

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: 12 23 2021
Name of Requestor:	LYNDON C. BACASNO	_
Address:	ALBVERA, LEYTE	_
Contact Number:	0938 00 40 854	E-mail address: Lyndonix b71 casno 2 gmail. com
Proof of Identity:	DRIVERS LICENSE	ID No .: #12-14-00 1309
Requested Information	n: CERTIFICATE OF EMPLO	YM FNT
	OZETITION DE DE DE DE	
No. of copies:3_		
Reason & intended us	se of requested information/docur	nent
	FOR EMPLOYMENT	
1/		
Je/		
Signature of Requesto	or/Representative	
Action on the reques	st:	
	,	
Approved:		
	DVOAN O OUINOS	0.0
	RYSAN C. GUINOC Director, ODAS and FOI Dec	
Evidence of payment:	OR No Date	: 12/23/12021 Amount: 30.00
Disapproved:		
	RYSAN C. GUINOC	OP
	Director, ODAS and FOI Dec	
Remarks/reason for d	isapproval:	,
	Tou.	