

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: 05-23-2022
Name of Requestor:	NICEFORO L. SUYOM	
Address:	HIBUNAWAN BAYBAY CITY	1
Contact Number:	0948 246 6875	E-mail address: stem suyone vac.edu. fin
Proof of Identity:	VSU ID	ID No.: <u>10(067</u>
Requested Information	n: Record, Copy of latest	appointment/NOSA, OF No pending case
atest	siled IALN, Certificate	OF No perialing case
No. of copies:1 Reason & intended u	se of requested information/doo	cument
	for retirement	
Name & Signature of	L. Suyo M Requestor/Representative	
Action on the reque	est:	
Approved:		
	RYSAN C. GUINO Director, ODAS and FOI D	
Evidence of payment	t: OR No Da	ate: Amount:
Disapproved:		
	RYSAN C. GUINO	COR
	Director, ODAS and FOI D	
Remarks/reason for	disapproval:	
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