

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date:
Name of Requestor:	GEMMARIE R. ASAURO	
	AJ A. BOMFAGO ST. BOYN	bay city, LEVIE
Contact Number:	0963 119 5074	E-mail address: germa - asaun @vsu e
Proof of Identity:	DRIVER'S LICENCE	ID No.: 412-18-003786
Requested Information	n:	
	CERTIFICATE OF EMPLOYME	nT
		× -
No. of copies:1	-	
Reason & intended us	se of requested information/do	cument
	FOR EMPLOYMENT PURPONES	only
-		
Signature of Request	or/Representative	
Action on the reques	st:	
Approved:		
	RYSAN C. GUIN Director, ODAS and FOI I	
Evidence of payment:	OR No. 060 1879 D	Pate: 27 Dec 2021 Amount: 7 D.
Disapproved:		
	RYSAN C. GUIN Director, ODAS and FOI	
	Birodor, OB/10 and 1 Or	
Remarks/reason for d		

No.