



**REQUEST FOR INFORMATION/RECORD**

Date: 5/16/2022

Name of Requestor: ERIC B. SOPA

Address: BRGY. KABALASAN BAYBAY

Contact Number: 09556243305

E-mail address: eric.sopa@vsu.edu.ph

Proof of Identity: DRIVERS LICENSE

ID No.: H12-08-000627

Requested Information:

MY B.I.R CONTRIBUTION AS JOB ORDER  
EMPLOYEE

No. of copies: 1

Reason & intended use of requested information/document

TO BE CLOSED SINCE I AM ALREADY A  
REGULAR EMPLOYEE

ERIC B. SOPA

Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0612487 Date: 5/12/22 Amount: 101

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: