



REQUEST FOR INFORMATION/RECORD

Date: February 23, 2022

Name of Requestor: FLORDELAIN T. ALAO

Address: POMPONAN, BAYBAY, LEYTE

Contact Number: 09758778794

E-mail address: fordelainealao@nvsu.edu.ph

Proof of Identity: PhilHealth ID

ID No.: B-025213668-2

Requested Information:

CERTIFICATE OF EMPLOYMENT

No. of copies: 2

Reason & intended use of requested information/document

Employment and promotion purposes

FLORDELAIN T. ALAO

Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0608833 Date: 2/23/22 Amount: 701

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: