

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

			Date: June 29, 2022
Name of Requestor: SHIENA	N. LOMONO	5 0	
Address: Cagan.	Baybay City	**************************************	
Contact Number: 0917	310-1458	E-mail ad	ddress:
Proof of Identity:			ID No.: <u>V - 000042</u>
Requested Information: CERTIFICATE OF EMPLOYMENT			
No. of copies:			
No. of copies.			
Reason & intended use of requested information/document			
TOR WAN purposes			
SHIENA N. WMON GO			
Name & Signature of Requestor/Representative			
Action on the request:			
Approved:			
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker			
Evidence of payment: OR No	0615107	Date: 29 June	Amount: 10,00
Disapproved:			
Direc	RYSAN C. GUI tor, ODAS and FO		
Remarks/reason for disapproval:			