KETUDLIC OF	THE PHILIPPINES	1. NAME OF EMPLOYEE
	C Form No. 1	
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Visayas State Unive	rsity, Baybay, City, Leyte	Department of Food Science & Technology
DEPT./BRANCH/I	DIVISION	5. WORK STATION/PLACE OF WORK
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Department Head 6. NAME, TITLES AND ITEM NOS. OF THOSE YOU!	DIRECTLY SUPERVISE (if more than (7) list only by
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7. MACHINEES, EQUIPMENT, TOOLS, etc. used regular	rly in performance of work.
Computer, visual aides, whiteboard pen, eraser, chall kitchen utensils, laboratory equipment and other gad	dgets ZOIZHVALHOZZNIK TROL
8. CONTACT	19. WORKING CONDITION
Occasional Frequent	Normal Working Condition [x]
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Other Agencies [x] []	Field trips
Supervisors [] III and [x]	Exposed to Varied Weather []
Management [] [x]	Others (Specify)
Others (Specify)	PI C MONTE, ON AN OWNER, SERVICE LAST HOLD
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Date	Signature of Employee
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