) Submits grade sheet and turn over class records to department head two weeks after final examination. |  |  |
| 5%  | 3. Member in different committees.   |  |  |
| 5%  | 4. Participate in the co-curricular activities.  |  |  |
| 5%  | 5. Perform other functions assigned by the Department Head.  |  |  |
| 100%  |  |  |  |

6211 3598 4/22

|   |   |                                     |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
|---|---|-------------------------------------|----------|----------------|-------------------------------------|--------------------------|----------------|-------------------------------------|--------------------------|-------------|--------------------------|-------------------------------------|------------|--------------------------|-------------------------------------|------------------|--------------------------|--------------------------|--|--------------------------|-------------------------------------|------------|--------------------------|-------------|--------------------------|---------------------------|--------------------------|------------------|--------------------------|
| 14. POSITION/TITLE OF IMMEDIATE SUPERVISOR<br><br><b>Department Head</b>  | 15. POSITION/TITLE OF NEXT HIGHER SUPERVISOR<br><br><b>College Dean</b> |                                     |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| 16. NAME, 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;"><b>None</b></p>   |   |                                     |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| 17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.<br><b>Computer, LCD, visual aides, whiteboard pen, eraser, chalk, gradesheets, whiteboard/chalkboard, ballpen, pencil, kitchen utensils, laboratory equipment and other gadgets</b>   |   |                                     |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| 18. CONTACT<br><br><table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Occasional</td> <td style="text-align: center;">Frequent</td> </tr> <tr> <td>General Public</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other Agencies</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Supervisors</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Management</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Others (Specify)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> |   | Occasional                          | Frequent | General Public | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other Agencies | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Supervisors | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Management | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Others (Specify) | <input type="checkbox"/> | <input type="checkbox"/> | 19. WORKING CONDITION<br><br><table style="width: 100%;"> <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;"><input type="checkbox"/></td> </tr> <tr> <td>Field trips</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Exposed to Varied Weather</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Others (Specify)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | Normal Working Condition | <input checked="" type="checkbox"/> | Field work | <input type="checkbox"/> | Field trips | <input type="checkbox"/> | Exposed to Varied Weather | <input type="checkbox"/> | Others (Specify) | <input type="checkbox"/> |
|   | Occasional  | Frequent                            |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| General Public  | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/>            |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| Other Agencies  | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/>            |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| Supervisors   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| Management  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| Others (Specify)  | <input type="checkbox"/>  | <input type="checkbox"/>            |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| Normal Working Condition  | <input checked="" type="checkbox"/>                                     |                                     |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| Field work  | <input type="checkbox"/>  |                                     |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| Field trips   | <input type="checkbox"/>  |                                     |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| Exposed to Varied Weather   | <input type="checkbox"/>  |                                     |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| Others (Specify)  | <input type="checkbox"/>  |                                     |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| 20. I CERTIFY that the above answers are accurate and complete<br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <u>April 17, 2013</u><br/>           Date         </div> <div style="text-align: right;"> <br/> <b>LYNETTE C. CIMAFRANCA</b><br/>           Signature of Employee         </div> </div>  |   |                                     |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| 21. Describe briefly the general functions of the Unit or Section.<br><br><b>Teaches undergraduate and graduate courses for BSFT students and service course.</b>   |   |                                     |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| 22. Describe briefly the general function of the position.<br><br><b>Involve in instruction, conduct research/extension and production</b>  |   |                                     |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| 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><br>Education: <b>Completion of MS degree</b><br><br>Experience:   |   |                                     |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| 23b. Licenses or certificates required to do this work, if any.<br><br><p style="text-align: center;"><b>None</b></p>   |   |                                     |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| 24. I HEREBY CERTIFY that the above answers are accurate and complete.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">           _____<br/>           Date         </div> <div style="text-align: right;"> <br/> <b>LORINA A. GALVEZ</b><br/>           Signature and Title of Immediate Supervisor         </div> </div>   |   |                                     |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |
| 25. APPROVED<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">           _____<br/>           Date         </div> <div style="text-align: right;"> <br/> <b>JOSE L. BACUSMO</b><br/>           Head of Agency         </div> </div>   |   |                                     |          |                |                                     |                          |                |                                     |                          |             |                          |                                     |            |                          |                                     |                  |                          |                          |  |                          |                                     |            |                          |             |                          |                           |                          |                  |                          |