REPUBLIC OF BC-CSC (Position be	THE PHILIPPINES Form No. 1 scription Form)	1. NAME OF EMPLOYEE  CAGAGAN WYSSES ALAS  (Family Name) (Given Name) (Middle Name)
	DRATION OR AGENCY/LOCAL	3. BUREAU OR OFFICE
Visayas State Univers	sity, Baybay City, Leyte	Dept. of Agranomy
4. DEPT./BRANCH/DIVI	SION	5. WORK STATION/PLACE OF WORK
6a. PRES. APPRO. 6b. ACT/ BOARD RES/ ORD. NO. ITEM NO.	ACT/	7a. SALARY P.A.:  7b. OTHER COMPENSATION: P 24,000.00
8. OFFICIAL DESIGNATI		THE EXPERT WAS DEED TO SEE
ASSOC. Brof 1	The substitute are a	9. WORKING PROPOSED TITLE
.0. WAPCO CLASSIFICATI	ON OF THIS POSITION	11. OCCUPATION GROUP TITLE (leave blank)
ercent of :	construction of the constr	If more space is needed, please
orking Time:	DUTIE	S contract to the second
	STATE TO A STATE OF THE STATE OF	
a) Prepared t b) Conducts e c) Checks tes d) Submits gr two weeks 5% 2. Member in diff 5% 3. Participate in 5% 4. Perform other	examination (mid/final/lat papers and return 1 what ade sheet and turn over after final examination erent committees.	eek after exam. class records to department head n.
		again tanan ay banka ay arang ar
*		

14. POSITION TITLE	
Department Head	15. POSITION TITLE OF NEXT HIGHER SUPERVISOR Coflege Dean
16. NAMES, TITLES AND ITEM NOS. OF THOSE YOU by their item nos. and titles)	DIRECTLY SUPERVISE (if more than (7), list
17. MACHINES, EQUIPMENT, TOOLS, etc. used recomputer, printer, etc.	gularly in performance of work.
18. CONTRACT	
General Public   Comparison   C	19. WORKING CONDITION Normal Working Condition [X Field Work Field Trips Exposed to Varied Weather Others (Specify)
20. I CERTIFY that the above answers are accu	rate and complete
11/10/15 Date	Complete.
Date	
1. Describe briefly the general function of	Signature of Employee
3a. Indicate the required qualifications by ye filling up a vacancy for this position. (qualifications of the present in the p	esearch if the university  are and kind of education considered in  Keep the position in mind rather than t
Education: Masteral degree in the field	of specialization.
Experience:	, in the extension of the second
Bb. Licenses or certificates required to do this	
Agricultures	is work, if any.
. I HEREBY CERTIFY that the above answers are	
11/10/15 BS	Allater RATTIVA
	ture and Title of Immediate
	Supervisor
. APPROVED:	· / Orlynl
Date	Head of Agency
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