



VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

09/23/2024

Date

Name : **GINA A. DELIMA**
Designation : **Asst. Prof. III**
Destination : **Tacloban City**

Signature

Date of Travel : **September 24-25, 2024**

Purpose : **Attend the VSU GAD Agenda Workshop**

Total Expenses: _____

Source of Funds: _____

Transportation: [X] University Vehicle

[] Public Conveyance

Noted/Verified: **LILIAN B. NUÑEZ**
Immediate Supervisor

RECOMMENDING APPROVAL: **LILIAN B. NUÑEZ**
Dean, College of Management & Economics

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

ROTACIO S. GRAVOSO
VP for Academic Affairs

APPROVED: **PROSE IVY G. YEPES**
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 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: **GINA A. DELIMA**
Name of Travelling Employee


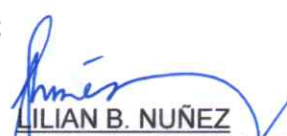
Noted/verified except Clearance from Nurse :

LILIAN B. NUÑEZ
Name of Office Head/Supervisor



ARRANGEMENT FOR CLASS(ES) MISSED

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

Name of Faculty		Department	Date of Filing
GINA DELIMA		ISRDS	23 Sep 2024
Subject(s) Taught	Class Schedule	No. of Students	Arrangement for classes missed/ to be missed
SOCI11	MTh 8:30-10am, 2:30-4pm	52, 20	No classes on Sep 24-25, 2025
DSOC 221	F 9am-12pm	1	
Reason(s) of: a. Leave: Date(s): ___ Vacation ___ Sick ___ others (Pls. specify):		b. Travel: Date(s) <u>Sep 24-25, 2024</u>	
Conforme: _____ Name & Signature of person taking over the classes(s)		Prepared by:  GINA A. DELIMA Instructor/Professor	
Approved by:  LILIAN B. NUÑEZ Head/Dean, ISRDS/CME Date: <u>9-23-24</u>			

**to be accomplished in 2 copies*

