

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

Date: <u>27 JUNE</u> 22
Name of Requestor: DANIEL JOSEPH J. TAM
Address: BAYBAY CITY, 154T5
Contact Number: 616 262 15 90 DUA 95 E-mail address: 6 vsu vsu ph
Proof of Identity: <u>TIN 1.D.</u> ID No.: <u>749 - 754 - 929</u>
Requested Information: (2) CERTIFICATE OF EMPLOYMENT
(2) CERTIFICATE OF EMPLOYMENT (2) CURTIFICATES OF TERMINATION
No. of copies: 2 reach
Reason & intended use of requested information/document
<u>Emp to yment</u>
0.0/
DANIEL SPERT J- TAM
Name & Signature of Requestor/Representative
Action on the request:
Approved:
RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker
Evidence of payment: OR No. 6614835 Date: 627/22 Amount: 47/
Disapproved:
RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker
Remarks/reason for disapproval: