

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

(For Faculty)

February 24, 2022

	Date
	N
Name : Designation : Destination : Date of Travel : Purpose :	Instructor I Signature Hindang, Leyte March 3-4, 2022 Facilatate Focus Group Discussion (FGD) on Longtailed macaques to the community, barangay and LGU officials.
Total Expenses: Source of Funds Transportation:	20201050 - 10.6.22 [X] University Vehicle [] Public Conveyance
Noted/Verified:	RIS MENOEL R. MODINA Project Leader
RECOMMENDING	
TALOONIME TO STATE	MARISEL A. LEORNA NCRC Y DIRECTOR
	1.
In-c	RIS MENOSC R. MODINA
111-0	Dept/Office Head)
Mo	
VP for Research,	C. CENIZA / BEATRIZ S. BELONIAS Extension & Vice Pres. for Academic Affairs
APPROVED:	
1	President
MEREN	The siderit



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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/
10 1	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:
	Ola /
	CRISLIN B. CRUZ
	Name of Travel ing Employee

Noted/verified except Clearance from Nurse:

Name of Office Head/Supervisor

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