

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

Date: <u>04 19 27</u>
Name of Requestor: Chanta D. Barbasa
Address: Bray. Guad glupe, Baybay City
Contact Number: 0951-512-4794 E-mail address: Charitatonbala o WI
Proof of Identity: $10 \text{ No.: } 229-974-364-$
Requested Information:
Certificate Of Employment
No. of copies:
Reason & intended use of requested information/document
To Application in DSWD
CHARTA SAND MA Name & Signature of Requestor/Representative
Action on the request:
Approved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Evidence of payment: OR No. 06186 Date: 4 19 22 Amount: 20/
Disapproved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Remarks/reason for disapproval: