



REQUEST FOR INFORMATION/RECORD

Date: March 23, 2022

Name of Requestor: Darlyn A. Dupal

Address: Prof. Marcos Baybay City Leyte

Contact Number: 09630231811 / 09958948371 / 1033 E-mail address: darlyn.dupal-20@gmail.com

Proof of Identity: PHILHEALTH

ID No.: 1325 035 79417

Requested Information:

Certificate of Employment
September 9, 2019 - December 30, 2021

No. of copies: 2 copies

Reason & intended use of requested information/document

For preparation / ~~work abroad~~ requirements for work abroad

DARLYN A. DUPAL
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0410758 Date: 3/24/22 Amount: 201

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

