

REPUBLIC OF THE PHILIPPINES BC-CSC Form No. 1 (Position Description Form)		1. NAME OF EMPLOYEE CAGASAN , ULYSSES ALAS (Family Name) (Given Name) (Middle Name)	
2. DEPARTMENT, CORPORATION OR AGENCY/LOCAL GOVERNMENT Visayas State University, Baybay City, Leyte		3. BUREAU OR OFFICE	
4. DEPT./BRANCH/DIVISION		5. WORK STATION/PLACE OF WORK	
6a. PRES. APPRO. 6b. PREV. APPRO ACT/ ACT/ BOARD RES/ BOARD RES/ ORD. NO. ORD. NO. ITEM NO. ITEM NO. LS		7a. SALARY P.A.: P181,428.00 7b. OTHER COMPENSATION: P 24,000.00	
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 GOVERNMENT MUNICIPALITY [] 1st 2nd 3rd 4th 5th 6th [] [] [] [] [] []		POSITION, CHECK GOVERNMENTAL UNIT AND UNIT'S CLASS CITY [] PROVINCE []	
13. STATEMENT OF DUTIES AND RESPONSIBILITIES. If more space is needed, please attached additional sheets.			
Percent of : Working Time:		D U T I E S	
85% 1. Teaches assigned subject and performs other teaching related functions, among Others the following: a) Prepared 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. 5% 2. Member in different committees. 5% 3. Participate in the co-curricular activities. 5% 4. Perform other functions assigned by the Department Head. 100%			

6/16-72

CP# 5099
6/28/10

14. POSITION TITLE OF IMMEDIATE SUPERVISOR Dept. Head	15. POSITION TITLE OF NEXT HIGHER SUPERVISOR College Dean																												
16. 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. used regularly in performance of work. pens, calculator, etc.																													
18. CONTRACT <table style="width:100%"><tr><td></td><td style="text-align: center;"><u>Occasional</u></td><td style="text-align: center;"><u>Frequent</u></td></tr><tr><td>General Public</td><td style="text-align: center;">[X]</td><td style="text-align: center;">[]</td></tr><tr><td>Other Agencies</td><td style="text-align: center;">[]</td><td style="text-align: center;">[]</td></tr><tr><td>Supervisors</td><td style="text-align: center;">[]</td><td style="text-align: center;">[]</td></tr><tr><td>Management</td><td style="text-align: center;">[]</td><td style="text-align: center;">[]</td></tr><tr><td>Other (Specify)</td><td style="text-align: center;">[]</td><td style="text-align: center;">[]</td></tr></table>		<u>Occasional</u>	<u>Frequent</u>	General Public	[X]	[]	Other Agencies	[]	[]	Supervisors	[]	[]	Management	[]	[]	Other (Specify)	[]	[]	19. WORKING CONDITION <table style="width:100%"><tr><td>Normal Working Condition</td><td style="text-align: center;">[X]</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></table>	Normal Working Condition	[X]	Field Work	[]	Field Trips	[]	Exposed to Varied Weather	[]	Others (Specify)	[]
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20. I CERTIFY that the above answers are accurate and complete. _____ Date <u>ULYSSES A. CAGASAN</u> Signature of Employee																													
21. Describe briefly the general function of the Unit or Section. To provide instruction, research & extension services.																													
22. Describe briefly the general function of the position. Instruction, research & extension.																													
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). Education: B. S. degree in the area of specialization. Experience:																													
23b. Licenses or certificates required to do this work, if any.																													
24. I HEREBY CERTIFY that the above answers are accurate and complete. _____ Date <u>VICTOR B. ASIO</u> Signature and Title of Immediate Supervisor																													
25. APPROVED: _____ Date <u>JOSE L. BACUSMO</u> Head of Agency																													