



**REQUEST FOR INFORMATION/RECORD**

Date: 4/4/2022

Name of Requestor: JUDE B. ROLA ET AL

Address: BAYBAY CITY, LEYTE

Contact Number: 563-7068

E-mail address: —

Proof of Identity: ID

ID No.: V000454

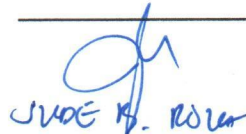
Requested Information:

WORK APPOINTMENT, SERVICE RECORDS, INDIVIDUAL FACULTY WORKLOAD—  
(1st sem 2018-2019, 2nd sem 2018-2019, 1st sem 2019-2020)

No. of copies: 1 (DIGITAL COPY)

Reason & intended use of requested information/document

FOR AACUP ACCREDITATION

  
JUDE B. ROLA

Name & Signature of Requestor/Representative

(SEE ATTACHED DOCUMENT)

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. waived Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

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