

**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

**TRAVEL REQUEST / ORDER**  
( For Faculty)

18-Apr-23

Date

Name : YSSAKHAR A. SALAS

Designation : Instructor I

Destination : THAILAND

Date of Travel : APRIL 26-29, 2023

Purpose : Vacation (Graduation Gift)

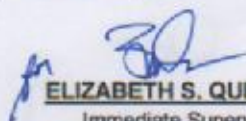
  
 Signature

Total Expenses: \_\_\_\_\_

Source of Funds: Personal

Transportation: [ ] University Vehicle  
[ ☒ ] Private Conveyance

Noted/Verified:

  
**ELIZABETH S. QUEVEDO**  
 Immediate Supervisor

RECOMMENDING APPROVAL:

**MA. THERESA P. LORETO**  
 Dean, CAS

In-charge of funds ( If other than the  
 Dept/Office Head)

**BEATRIZ S. BELONIAS**  
 VP for Academic Affairs

APPROVED:

**EDGARDO E. TULIN**  
 President

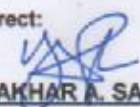
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**CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST**  
**TO GO ON TRAVEL (please check):**

- ☐ 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:

  
**YSSAKHAR A. SALAS**  
 Name of Travelling Employee


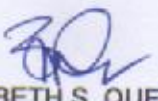
Noted/verified except Clearance from Nurse :

  
**ELIZABETH S. QUEVEDO**  
 Immediate Supervisor



**ARRANGEMENT FOR CLASS(ES) MISSED**

*(To be attached to Application for Leave Form and/or Travel Order/Request)*

<b>Name of Faculty</b>		<b>Department</b>	<b>Date of Filing</b>
YSSAKHAR A. SALAS		DoPAC	April 18, 2023
<b>Subject(s) Taught</b>	<b>Class Schedule</b>	<b>No. of Students</b>	<b>Arrangement for classes missed/ to be missed</b>
N/A	N/A	N/A	No classes to be missed
<b>Reason(s) of:</b> a. Leave: Date(s) <u>April 26-28, 2023</u> <u>  </u> Vacation <u>  </u> Sick <u>  </u> others (Pls. specify) <u>                    </u>		b. Travel: Date(s) <u>April 26-28, 2023</u>	
<b>Conforme:</b>  <u>                    N/A                    </u> Name & Signature of person taking over the classes(s)		<b>Prepared by:</b>   <u>YSSAKHAR A. SALAS</u> Name & Signature of Instructor/Professor	
<b>Approved by:</b>   <u>ELIZABETH S. QUEVEDO</u> Name & Signature of Immediate Supervisor Date: <u>4/20/2023</u>			





Republic of the Philippines

**VISAYAS STATE UNIVERSITY**

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Stamp of Date of Receipt

**APPLICATION FOR LEAVE**

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)
DOPAC	Salas	Yssakhar	Algodon
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
04/10/2023	Instructor I		

**6. DETAILS OF APPLICATION****6.a TYPE OF LEAVE TO BE AVAILED OF:**

- ☐ Adoption  
☐ Mandatory/Force  
☐ Maternity - 7 days Transferable to father/alternate caregiver  
☐ Maternity - additional 15 days for single mother  
☐ Monetization  
☐ Parental (Solo Parent)  
☐ Paternity  
☐ Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)  
☐ Sabbatical  
☐ Sick  
☐ Special Emergency (Calamity)  
☐ Special Leave Benefits for women  
☒ Special Leave Privilege  
☐ Study  
☐ VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)  
☐ Vacation

Others: \_\_\_\_\_

**6.b DETAILS OF LEAVE:**

In case of vacation/Special Privilege leave:

- ☐ Within the Philippines :  
☒ Abroad (Pls. Specify) : Thailand

In case of Sick leave:

- ☐ In Hospital (Pls. Specify) :  
☐ Out Patient (Pls. Specify) :

In case of Special Leave Benefits for Women:  
(Specify Illness)

In case of Study leave:

- ☐ BAR/Board Examination Review  
☐ Completion of Master's Degree  
☐ Completion of Doctorate Degree  
☐ Completion of PHD Degree

Other purpose:

- ☐ Monetization of Leave Credits  
☐ Terminal Leave

**6.c NUMBER OF WORKING DAYS APPLIED FOR**3 days

Inclusive Dates

04/26/2023 - 04/28/2023**6.d COMMUTATION**

- ☒ Requested    ☐ Not Requested

SALAS, YSSAKHAR A.

(Signature of Applicant)

**7. DETAILS OF ACTION ON APPLICATION****7.a CERTIFICATION OF LEAVE CREDITS**AS of: April 2023

	Vacation Leave	Sick Leave
Total Earned		
Less this Application		
Balance		

HONEY SOFIA V. COLIS

Office of the Director for Human Resource Management

**7.b RECOMMENDATION:**

- ☐ For Approval  
☐ For Disapproval due to:

ELIZABETH S. QUEVEDO  
Department of Pure and Applied Chemistry

**7.c APPROVED FOR:**

\_\_\_ day(s) with pay    \_\_\_ day(s) without pay  
 Others (Specify):

**7.d DISAPPROVED due to:**EDGARDO E. TULIN

(Printed Name and Signature)  
University President