



REQUEST FOR INFORMATION/RECORD

Date: March 29, 2022

Name of Requestor: Vicente A. Gilas
Address: #20 Kilbourne Apts., Kilbourne Drive, VSU
Contact Number: 1053 E-mail address: —
Proof of Identity: VSMID ID No.: V000 236
Requested Information: Position Description Form (DBMESC Form No.1) of Vicente Gilas

No. of copies: 1

Reason & intended use of requested information/document
Needed as one of the supporting documents for Parameter A and B, Institutional AACUP Survey Visit

VICENTE A. GILAS
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. _____ Date: _____ Amount: _____

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: