



REQUEST FOR INFORMATION/RECORD

Date: February 15, 2022

Name of Requestor: Roxanne C. Dy

Address: San Ramon, Bontoc, So. Leyte

Contact Number: +639361685800

E-mail address: dyroxannecapacio@gmail.com

Proof of Identity: PhilHealth

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

Roxanne C. Dy
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: 401

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: