



WEBSITE POSTING REQUEST

Posting Request No.	Clients name	:
Date:	Designation	:
Time:	Division/Department	:

Location of Posting

☐ Transparency ☐ Home Page ☐ Publication ☐ News/Press Release ☐ Articles ☐ Reports ☐ Others

Posting Request (Title): _____

Requested by: _____
Signature

Recommended by: _____
Head Requesting Office

☐ Approved ☐ Disapproved

Web Content Manager

NIA-AO-COR-MID-INT-Form02 Rev.01



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