REPUBLIC OF THE BC-CSC Form (Position Descri	No. 1	1. NAME OF EMPLOYEE CALUNGSOD PHOEBE LYNN BOLFANGO (Family Name) (Given Name) (Middle Name)
 DEPARTMENT, CORPORATI GOVERNMENT Visayas State University, 		3. BUREAU OR OFFICE
4. DEPT./BRANCH/DIVISION	rangang salipa	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. VISCAB-INST2-18-2014		7a. SALARY P.A.: P 257,232.00 7b. OTHER COMPENSATION: P 24,000.00
8. OFFICIAL DESIGNATION X ***********************************	perator	9. WORKING PROPOSED TITLE
10. WAPCO CLASSIFICATION	THE R. P. LEWIS CO., LANSING, MICH.	11. OCCUPATION GROUP TITLE (leave blank)
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13. STATEMENT OF DUTIES attached additional a	AND RESPONSIBILITIES sheets.	If more space is needed, please
13. STATEMENT OF DUTIES attached additional appropriate Percent of : Working Time:	AND RESPONSIBILITIES sheets.	1 [] []
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14.	POSITION TITLE OF IMMEDIATE SUPERVISOR	15. POSITION TITLE OF NEXT HIGHER SUPERVISOR
	Department Head	DEAN, College of Nursing
16.	NAMES, TITLES AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (if more than (7), list only be their item nos. and titles)	
7.	MACHINES, EQUIPMENT, TOOLS, etc. used req	gularly in performance of work.
	computer, printer, books, etc.	_
18.	CONTRACT General Public	19. WORKING CONDITION Normal Working Condition [x] Field Work [x] Field Trips [] Exposed to Varied Weather [x] Others (Specify) []
20.	I CERTIFY that the above answers are acco	urate and complete.
	FEBRUARY 12, 2015	PHOERE ATMY & CALL GSOD
-	Date	Signature of Employee
21.	Describe briefly the general function of the Unit or Section.	
22	To provide instruction, research Describe briefly the general function	YSS CONTRACTOR
	Instruction	The Committee Co
23a.	Indicate the required qualifications by years and kind of education consider filling up a vacancy for this position. (Keep the position in mind rather to qualifications of the present incumbent. This item should be filled for all positions other than teaching).	
	Education: Masteral degree in the fie	ld 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.	
	FEBRUARY 12, 2015 J.	ANET ALEXIS A. DE DE SANTOS
	Date	gnature and Title of Immediate Supervisor
25.	APPROVED:	/ blight
	Date	Head of Agency