

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

			e: 11 Jan. 2022
Name of Requestor:	Roberto C. Gu	<u>rarte</u>	
Address:	VSU Campus		
Contact Number:	0999 172 3334	E-mail addres	s: roberto.guarte
Proof of Identity:	VSU ID	ID No	:: V0002G0
Requested Informatio	n: umulated vacat ice Credits	10n leave, Sic	k Leave, and
No. of copies: 2			
	se of requested information/	document	
- Dua			
Signature of Request	or/Representative		
Action on the reque	st:		
Approved:			
	RYSAN C. GU Director, ODAS and FC		
Evidence of payment	: OR No. 0606144	Date: 9w 11 22	Amount: A0 /
Disapproved:			
	RYSAN C. GU Director, ODAS and FO		
Remarks/reason for d	lisapproval:		
		,	