

Name

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

JERRY B. POSAS

14-Feb-22 Date

Designation	AA III
Destination	GSIS, Maasin City
Date of Travel	November 15, 2022
Purpose	
ruipose	To transact official business at
	GSIS, Maasin City.
Total Expenses:	
Source of Funds	Official Time
Transportation:	[x] University Vehicle
	[] Public Conveyance
N	
Noted/Verified	d:
	MARIA JULIET C. CENIZA
	Office Head/Immediate Supervisor
DE001	
RECOMMENDIN	G APPROVAL:
	8
	In all
	In-charge of funds (If other than the
	Dept/Office Head)
	MARIA IIII IET C. CENTE
	MARIA JULIET C. CENIZA VP for Research Extension 8 In
	VP for Research, Extension & Innovation
PPROVED:	
	FDGAPDO E TUUM
	EDGARDO E. TULIN
	President



VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST TO GO ON TRAVEL (please check):

Marie and the second se
Medical Clearance from the VSU Infirmary that the
Invitation from the organizer of the activity/conference meeting (if applicable)
Certification from the organizer that social distancing and other health/hygiene protocols against Covid 19
will be observed for the duration of the activity(if applicable)
Quarantine passes issued by the destination LGU
and if possible, together with passes from LGUs enroute to the destination
Strong justification from the requesting party duly endorsed by the immediate supervisor on the necessity and urgency of the trip and commitment of the requesting party to religiously comply with health/hygiene protocols during the trip Waiver from the employee concerned that he/she is willing to undergo self quarantine for 14 days, while he/she will be on work from home scheme Approved list of outputs between supervisor and employee to be delivered/accomplished during his/her 14 days work from home scheme Clearance issued by the Nurse on duty 30 minutes prior to travel should be submitted to the guard on duty before allowing vehicle to go out of campus
Certified Correct:
JERRY B. POSAS
Name of Travelling Employee
Noted/verified except Clearance from Nurse:
Name of Office Head/Supervisor
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