

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte 6521 Philippines

TRAVEL REQUEST / ORDER

| Date: March 7, 2023 | Invitation from the organizer of the activity/conference/meeting (if applic Certification from the organizer that s distancing and other health/hygiene |
|---|--|
| lame : ED ALLAN L. ALCOBER | against COVID 19 (if applicable) |
| Designation : Assoc. Prof. IV Signature | Quarantine passes issued by the desti |
| Destination : PhilRice, Laguna | and if possible, together with passes feet enroute to the destination |
| Date of Travel: March 20-25, 2023 | Strong justification from the requesti |
| Purpose : To attend training at PhilRice CES to have | endorsed by the immediate supervisor |
| an adept knowledge about the trials. | necessity and urgency of the trip and commitment of the requesting party comply with health/hygiene protocol |
| Total Expenses: | trip |
| Source of Fund: VSU-IP-2021-3 | ☐ Waiver from the employee concerned |
| Transportation: [] University Vehicle [] Public Conveyance | is willing to undergo self quarantine |
| | while he/she will be on work from he |
| Noted/Verified: | Approved list of outputs between su employee to be delivered/accomplis |
| doina | his/her 14 days work from home sch |
| RUTH O. ESCASINAS | Clearance issued by the Nurse on dut |
| Immediate Supervisor/Office Head | prior to travel should be submitted t |
| | on duty before allowing vehicle to go |
| | campus |
| RECOMMENDING APPROVAL: | Certified Correct: |
| VICTOR B. ASIO | ED ALLAN L. ALCOBER |
| College Dean | Name of Travelling Employ |
| In-Charge of Funds (if other than Office Head) | Noted/Verified except Clearance from Nur |
| | VICTOR B. ASIO |
| MARIA JULIET C. CENIZA VP Research, Ext'n & Innov VP for Academic Affairs | Name of Office Head/Supe |
| | |

APPROVED:

EDGARDO E. TULIN University President CHECKLIST OF DOCUMENTS TO SUPPORT REQUI TO GO ON TRAVEL (please check):

| Medical Clearance from the VSU Infirmary th the employee has no symptoms of COVID 19 |
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| ☐ Invitation from the organizer of the |
| activity/conference/meeting (if applicable) |
| Certification from the organizer that social |
| distancing and other health/hygiene protoco |
| against COVID 19 (if applicable) |
| Quarantine passes issued by the destination |
| and if possible, together with passes from LO |
| enroute to the destination |
| ☐ Strong justification from the requesting part |
| endorsed by the immediate supervisor on the |
| necessity and urgency of the trip and |
| commitment of the requesting party to relig |
| comply with health/hygiene protocols during |
| trip |
| ☐ Waiver from the employee concerned that |
| is willing to undergo self quarantine for 14 o |
| while he/she will be on work from home so |
| ☐ Approved list of outputs between supervisor |
| employee to be delivered/accomplished du |
| his/her 14 days work from home scheme Clearance issued by the Nurse on duty 30 m |
| prior to travel should be submitted to the g |
| on duty before allowing vehicle to go out o |
| campus |
| Campus |
| Certified Correct: |
| Certified correct. |
| ED ALLAN L. ALCOBER |
| Name of Travelling Employee |
| Name of Travelling Employee |
| |
| Noted/Verified except Clearance from Nurse: |
| |

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