



REQUEST FOR INFORMATION/RECORD

Date: 5/10/2022

Name of Requestor: RAMIL B. VINCULADO JR.

Address: BRGY. CUAKE HILONGOS, LEYTE

Contact Number: 0997-488-0609

E-mail address: ramil.vinculado@vsu.edu.ph

Proof of Identity: PRC LICENSE

ID No.: 0155439

Requested Information:

CERTIFICATE OF EMPLOYMENT

No. of copies: 1

Reason & intended use of requested information/document

FOR JOB APPLICATION


MARIA PRECILLA P. BALLO

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: