



REQUEST FOR INFORMATION/RECORD

Date: May 10, 2022

Name of Requestor: JESSA RUALES / JESSA RUALES-CUIZON

Address: ORMOC CITY, LEYTE

Contact Number: 0967 701 9909

E-mail address: rualesjessa@gmail.com

Proof of Identity: PHILHEALTH I.D.

ID No.: 13-025182367-8

Requested Information:

Certificate of employment
Certificate of termination

No. of copies: 3 each

Reason & intended use of requested information/document

COE - for employment (3)
COT - for BIR COR Closure (3)

JESSA R. CUIZON
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 06124N Date: 5-10-22 Amount: 60
0612414 5-10-22 60
120

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: