



REQUEST FOR INFORMATION/RECORD

Date: June 15, 2022

Name of Requestor: Ireen Grace S. Palina

Address: Zone 16, Baybay

Contact Number: 09177041644

E-mail address: ireengrace@gmail.com

Proof of Identity: UMID -ID

ID No.: 021-1111-1951-7

Requested Information:

Service Record (Original + True copy) w/ leave w/out pay (LWOP)
Certification (indicating the specific dates + time of LWOP)
Certificate of No LWOP incurred (no admin cases, etc)

No. of copies: 3

Reason & intended use of requested information/document

For application of retirement/separation/life insurance benefits

Ireen Grace S. Palina

Name & Signature of Requestor/Representative

Action on the request:

Approved:

[Signature]
RYSAN C. GUINOCOR ^{etc} 6/17/22
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0614323 Date: 6/17/22 Amount: 301

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

