

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

Date: 02/18/w22	
Name of Requestor: JEDESS MILADEL W. SA YOMON	
Address: NAME, USM	
Contact Number: 0912156 8513 E-mail address: jedess. Sal quon aus  Proof of Identity: Emp (usee TP) ID No.: V00 36 3	u. edup
Proof of Identity: Employee IP ID No.: V00 36 3	
Requested Information: TPES DLABS & DDC from 2016 to 2019	
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No. of copies:/	
Reason & intended use of requested information/document  WBC 4(a)	
Signature of Requestor/Representative	
Action on the request:	
Approved:	
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker	
Evidence of payment: OR No. 0007843 Date: 218122 Amount: 25/	
Disapproved:	
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker	
Remarks/reason for disapproval:	