



**REQUEST FOR INFORMATION/RECORD**

Date: July 6, 2022

Name of Requestor: HEXELSA JOY C. NUÑEZ  
Address: BLOCK 4 LOT 15 TENT CITY, SAN ISIDRO, ORMOG CITY  
Contact Number: 09476075622/VatMed E-mail address: —  
Proof of Identity: PRC ID/License ID No.: 0009810  
Requested Information: CERTIFICATE OF EMPLOYMENT

No. of copies: 1

Reason & intended use of requested information/document  
To send as one of the requirements as co-maker  
for car loan

HEXELSA JOY C. NUÑEZ  
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: