

**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte
6521 Philippines

TRAVEL REQUEST / ORDER

Date: Oct. 27, 2022

Name : **DR. RUTH O. ESCASINAS** *[Signature]*
Designation : **Department Head** *Signature*
Destination : **VSU Villaba**
Date of Travel : **October 28, 2022**
Purpose : **To attend the 75th Founding Anniversary
Convocation program and to receive the
Certificate of recognition as LEA review
master**
Total Expenses: _____
Source of Fund: **(Official Time only)**
Transportation: ☒ University Vehicle ☐ Public Conveyance

Noted/Verified:

VICTOR B. ASIO, Ph.D.
Immediate Supervisor/Office Head

RECOMMENDING APPROVAL:

College Dean

In-Charge of Funds (if other than Office Head)

N/A

MARIA JULIET C. CENIZA
VP Research, Ext'n & Innov

BEATRIZ S. BELONIAS
VP for Academic Affairs

APPROVED:

EDGARDO E. TULIN
University President

**CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST
TO GO ON TRAVEL (please check):**

- ☐ Medical Clearance from the VSU Infirmary that the employee has 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 (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:

[Signature]
DR. RUTH O. ESCASINAS
Name of Travelling Employee

Noted/Verified except Clearance from Nurse:

Name of Office Head/Supervisor