

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

April 3, 2025 Date

	Medical Clearance from the VSU Infirmary that the
	employee have no symptoms of Covid 19
Name MAREJEN A. VILLAREMO Instructor II Signature	Invitation from the organizer of the activity/conference/meeting (if applicable) Certification from the organizer that social distancing
Destination : Tabango, Leyte Date of Travel : April 7,14,15,22,2025	and other health/hygiene protocols against Covid 19
Purpose : Conduct Training on Organic Agriculture Production (IMO6)	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
Total Expenses:	Strong justification from the requesting party duly
Source of Funds Transportation: [] University Vehicle	endorsed by the immediate supervisor on the necessity and urgency of the trip and commitment
Transportation: [] University Vehicle [] Public Conveyance	of the requesting party to religiously comply with
() A A	health/hygiene protocols during the trip
Noted/Verified:	Waiver from the employee concerned that he/she is willing to undergo self quarantine for 14 days,
JEROME O. ARRIBADO	while he/she will be on work from home scheme
Office Head/Immediate Supervisor	Approved list of outputs between supervisor and employee to be delivered/accomplished during his/her
RECOMMENDING APPROVAL:	14 days work from home scheme
	Clearance issued by the Nurse on duty 30 minutes
VD for Academia Affairs	prior to travel should be submitted to the guard on duty before allowing vehicle to go out of campus
VP for Academic Affairs	duty before allowing verticle to go out or campus
In-charge of funds (If other than the	Certified Correct:
Dept/Office Head)	January .
AA)	MAREJEN A. VILLAREMO Name of Travelling Employee
SUZETTE B. LINA	Name of Vravening Employee
Dean, Faculty of Agriculture and Food Science	e e e e e e e e e e e e e e e e e e e
4.	Noted/verified except Clearance from Nurse :
APPROVED:	
PROSE IVY G. YEPES	Name of Office Head Companies
President	Name of Office Head/Supervisor

14,2025 23,2025

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CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST

TO GO ON TRAVEL (please check):