



**REQUEST FOR INFORMATION/RECORD**

Date: May 14, 2023

Name of Requestor: Ma. Salome B. Bulayog

Address: DOE

Contact Number: \_\_\_\_\_

E-mail address: salome.bulayog@vsu.edu.ph

Proof of Identity: Use ID

ID No.: \_\_\_\_\_

Requested Information: Leave status of MSBBulayog

No. of copies: 1 copy/page total copy = 210 pages

Reason & intended use of requested information/document  
For retirement purposes

CRISTO O. SUGANOB  
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:

\_\_\_\_\_  
\_\_\_\_\_