



REQUEST FOR INFORMATION/RECORD

Date: May 26, 2022

Name of Requestor: Dindo M. Valeroso

Address: Brgy. Piasong, Hinundayan Southern Leyte

Contact Number: 0999-708-9787

E-mail address: dindovaleroso@gmail.com

Proof of Identity: Driver's License

ID No.: H02-17-000679

Requested Information:

Certificate of Employment

No. of copies: 1

Reason & intended use of requested information/document

for government employment

Dindo M. Valeroso

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: