



**REQUEST FOR INFORMATION/RECORD**

Date: 02-24-22

Name of Requestor: MARY ANGEL P. PURISIMA  
Address: GABAS, BAYBAY CITY, LEYTE  
Contact Number: 0909 164 8304 E-mail address: pmaryangel51@gmail.com  
Proof of Identity: DRIVER'S LICENSE ID No.: H-12-15-002539  
Requested Information: CERTIFICATE OF EMPLOYMENT

No. of copies: 1

Reason & intended use of requested information/document  
FOR JOB OPPORTUNITIES

MARY ANGEL P. PURISIMA  
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:

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