



REQUEST FOR INFORMATION/RECORD

Date: 5/17/2022

Name of Requestor: SHERYL S. BAGARINAO

Address: MARCOS BAYBAY CITY LEYTE

Contact Number: 09482466875

E-mail address: sheryl.suyom@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V01067

Requested Information:

Service Record (2), Performance Rating (2), Certificate of last day of service (2),
Certification of No pending administrative case (2), Certificate of unused
service credits (2), Certificate of last salary received (2)

No. of copies: 2 copies each

Reason & intended use of requested information/document

for transfer

SHERYL S. BAGARINAO

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. _____ Date: _____ Amount: _____

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: