

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

| | | Date: 07/11/22 |
|----------------------|---|----------------------|
| Name of Requestor: | Efren G. layola dr. | - |
| Address: | Efren G. layola dr. Brgy. St. cruz Baybay ei | - |
| Contact Number: | 09509178789/ RERC | E-mail address: |
| Proof of Identity: | TIN | ID No.: 450 -981-884 |
| Requested Informatio | n: ate of employment | |
| No. of copies:1 | | |
| | se of requested information/docum | |
| then is | Jou dr. | |
| Name & Signature of | Requestor/Representative | |
| Action on the reque | st: | |
| Approved: | | |
| | RYSAN C. GUINOCO Director, ODAS and FOI Deci | |
| Evidence of payment | : OR No O() 6 9 2 Date: | 7/11/22 Amount: 10/ |
| Disapproved: | | |
| | RYSAN C. GUINOCO Director, ODAS and FOI Deci | |
| Remarks/reason for o | lisapproval: | |
| | | |