



REQUEST FOR INFORMATION/RECORD

Date: 1-12-22

Name of Requestor: KAYE ANNE V. GALGO

Address: DRGY. PATAG, BAYBAY CITY, LEYTE

Contact Number: 09050478655

E-mail address: khey25ann@gmail.com

Proof of Identity: PH/LEALTH ID

ID No.: 12-025526907-6

Requested Information:

CERTIFICATE OF EMPLOYMENT
CLERICAL EXAM RESULT

No. of copies: 2

Reason & intended use of requested information/document

PERSONAL USE

francia
Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0606169 Date: Jan 12/22 Amount: 201

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: