



REQUEST FOR INFORMATION/RECORD

Date: January 12, 2022

Name of Requestor: Julie Ann Oras

Address: Manayabay, Albuera, Leyte

Contact Number: 09207313902 / 1027

E-mail address: _____

Proof of Identity: Philhealth or Pag-ibig ID

ID No.: 1212-1061-3705

Requested Information: Certificate of Employment with start and end date

No. of copies: one

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. 0606175 Date: Jan 12/22 Amount: 10/-

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

