VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

Dec. 7, 2021
Date

Name : **MARIO A. VALENZONA**
Designation : Sci. Aide   Signature
Destination : Liberty, Ormoc
Date of Travel : Dec. 9, 2021
Purpose : to collect abaca suckers

Total Expenses: _____
Source of Funds _____
Transportation: [ ] University Vehicle
                [ ] Public Conveyance

Noted/Verified:

_____
ROBELYN T. PIAMONTE
Office Head/Immediate Supervisor

RECOMMENDING APPROVAL:

_____
ROBELYN T. PIAMONTE
Director, NARC

_____
N/A
In-charge of funds (If other than the
Dept/Office Head)

_____
MARIA JULIET Q. CENIZA
VP for Research/Extension & Innovation

APPROVED:

EDGARDO E. TULIN
President

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

[ ] Medical Clearance from the VSU Infirmary that the
employee have no symptoms of Covid 19

[ ] 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:

Name of Travelling Employee

Noted/verified except Clearance from Nurse :

_____
Name of Office Head/Supervisor