

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: 07-13, 2022
Name of Requestor: Address:	JADELYSSIE P. LIPIAN NAVARROZA ST., BRGY. WESTI HILONGOS, ZEYTE	EKIN,
Contact Number:	09359326714	E-mail address: jade lyssie@gmail.com
Proof of Identity:	VALID ID	ID No.: 752-706-720
Requested Information	on: CERTIFICATE OF EM	T PLOYMENT
	CORTITION OF OF	1700 / 101 (13 .
No. of copies:\		
Passon & intended u	use of requested information/doc	ument
	aurement in applying	
	3	*
JADENSSIE	P. LIPIAN	
	Requestor/Representative	
Action on the reque	est:	
Approved:		
	RYSAN C. GUINO Director, ODAS and FOI D	
Evidence of payment	t: OR No. 0617129 Da	ite: 7 13/27 Amount: 10/
Disapproved:		
	RYSAN C. GUINO	DCOR
	Director, ODAS and FOI D	ecision Maker
Remarks/reason for	disapproval:	
-		

No.