

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

Date: Ob Jun 70
Name of Requestor: AUX D. BOREHY
Address: ISU CAMPUS
Contact Number: 0945/734478 E-mail address: akx elorcha rox
Proof of Identity: ID No.:
Requested Information:
CONTIFICATION OF EMPLOYMENT
No. of copies:
Reason & intended use of requested information/document
TOO MY CHILD BURGARET TO HIGH PCATOL EDUCATION BY USC
- Carke
AUX O TOPEHA
Name & Signature of Requestor/Representative
Action on the request:
Annexada
Approved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Evidence of payment: OR No. 0 4 13 6 85 Date: 6 6 22 Amount: 10
Disapproved:
RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker
Remarks/reason for disapproval: