



REQUEST FOR INFORMATION/RECORD

Date: March 15, 2022

Name of Requestor: Leibani M. Valdeyrieso
Address: DFST, VSU, Visca Baybay City, Leyte
Contact Number: 0969-5486015 E-mail address: lei.valdeyrieso@vsu.edu.ph
Proof of Identity: VSU ID ID No.: 400890
Requested Information: Service Record

No. of copies: 1 orig and 1 authenticated copy

Reason & intended use of requested information/document
for employment purpose

Markian
LEIBANI M. VALDEYRIESO
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: