



REQUEST FOR INFORMATION/RECORD

Date: 06-01-2022

Name of Requestor: MALAZARTE, KARIZZA A

Address: BRGT. STA. ROSA, MATA-DOB, LEYTE

Contact Number: 0955 3963196 - DLABS

E-mail address: malazartekarizza@gmail.com

Proof of Identity: PRC ID: 1810254

ID No.: 1810254

Requested Information:

Certificate of Employment 3 semesters (April 2021 - June 2022)
April - July 2021 ; July August 2021 - January 2022 ; February - June 2022

No. of copies: 3

Reason & intended use of requested information/document

for Employment

KARIZZA A. MALAZARTE
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0613447 Date: 6/1/22 Amount: 301

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:
