

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

EDGARDO E. TULIN
President



VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

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

TRAVEL REQUEST / ORDER

January 21, 2022 Date

	Date	
		Medical Clearance from the VSU Infirmary that the employee have no symptoms of Covid 19
Name :	ANTONIO P. ABAMO	Invitation from the organizer of the activity/conference
Designation :	Project Staff Signature	meeting (if applicable)
Destination :	Ormoc City	Certification from the organizer that social distancing and other health/hygiene protocols against Covid 19
Date of Travel :	January 25, 2022	will be observed for the duration of the activity
Purpose :	To conduct exit planning workshop with City Agricult	
	Office, Ormoc City, Leyte	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
Total Evanagas		endorsed by the immediate supervisor on the
Total Expenses: Source of Funds	SRA-ACIAR	necessity and urgency of the trip and commitment
Transportation:	[] University Vehicle	of the requesting party to religiously comply with
Transportation.	[x] Public Conveyance	health/hygiene protocols during the trip
	[.,	Waiver from the employee concerned that he/she is
		willing to undergo self quarantine for 14 days,
Noted/Verified:		while he/she will be on work from home scheme
		Approved list of outputs between supervisor and
	Office Head/Immediate Supervisor	employee to be delivered/accomplished during his/he 14 days work from home scheme
RECOMMENDING APPROVAL:		Clearance issued by the Nurse on duty 30 minutes
		prior to travel should be submitted to the guard on
	1	duty before allowing vehicle to go out of campus
	College/Dean	
	HADASHAN, BONGAT	Certified Correct:
	In-charge of funds (If other than the	1
	Dept/Office Head)	Name of Travelling Employee
MARIA JULIET C. CENIZA VP for Res., Extn. & Vice Pres. For Instruction		Noted/verified except Clearance from Nurse :
APPROVED		Name of Office Head/Supervisor