

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

23-Nov-22 Date

Date	
2 1	Medical Clearance from the VSU Infirmary that the employee have no symptoms of Covid 19
LEBOME O APPIDADO	
Name JEROME O. ARRIBADO Designation INSTRUCTOR I Signati	Invitation from the organizer of the activity/conference, meeting (if applicable)
Destination : Macrohon, Southern Leyte	Certification from the organizer that social distancing
Date of Travel : Nov. 24-25, 2022	and other health/hygiene protocols against Covid 19
Purpose : Training Workshop in Risk	will be observed for the duration of the activity
Assessment	•
	(if applicable)
	Quarantine passes issued by the destination LGU
	and if possible, together with passes from LGUs
	enroute to the destination
Total Expenses:	Strong justification from the requesting party duly
Source of Funds Transportation: [] University Vehicle	endorsed by the immediate supervisor on the necessity and urgency of the trip and commitment
[] Public Conveyance /	of the requesting party to religiously comply with
	health/hygiene protocols during the trip
	Waiver from the employee concerned that he/she is
Noted/Verified:	willing to undergo self quarantine for 14 days,
DHENBER C. LUSANTA	while he/she will be on work from home scheme
Office Head/Immediate Supervisor	Approved list of outputs between supervisor and employee to be delivered/accomplished during his/her
RECOMMENDING APPROVAL:	14 days work from home scheme
THE STRING THE TRANSPORT	Clearance issued by the Nurse on duty 30 minutes
BEATRIZ S. BELONIAS	prior to travel should be submitted to the guard on
VP for Academic Affairs	duty before allowing vehicle to go out of campus
In-charge of funds (If other than the	Certified Correct:
Dept/Office Head)	IN MIN
	JEROME O. ARRIBADO
MADIA IIII IET C CENIZA	Name of Travelling Employee
MARIA JULIET C. CENIZA VP for Research, Extension & Innovation	
VI TO INESCRION, Extension & Innovation	
	Noted/verified except Clearance from Nurse :
APPROVED:	
EDGARDO E. TULIN	DHENBER C. LUSANTA
President	Name of Office Head/Supervisor

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CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST TO GO ON TRAVEL (please check):