



REQUEST FOR INFORMATION/RECORD

Date: 05/10/2022

Name of Requestor: NOEMI ELISA L. OQUIAS - YSU INTEGRATED HIGH SCHOOL 1015

Address: MARCOS, BAYBAY CITY, LEYTE

Contact Number: 091612245037

E-mail address: noemi-elisa.oquias@vsu.edu.ph

Proof of Identity: EMPLOYEE I.D / COMPANY I.D.

ID No.: V01012


Requested Information:

CERTIFICATE OF EMPLOYMENT

No. of copies: 2

Reason & intended use of requested information/document

THIS IS TO USE FOR MY CLAIM BENEFITS AND HOSPITALIZATION CLAIM
FOR I HAVE BEEN A COVID PATIENT FROM JANUARY 21 - FEBRUARY 3, 2022


NOEMI ELISA L. OQUIAS

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0612334 Date: 5/5/22 Amount: 201

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: