



**REQUEST FOR INFORMATION/RECORD**

Date: June 26, 2022

Name of Requestor: Wilfred P. Alfeche  
Address: Somerset Millennium. 104 Aguirre, Legazpi, Makati  
Contact Number: 09178915303 E-mail address: alfecheedu@gmail.com  
Proof of Identity: Driver's License ID No.: G01-19-005589

**Requested Information:**

Certificate of employment for my work as a Science Research Assistant  
from May 2013 - May 2014 and as a part-time instructor at DBS for  
in S.Y. 2015-2016

No. of copies: \_\_\_\_\_

Reason & intended use of requested information/document

Employment purposes

Wilfred P. Alfeche  
WILFRED P. ALFECHÉ  
Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**  
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0614732 Date: 6/24/22 Amount: 10 /

Disapproved:

**RYSAN C. GUINOCOR**  
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

\_\_\_\_\_  
\_\_\_\_\_