

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: 01/24/2022	
Name of Requestor:	Mary Rose S. Coyme		
Address:	Bray. Macabug Ormoc City)	
Contact Number:	09064441589	E-mail address: coume mary ros	e:14@gmail.com
Proof of Identity:	(School 10) PRC 1D	ID No.: 1842121	
Requested Information	on:		
	ertificate of employment		_
No. of copies:1			
	se of requested information/document		
Rec	quirements for employment		_
			-
al			
MARY ROSE S.	COME		
Signature of Request	or/Representative		
Action on the reque	st'		
7. Calon on the reque			
Approved:			
	RYSAN C. GUINOCOR Director, ODAS and FOI Decision	ı Maker	Ť.
Evidence of payment	:: OR No	24 22 Amount: 10/	
Disapproved:			
	RYSAN C. GUINOCOR Director, ODAS and FOI Decision	Maker	
	Director, OD/10 and 1 Of Decision	Manor	
Remarks/reason for o	disapproval:		
-			

No.