

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

	Date: <u>゚゚゚ッッ /14/202</u> 2
Name of Requestor: Ryan T. Fernandez	
Address: Bray Pangasugan Bayloan	Chy Layle
Contact Number: <u>סקטקייןסקאין</u>	E-mail address: Tyanfernander hour
Proof of Identity: Philhealth 1.D	ID No.: 13-050172040-3
Requested Information: For minking in Senior H	igh School Deptd baybay City
No. of copies: 2	
Reason & intended use of requested information <u>Configurate of Employment</u>	on/document
R7AN PERLNANDEZ Name & Signature of Requestor/Representative	_
Action on the request:	е
Approved:	
RYSAN C. ODAS and	GUINOCOR FOI Decision Maker
Evidence of payment: OR No. 0609569	Date: 3 14 22 Amount: 21/
Disapproved:	
	GUINOCOR FOI Decision Maker
Remarks/reason for disapproval:	