



REQUEST FOR INFORMATION/RECORD

Date: 1-18-22

Name of Requestor: Emilee F. Tocomo
Address: Kilim, Baybay City, Leyte
Contact Number: 09052972120 E-mail address: tocomoemilee@gmail.com
Proof of Identity: PhilHealth ID No.: 13-00 0103217-9
Requested Information: Certificate of Employment - (Please attached letter)

No. of copies: Two (2)

Reason & intended use of requested information/document
Spouse Requirement for my husband's work
application abroad (Canada).

[Signature]
Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0600368 Date: Jan. 18, 2022 Amount: 20.00

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: