HUMAN RESOURCE MANAGEMENT OFFICE **HUMAN RESOURCE RECORDS MANAGEMENT UNIT** **HRRMU REQUEST FORM**	**Form Code:** RTU-OVPFA-HRMO-HRRMU-F001
	Revision Number: 00
	Effectivity Date: 10-01-2024
	Control Number:

HUMAN RESOURCE RECORDS MANAGEMENT
REQUEST FORM

Employee No.:			**Date of Filing:**
Surname:	**Given Name:**	**Middle Name:**	**Employment Status:** o Permanent o Casual o Temporary o Contract of Service
College/Department/Office:			**Designation:**
E-mail address:			**VP Cluster:**
Purpose/s of Request:			

Requested Documents: (*Please check*)

- o Certificate of Employment (*without compensation*)
- o Master List of Employees
  Details Needed:_____
- o Employee Verification Request
- o Document:__SALN__Appointment__Others_____
  Certified True Copy: __Yes __No
- o Others (*Please specify*)_____

Note: Requested document/s shall be processed within 3-7 working days depending on its complexity.

Data Privacy Consent

In accordance to the Data Privacy Act of 2012 (R.A. 10173), I hereby declare that the information provided in this form are true and accurate to the best of my knowledge. I also declare that this form, including the information provided herewith, was prepared on my own free will, freely and voluntarily without any inducement, assurance or guarantee being made. I hereby attest to the completeness and accuracy of all the information supplied in this form. I also allow the center to use and release the information for legitimate purposes. I allow the center to release information only to authorized personnel for the above stated purpose in accordance with the Data Privacy Policy of the University.

Requested by:

_____ _____
Signature Over Printed Name Date Signed

To be filled out by the HRMO-HRRMU Personnel

Request Approved by: _____ Signature Over Printed Name / Date	**Processed by:** _____ Signature Over Printed Name / Date

Remarks: