



REQUEST FOR INFORMATION/RECORD

Date: June 29, 2022

Name of Requestor: SHIENA N. LOMONGO
Address: Cagon, Baybay City
Contact Number: 0917 310-1458 E-mail address: _____
Proof of Identity: ID ID No.: J-000042
Requested Information: CERTIFICATE OF EMPLOYMENT

No. of copies: 1

Reason & intended use of requested information/document

FOR LOAN PURPOSES

SHIENA N. LOMONGO
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 2022 Amount: 10.00

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: