



**REQUEST FOR INFORMATION/RECORD**

Date: 11 January 2022

Name of Requestor: Jacqueline M. Guarte

Address: VSU Campus, Visca, Baybay City, Leyte

Contact Number: 0916 405 7852

E-mail address: jacqueline.guarte@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V000259

Requested Information:

Accumulated vacation leave, sick leave, and service credits

No. of copies: 2

Reason & intended use of requested information/document

Retirement

Jacqueline M. Guarte  
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: