



REQUEST FOR INFORMATION/RECORD

Date: MARCH 17, 2022

Name of Requestor: MARICAR B. PASAS

Address: BRGY. MARCOS, BAYBAY, LEYTE

Contact Number: 09155992609

E-mail address: maricar.pasas@vsu.edu.ph

Proof of Identity: _____

ID No.: _____

Requested Information: Certification (Performance Rating)

No. of copies: 2

Reason & intended use of requested information/document

Administrative Award


MARICAR B. PASAS

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0610148 Date: 3/17/22 Amount: 201

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: