



REQUEST FOR INFORMATION/RECORD

Date: 04/18/22

Name of Requestor: CYTE ANTHONY M. DUEÑAS

Address: BRGY. BUENAVISTA, DAS

Contact Number: 09491565410 / 1017 ansu

E-mail address: claydeduenas@gmail.com

Proof of Identity: Driver's license

ID No.: H12-20-002886 (Driver's)

Requested Information:

Certificate of Employment (2) & BIR 2316 (2)

No. of copies: 2

Reason & intended use of requested information/document

for employment

CYTE ANTHONY M. DUEÑAS

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0611740 Date: 4/18/22 Amount: 401

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: