



REQUEST FOR INFORMATION/RECORD

Date: 02/04/2022

Name of Requestor: RYAN R. GARCIA
Address: COMAS, BAYBAY CITY
Contact Number: 0950 4142554 E-mail address: _____
Proof of Identity: _____ ID No.: _____
Requested Information: SERVICE RECORD
CERTIFICATE OF EMPLOYMENT (PART TIME)

No. of copies: 2 COPIES EACH

Reason & intended use of requested information/document

[Signature]
Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. _____ Date: _____ Amount: _____

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: