



**REQUEST FOR INFORMATION/RECORD**

Date: 6-15-2022

Name of Requestor: KIMBERLY C. ABELLANA

Address: ZONE 15 BAYBAY CITY, LEYTE

Contact Number: 09368415369

E-mail address: koruzabellana@gmail.com

Proof of Identity: PNC

ID No.: 0611410

Requested Information:

CERTIFICATE OF EMPLOYMENT

No. of copies: 1

Reason & intended use of requested information/document

work abroad

Kimberly C. Abellana  
KIMBERLY C. ABELLANA

Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0614164 Date: 6/15/22 Amount: 10/-

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: