



**REQUEST FOR INFORMATION/RECORD**

Date: 08/08/2022

Name of Requestor: Delfin E. Cabardo, Jr.

Address: Sto. Rosario Baybay City, Leyte

Contact Number: 09178781069 T C V M

E-mail address: delfin.cabardo@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: VOM18

Requested Information: Certificate of Employment

No. of copies: 1

Reason & intended use of requested information/document

For employment

Delfin E. Cabardo, Jr.

Name & 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: