



REQUEST FOR INFORMATION/RECORD

Date: 02-10-2022

Name of Requestor: JOEL Q. MABALHIN

Address: 1H, VSU, Visca, Baybay City

Contact Number: 0997742875

E-mail address: joel.mabalhine@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V-01029

Requested Information:

Accumulated points upon hiring.

No. of copies: 1

Reason & intended use of requested information/document

For NDC evaluation

MANDY S. VALENZONA
Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0607297 Date: 10 Feb. 2022 Amount: 10

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:
