



REQUEST FOR INFORMATION/RECORD

Date: May 5, 2022

Name of Requestor: Managbanag, Araceli M.

Address: Baybay City, Leyte

Contact Number: 09061191319

E-mail address: araceli.managbanag@vsu.edu.ph

Proof of Identity: Company ID

ID No.: V000629

Requested Information:

4 cps. Service Record
1 copy LAWOP
1 copy Certification of Non-Pendency
1 copy Certification AdPA benefits

No. of copies: _____

Reason & intended use of requested information/document

For retirement purposes

ARACELI M. MANAGBANAG

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: