



**REQUEST FOR INFORMATION/RECORD**

Date: 7 February 22

Name of Requestor: Ramon R. Orias

Address: VSU, Baybay City

Contact Number: 09214951823

E-mail address: rrorias@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V00509

**Requested Information:**

1. Service Record (3-copies original)
2. Copy of Latest Appointment / NOVA (1-copy)
3. Certificate of No Pending Case (2-copies)
4. Copy of Approved IPCH (lastating period) (1-copy)

No. of copies: \_\_\_\_\_

**Reason & intended use of requested information/document**

Refinement from Service

RAMON R. ORIAS  
Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0609192 0609193 0609196 Date: 2/8/22 2/8/22 2/8/22 Amount: 30/- 20/- 10/-

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: