| REPUBLIC OF THE PHILIPPINES BC-CSC Form No. 1             |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                               | 1. NAME OF                               | EMPLOYEE                  |                 |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------|------------------------------------------|---------------------------|-----------------|
| (Position Description Form)                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  | CORDOVA<br>(Family Name)      | JULE ANN<br>(Given Name)                 | SALES<br>(Middle Name)    |                 |
| 2. DEPARTMENT, CORPORATION OR AGENCY/<br>LOCAL GOVERNMENT |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                               | 3. BUREAU OR OFFICE                      |                           |                 |
| DLABS<br>Visayas State University                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                               | VISAYAS STATE UNIVERSITY                 |                           |                 |
| 4. DEPT./BRAI                                             | NCH/DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                          | N                                | 5. WORK STATION/PLACE OF WORK |                                          |                           |                 |
| 6a. PRES. APPI<br>ACT/                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | o. PREV. API<br>ACT              |                               | 7a. SALARY                               | P.A.:                     |                 |
| BOARD RE<br>ORD. NO.<br>ITEM NO.                          | S/                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BOARD RE<br>ORD. NO.<br>ITEM NO. | ES/                           | 7b. OTHER                                | COMPENSATI                | ON:             |
| 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<br>MUNICIPAL                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  | N, CHECK CITY [ X             |                                          | TAL UNIT AN<br>PROVINCE [ | D UNIT'S CLASS  |
|                                                           | 1 st<br>[ ]                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2 <sup>nd</sup><br>[ ]           | 3 <sup>rd</sup>               | 4 <sup>th</sup><br>[ ]                   | 5 <sup>th</sup>           | 6 <sup>th</sup> |
| 13. STATEME<br>additional sl                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | S AND RESPO                      | ONSIBILITI                    | ES. If more spa                          | ace is needed, pl         | ease attach     |
| Percent of Working Time                                   | DUTIES                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                               |                                          |                           |                 |
| 85%                                                       | <ol> <li>Teaches assigned subject and performs other teaching related functions, among others the following:</li> <li>a) Prepares teaching materials/guides and submit to department head.</li> <li>b) Conducts examination (mid/final/long hours/quizzes).</li> <li>c) Checks test papers and return 1 week after exam.</li> <li>d) Submits grade sheet and turn over class records to department head two weeks after final examination.</li> </ol> |                                  |                               |                                          |                           |                 |
| 5%<br>5%                                                  | <ul><li>2. Member in different committees.</li><li>3. Participates in the co-curricular activities.</li></ul>                                                                                                                                                                                                                                                                                                                                         |                                  |                               |                                          |                           |                 |
| 5%                                                        | 4. Performs other functions assigned by the Department Head.                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                               |                                          |                           |                 |
| 100%                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                               |                                          |                           |                 |

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| 14. POSITION TITLE OF IM DEAN                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MEDIATE SUPERVISOR                    | 15. POSITION TITLE OF NEXT HIGHER SUPERVISOR VICE-PRESIDENT                                                                           |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| their item nos. and titles)                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TEM NOS. OF THOSE YOU DEPARTMENT HEAD | J DIRECTLY SUPERVISE (if more than (7), list only by                                                                                  |  |  |  |  |
| <ol> <li>MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.</li> <li>Computer, calculator, charts, class records, board eraser, etc.</li> </ol>                                                                                                                                                                                                                                                                                                                 |                                       |                                                                                                                                       |  |  |  |  |
| 18. CONTRACT  Occasio  General Public [ ]  Other Agencies [ ]  Supervisors [ ]  Management [ ]  Other (Specify) [ ]                                                                                                                                                                                                                                                                                                                                                                  | nal Frequent [ ] [ ] [ ] [ ] [ ]      | 19. WORKING CONDITION  Normal Working Condition [X]  Field Work []  Field Trips []  Exposed to Varied Whether []  Others (Specify) [] |  |  |  |  |
| 20. I CERTIFY that the above answers are accurate and complete.                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                                                                                                                                       |  |  |  |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | JU                                    | LIE ANN S. CORDOVA Signature of Employee                                                                                              |  |  |  |  |
| <ol> <li>Describe briefly the general function of the Unit or Section. As a service department to teach the Students through quality instruction, to improve productivity, profitability, equity &amp; well-being of the University as a whole.</li> <li>Describe briefly the general function of the position. To serve technical/academic department through Instruction by teaching the basis subject/graduate courses at the dept., explore possibilities on research</li> </ol> |                                       |                                                                                                                                       |  |  |  |  |
| for this position. (Keep the These items should be fill                                                                                                                                                                                                                                                                                                                                                                                                                              | lifications by years and kind of      |                                                                                                                                       |  |  |  |  |
| 23b. Licenses or certificates re                                                                                                                                                                                                                                                                                                                                                                                                                                                     | equired to do this work, if any       | 7.                                                                                                                                    |  |  |  |  |
| 24. I HEREBY CERTIFY tha                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                                                                                                                                       |  |  |  |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>G</u>                              | Signature and Pitle of Immediate Supervisor                                                                                           |  |  |  |  |
| 25. APPROVED:  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       | JOSE L. BACUSMO President Head of Agency                                                                                              |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       | X                                                                                                                                     |  |  |  |  |