

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

Contact Number: O416 405 7852				Date: 11 January 20	22
Contact Number: 0416 405 7852	Name of Requestor:	Jacqueline M. Guarte		•	
Requested Information: Accumulated variation leave, side leave, and service credits No. of copies: Reason & intended use of requested information/document Refirement Signature of Requestor/Representative Action on the request: RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker Evidence of payment: OR No. Disapproved: RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker	Address:	VSU Campus Visca, Bo	ybay City Leyte		
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No. of copies:	Proof of Identity:	VSU ID		ID No.: <u>V000 259</u>	
Reason & intended use of requested information/document Retirement Signature of Requestor/Representative Action on the request: 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	Requested Informatio	n: whated vacation leave	, sick leave, and	! service credits	- -
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	No. of copies:2		, 2		-
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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					_
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Disapproved: RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker					
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker	Evidence of payment:	: OR No	Date:	Amount:	
Director, ODAS and FOI Decision Maker	Disapproved:				
Remarks/reason for disapproval:					
	Remarks/reason for d	disapproval:			