



# VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

## TRAVEL REQUEST / ORDER

( For Faculty)

17-Aug-22

Date

Name : **DANIEL C. LOR**

Designation : **Instructor I** Signature

Destination : **Lapu-lapu City, Mactan**

Date of Travel : **Aug 18, 2022**

Purpose : **Monitoring of On-the-Job (OJT) students at PAGASA Mactan**

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

Source of Funds **Students Internship/OJT fund**

Transportation: [ ] University Vehicle

[ X ] Public Conveyance

Noted/Verified:

**CHARLIE S. ANDAN**

Head, Department of Meteorology

RECOMMENDING APPROVAL:

**JANNET C. BENCURE**

Dean, College of Engineering

**Students Internship/OJT fund**

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

**NA** **BEATRIZ S. BELONIAS**

VP for Research & Extension Vice Pres. For Academic Affairs

APPROVED:

**EDGARDO E. TULIN**

President



# VISAYAS STATE UNIVERSITY

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## CHECKLIST OF DOCUMENTS TO SUBMIT TO GO ON TRAVEL (please check)

- ☐ Medical Clearance from the VSU Infirmary employee have no symptoms of Covid-19
- ☐ Invitation from the organizer of the activity/meeting (if applicable)
- ☐ Certification from the organizer that safety and other health/hygiene protocols are being observed for the duration of the trip (if applicable)
- ☐ Quarantine passes issued by the destination and if possible, together with passes enroute to the destination
- ☐ Strong justification from the requester endorsed by the immediate supervisor of the necessity and urgency of the trip and of the requesting party to religiously observe health/hygiene protocols during the trip
- ☐ Waiver from the employee concerned 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 within 14 days work from home scheme
- ☐ Clearance issued by the Nurse on duty prior to travel should be submitted to the supervisor before allowing vehicle to go out

Certified Correct:

**DANIEL C. LOR**

Name of Travelling Employee

Noted/verified except Clearance from

Name of Office Head/Supervisor

## E UNIVERSITY

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### PORT REQUEST ase check):

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1 Nurse :

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