



**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: lyndonixbacasno@gmail.com

Proof of Identity: DRIVERS LICENSE

ID No.: H12-14-001309

Requested Information:

CERTIFICATE OF EMPLOYMENT

No. of copies: 3

Reason & intended use of requested information/document

FOR EMPLOYMENT

  
Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0605821 Date: 12/23/2021 Amount: 30.00

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: