

## **VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

## TRAVEL REQUEST / ORDER

(For Faculty)

May 13, 2025 Date

Name :	Israel C. Embayarte	X
Designation :	Instructor I Sign	ature
Destination :	Cebu City	
Date of Travel	May 18-22, 2025	
Purpose :	Serve as resource speakers by	
	DA-AMIA 7 office for their impact	
	evaluation of climate-change	
	adaptation programs.	
Total Expenses:		
Source of Funds	DA-AMIA Region VII	
Transportation:	[ ] University Vehicle	
	[x] Public Conveyance	
Noted/Verified	O.m.	
140ted/vermed	LEMUEL S. PRECIADOS	
	Office Head/Immediate Supervisor	
RECOMMENDING	G APPROVAL:	
	MARK O RATILLA	
	College Dean	
	In-charge of funds ( If other than the	
	Dept/Office Head)	
SANTIAGO T	. PENA, JR. ROTACIO S. GRAVOSO	
VP, OP		
APPROVED:		
	PROSE IVY G. YEPES	
	President	



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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 Handle
Name of Office Head/Supervisor