

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

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Name of Requestor: Roxanne C. Dy

Address: San Ramon, Bontoc, So. Leyte

Contact Number: +639361685800

Proof of Identity: PhilHealth

E-mail address: dyroxannecapacio@gmail.com

ID No.: 12-050928193-4

Requested Information: Employee's Service Records

No. of copies: 4

Reason & intended use of requested information/document For NBC 461-Cycle 8 Evaluation

Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0607591 Date: 2 15 22 Amount: 40/

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

No.