

## OFFICE OF THE HEAD OF **RECORDS AND ARCHIVES**

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## REQUEST FOR INFORMATION/RECORD

			Da	ate: <u>20 De0</u>	2021
Name of Requestor:	Jacqueline M. G	Suarte			
Address:	VSU Campus, Visca	, Baybay City, Ley	te		
Contact Number:	09164057852	, , , , , ,		ess: jacqueline.go	vartearsu.edi
Proof of Identity:	VSU ID		ID I	No.: V000259	
2. Last App	on: ecord with Leave Win pointment/Abtice of Service Record	Salary Adjustmen	ertification t (2 copies)	(2 copies)	
No. of copies: As in	dicated above.				
2. For las	use of requested inf S retirement clar t salary and ter Salary and term	minal pay.		rement claim.	
Signature of Reques	tor/Representative				
Action on the reque	est:				
Approved:					
		AN C. GUINOCOR			
Evidence of paymen	t: OR No	Date:		Amount:	
Disapproved:					
		AN C. GUINOCOR AS and FOI Decision	-		
Remarks/reason for	disapproval:				