



**REQUEST FOR INFORMATION/RECORD**

Date: Feb. 15, 2022

Name of Requestor: RUBY ANA B. AREVALO

Address: BRGY. PANGASMAN, BAYBAY CITY

Contact Number: 09508291842

E-mail address: ruby.arevalo@vsu.edu.ph

Proof of Identity: DRIVER'S LICENSE

ID No.: H12-20-002195

Requested Information:

Certificate of Employment (Substitute Instructor - First Semester 2020-2021)

No. of copies: 1

Reason & intended use of requested information/document

For next employment

RUBY ANA B. AREVALO  
Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0607494 Date: 2/14/22 Amount: 10/-

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: