

OFFICE OF THE HEAD OF **RECORDS AND ARCHIVES**

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REQUEST FOR INFORMATION/RECORD

	. /	Date: 4/4/22	
Name of Requestor:	NOU M. YESA	_	
Address:	ST. CRUZ BATBAT	OHY 11/1/2	11-1
Contact Number:	09068971332	E-mail address:	sebetta gnall. au
Proof of Identity:	previous uce not	ID No.: #12-11-202	4 34
Requested Information	on:		
No. of copies:			
Reason & intended ,	use of requested information/docu	ument	
	EL EMPOZMENT		
Lucia			
10t peter ch	DELANTLE		
Name & Signature of	of Requestor/Representative		
Action on the requ	est:		
Approved:			
Approved.			
	RYSAN C. GUINC Director, ODAS and FOI D	COR Decision Maker	
		ate: 4 4 22 Amount: 10	/
Evidence of payme	ni. OK No		
Disapproved:			
	RYSAN C. GUIN	OCOR	
	Director, ODAS and FOI		
Remarks/reason for	or disapproval:		*
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