

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: Too. a, ab22
Name of Requestor:	SHEERWINA MAE G. BALOTITE	
Address:	BRGY. GUADALUPE, BAYBAY CITY, LEYTE	
Contact Number:	09552195051	E-mail address: sheenvinamae.gonzaga@vsu.edu.p
Proof of Identity:	Vsu ID	ID No.: <u>V00888</u>
Requested Information		
Servi	ice Record on Employment / C	o <u>C</u>
No. of copies:	cops edy	
	ise of requested information/docume	ent
for h	JBC 8th Cycle Evaluation	
Swittle		
Signature of Reques	tor/Representative	
Action on the requi	201	
Action on the reque	25t.	
Approved:		
	RYSAN C. GUINOCO	R
	Director, ODAS and FOI Decis	
Evidence of payment	t: OR No Date:	27.6.22 Amount: 20
Disapproved:		
	RYSAN C. GUINOCO	
	Director, ODAS and FOI Decis	ion Maker
Remarks/reason for	disapproval:	