



REQUEST FOR INFORMATION/RECORD

Date: May 10, 2022

Name of Requestor: Daffodil S. Tampus

Address: Tabango, Leyte

Contact Number: 09091295565

E-mail address: daffodiltampus@gmail.com

Proof of Identity: UMID

ID No.: 0111-8682784-7

Requested Information:

Certificate of Employment (s)

Certificate of Termination (s)

No. of copies: 3 each

Reason & intended use of requested information/document

COT - for employment purposes

Cert of Termination - for BIR COR Closure

Daffodil S. Tampus
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0612413 Date: 5-10-22 Amount: 60

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: