



**REQUEST FOR INFORMATION/RECORD**

Date: Dec. 10, 2021

Name of Requestor: Cueva, Shebelle A.

Address: Brgy. Gabas, Baybay city Leyte

Contact Nos.: 0943237673 / 1699

E-mail address: shebelle.cueva@vsu.edu.ph

Proof of Identity presented: Philhealth

ID No.: 12-250978698-2

Requested Information:

Certificate of Employment  
(POFT) 16

Reason & intended use of requested information/document for GSIS/SSS requirement "Sickness Benefit"  
No. of copies 1

for GSIS/SSS Requirement "Sickness Benefit"  
Covid + Quarantine period: July 23 - Aug. 14, 2021.  
Back on Duty: Aug. 16, 2021

  
Signature of Requestor/Representative

Action on the request:

Approved:

**DANIEL LESLIE S. TAN**  
Vice President for Administration & Finance

Evidence of payment: OR No. \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Disapproved:

**DANIEL LESLIE S. TAN**  
Vice President for Administration & Finance

Remarks/reason for disapproval:

\_\_\_\_\_  
\_\_\_\_\_