

VISAYAS STATE UNIVERSITY Visca, Baybay City, Leyte

TRAVEL ORDER/REQUEST

Date: 30 May 2022)

DANIEL RDIAN M. EL OR
DANIEL BRIAN M. FLOR Name Signature
Designation : <u>RESEARCH ASSISTANT</u>
Destination : <u>SOGOD</u> , <u>SOUTHERN LEYTE</u>
Date of Travel : JUNE 2, 2022
Purpose: SOIL SAMPLING OF EPN
Total Expenses:
Source of Funds:
Transportation: [/] University Vehicle [] Public Conveyance
NOTED: <u>ELVIRAL OCLARIT</u> Immediate Supervisor/Office Head
RECOMMENDING APPROVAL: ROBELYN T. PIAMONTE Director, NARC
MARIA JULIET C. CENIZA VP, Research, Extension, and Innovation
APPROVED:
FDGARDO F. TUUIN

President



VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST

TO GO ON TRAVEL (please check):

		Medical Cle	earance fr	om the	VSU Infirma	ry that	the
	,		nave no s	mptom	ns of Covid 1	9	
		Invitation activity/con	from ference/	the	organizer	of	the
	***************************************	meeting (if	applicable	∌)			
		Certification	n from the	organi	zer that socia	ıl dista	ncing
		and other h	nealth/hyg	iene pr	otocols again	st Cov	vid 19
		will be obse	erved for t	he dura	ation of the a	ctivity	
		(if applicat	ole)	•			
		` ''	•	ssued b	y the destina	ition L	GU
	L		•		n passes from		
		enroute to	. •		i passos iroi		.5
		****			requesting p	artv di	ılı.
	<u> </u>				supervisor of	•	41 y
			•		e trip and cor		ent
		•	•	-	ligiously com		
		health/hygi	ene proto	cols du	ring the trip		
		Waiver from	n the emp	loyee d	concerned the	at he/s	he is
		willing to un	ndergo se	If quara	intine for 14	days,	
		while he/sh	e will be o	on work	from home :	schem	8
					ween superv		
					ed/accomplis		Junno
		nis/ner 14 (days work	trom n	ome scheme	}	
		Clearance	iceuad by	the Nu	rse on duty 3	nin	utoe
	LJ		_		mitted to the		
		•			to go out of	•	
		uaty Doloic	, a	V 0111010	to go out of		
		Certified	Correct:				
					-		
Name of Travelling Employee							
		Noted/verif	ied excep	t Clear	ance from Nu	ırse :	

Name of Office Head/Supervisor



VISAYAS STATE UNIVERSITY Visca, Baybay City, Leyte

TRAVEL ORDER/REQUEST

Date: 30 May 2022

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MANNYLEN A. MERIOLES Name Signature							
100							
Designation : INSTRUCTOR II							
Destination : <u>SOGOD</u> , <u>SOUTHERN LEYTE</u>							
Date of Travel: JUNE 2, 2022							
Purpose: SOIL SAMPLING OF EPN							
Total Expenses:							
Source of Funds:							
Transportation: [/] University Vehicle [] Public Conveyance							
NOTED: (ELVIRA L. OCLARIT Immediate Supervisor/Office Head							
RECOMMENDING APPROVAL: ROBELYN T. PIAMONTE Director, NARC							
MARIA JULIET C. CENIZA VP, Research, Extension, and Innovation							
APPROVED:							
EDGARDO E. TULIN							

President



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CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST

TO GO ON TRAVEL (please check):

Name of Travelling Employee						
	Certified Correct:					
	duty before allowing vehicle to go out of campus					
	Clearance issued by the Nurse on duty 30 minut prior to travel should be submitted to the guard of					
	employee to be delivered/accomplished du his/her 14 days work from home scheme					
<u> </u>	while he/she will be on work from home scheme Approved list of outputs between supervisor and	ı				
L	Waiver from the employee concerned that he/sh willing to undergo self quarantine for 14 days,	e is				
	of the requesting party to religiously comply with health/hygiene protocols during the trip					
	endorsed by the immediate supervisor on the necessity and urgency of the trip and commitment the may post to mission by comply with					
	Strong justification from the requesting party duly	/				
	and if possible, together with passes from LGUs enroute to the destination					
	Quarantine passes issued by the destination LG	U				
	will be observed for the duration of the activity (if applicable)					
L	and other health/hygiene protocols against Covid	•				
	meeting (if applicable) Certification from the organizer that social distant	cino				
	Invitation from the organizer of activity/conference/	the				
	Medical Clearance from the VSU Infirmary that the employee have no symptoms of Covid 19					

Noted/verified except Clearance from Nurse :

Name of Office Head/Supervisor