



**REQUEST FOR INFORMATION/RECORD**

Date: 02-04-2022

Name of Requestor: Karen Luz P. Yap

Address: Visca Baybay City, Leyte

Contact Number: 09777782082

E-mail address: karen.yap@vsu.edu.ph

Proof of Identity: IDs

ID No.: \_\_\_\_\_

Requested Information:

Copy of Service Record & Certificate of Employment.

No. of copies: 1 copy each

Reason & intended use of requested information/document

For NBC Cycle 8 evaluation and employment.

  
Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0606905 Date: 2/4/22 Amount: 601  
0606886 2/3/22 20  
801

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: