



REQUEST FOR INFORMATION/RECORD

Date: _____

Name of Requestor: Aniceta M. Lumacad

Address: ACRO

Contact Number: 0935 593 6128

E-mail address: aniceta.lumacad@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: VSU 000304

Requested Information:

Certification of Leave without pay

No. of copies: 1

Reason & intended use of requested information/document

GSIS maturity benefits (Endowment plan)

Aniceta M. Lumacad
ANICETA M. LUMACAD

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0611886 Date: 4/21/22 Amount: 10/-

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: