



**REQUEST FOR INFORMATION/RECORD**

Date: 01/24/2022

Name of Requestor: Mary Rose S. Coyme

Address: Brgy. Macabug, Ormoc City

Contact Number: 09064441589

E-mail address: coymemaryrose14@gmail.com

Proof of Identity: (School ID) PRC ID

ID No.: 1842121

Requested Information:

certificate of employment

No. of copies: 1

Reason & intended use of requested information/document

Requirements for employment

MARY ROSE S. COYME

Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0606567 Date: Jan 24/22 Amount: 10/-

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: