

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: 4 10 2022	_
Name of Requestor:	RAMIL B. VINCULADO	JP.	
Address:	BRGY. OWAY HIMPOD	S. VEYTE	
Contact Number:	0997-488-0609	E-mail address: ramil. vincula	do @vsu-edu.pl
	PRC YCENSE		
Requested Informatio	n:	IN ONLIENT	
	CERTIFICATE OF EN	HOLOAMENL	_
			_
No. of copies:	<u></u>		
Reason & intended us	se of requested information/docur	ment	
	FOR JOB APPLICAT	1,00	
MARIA PRE	CILLA P. BALO		
Name & Signature of	Requestor/Representative		
Action on the reque	st:		
Approved:			
	RYSAN C. GUINOC	COR	
	Director, ODAS and FOI Dec	cision Maker	
Evidence of payment	: OR No Date	e: Amount:	_
Disapproved:			
	RYSAN C. GUINOC Director, ODAS and FOI Dec		
Remarks/reason for o	disapproval:		
			-
Annual Control of the			