



**REQUEST FOR INFORMATION/RECORD**

Date: 2-14-2022

Name of Requestor: BRAYAN A. BORNIA

Address: Bray. Guadalupe, Baybay City, Leyte

Contact Number: 09559178081

E-mail address: brayan.bornia@gmail.com

Proof of Identity: PhilHealth

ID No.: 12-025386652-2

Requested Information:

Appointment (JD) - Food Technologist I Jan - June 2018

Appointment (JD) - Encoder June - August 2016

No. of copies: 1 copy each

Reason & intended use of requested information/document

NBC 401 Evaluation

BRAYAN A. BORNIA

Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: