

**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER1/23/2023
Date

Name : LILIAN B. NUÑEZ
Designation : Asso. Prof. 5
Destination : Caibiran, Biliran

Signature

Date of Travel : January 25(p.m.), 26, 2023Purpose : To conduct training for PA under the
FLR project.

Total Expenses: _____

Source of Funds: _____

Transportation: [] University Vehicle
[x] Public Conveyance

Noted/Verified:

MOISES NEIL V. SERIÑO

Immediate Supervisor

RECOMMENDING APPROVAL:

MOISES NEIL V. SERIÑO

Dean, College of Management & Economics

In-charge of funds (If other than the
Dept/Office Head)VP for Res, Extn. & Innovation

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
- 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:

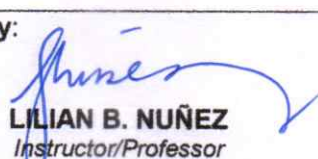
LILIAN B. NUÑEZ
Travelling EmployeeNoted/verified except Clearance from Nurse :MOISES NEIL V. SERIÑO

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
LILIAN B. NUÑEZ		ISRDS		January 23, 2023
Subject(s) Taught	Class Schedule	No. of Students	Arrangement for classes missed/ to be missed	
SCIO11	8:30-10 MF	43	Not affected: No class	
DSOC205	9-12 Th	3	Students will continue working on their papers.	
Reason(s) of: a. Leave: Date(s): <input type="checkbox"/> Vacation <input type="checkbox"/> Sick <input type="checkbox"/> Others (Pls. specify):		b. Travel: Date(s): <u>Jan. 25 PM – Jan. 26, 2023</u>		
Conforme: <u>N/A</u> Name & Signature of person taking over the classes(s)		Prepared by:  LILIAN B. NUÑEZ Instructor/Professor		
Approved by: MOISES NEIL V. SERIÑO Dean, CME Date: _____				

*to be accomplished in 2 copies