

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

January 19, 2023 Date

					Medical Clearand
Name	HMM	O. POGOSA		1	employee have n
Name : Designation :		ıdy Leader		Signature	meeting (if applic
Destination :	- Oil	dy Leader	$\overline{}$	Signature	Certification from
Destination .	Brgy. New Ta	ligue Abuyog	Leyte		and other health/
Date of Travel :	January 20-22,	2023		7	will be observed
Purpose :		Co-SAP field s		rgy.	(if applicable)
		Abuyog, Leyte			Quarantine passe
	Morphologica	l and Phenolog	gical	a that enhar	and if possible, to
Total Expenses:	CFBB	and a Nation	ist Neh		enroute to the de
Source of Funds	2 70 0	evelop links	CGI AN		Strong justification
Transportation:	[x] University V				endorsed by the
	[] Public Conv				necessity and urg
	[] Private Vehi	cle			of the requesting
N - 4 - 10 / 15 1	Objectives	1.			health/hygiene pr
Noted/Verified				. :	Waiver from the
		LIZA D. ESPIN lead/Immediate		4	willing to undergo
	Office F	lead/Immediate	Supervis	or	Approved list of o
RECOMMENDING	C ADDDOVAL.	from various			
RECOMMENDING	3 APPROVAL:	.			employee to be o
	outputs of	ELIZA D. ESPIN	OSA	project. He	Clearance issued
	1100	Department He		~	prior to travel sho
		Department ne	au		duty before allow
					daty before allow
	2009, ELTI,	DENNIS P. PEC	QUE	rernorandur	
		College Dear	1		Certified Corre
					a the advicacy of
					Name
11	In-charge	of funds (If ot	her than t	the	a sour pero por remie
		Dept/Office H			
		The PCUSSI	OF FORE		Noted/verified ex
MARIA JULIET	C CENIZA	us other ha	FATRIZ	S. BELONIAS	
VP for Research				ademic Affairs	EL
	sequesitatio	in potential t	o Lujadi	ata global w	Name of
APPROVED:					eux, 2003: Ahrens d

EDGARDO E. TULIN
President

things, to survive in this regard, vehous organizations identify what can be done. In the

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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:
JIMMY O. POGOSA
Name of Travelling Employee
Noted/verified except Clearance from Nurse :
ELIZA D. ESPINOSA
Name of Office Head/Supervisor