



REQUEST FOR INFORMATION/RECORD

Date: 03/14/2022

Name of Requestor: Ryan T. Fernandez

Address: Baray Pangasugan Baybay City, Leyte

Contact Number: 09077107991

E-mail address: ryanfernandez762028@gmail.com

Proof of Identity: PhilHealth I.D

ID No.: 13-050172040-3

Requested Information:

For ranking in Senior High School Depted Baybay City

No. of copies: 2

Reason & intended use of requested information/document

Certificate of Employment

Ryan T. Fernandez

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0609569 Date: 3/14/22 Amount: 20/-

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:
