

## **VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

## TRAVEL REQUEST / ORDER

(For Faculty)

Aug. 1, 2023 Date

Name :	ZYRA MAY H. CENTING
Designation :	Assistant Prof. III Signature
Destination :	Bohol
Date of Travel :	Aug. 5-8, 2023
Purpose :	Student OJT visitation.
Total Expenses:	
Source of Funds	STF (Univ.)
Transportation:	[ ] University Vehicle
	[x ] Public Conveyance
Noted/Verified	MOISES NEIL V. SERINO Office Head/Immediate Supervisor
RECOMMENDING	l W
	MOISES NEIL V. SERINO College Dean
	<u> </u>
	In-charge of funds (If other than the
	Dept/Office Head)
VP for Researc	h & Extension BEATRIZ S. BELONIAS Vice Pres. 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	r
ZYRA MAX H. CENTINO  Name of Travelling Employee	
Noted/verified except Clearance from Nurse :  MOISES NEIL V. SERINO Name of Office Head/Supervisor	
Name of Office nead/Supervisor	