

**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte  
6521 Philippines

**TRAVEL REQUEST / ORDER**

Date: June 5, 2023

Name : **DIONESIO M. BAÑOC**  
Designation : **PROF. III**  
Destination : **Iloilo City**  
Date of Travel : **June 11-16, 2023**  
Purpose : **To attend the Visayas Cluster Rice Industry Technology Convergence Workshop (Rice Tech Workshop)**  
Total Expenses: \_\_\_\_\_  
Source of Fund: **(Official Time only)**  
Transportation: ☐ University Vehicle ☐ Public Conveyance

Signature

**Noted/Verified:**

**VICTOR B. ASIO**

*Immediate Supervisor/Office Head*

**RECOMMENDING APPROVAL:**

**VICTOR B. ASIO**

*College Dean*

*In-Charge of Funds (if other than Office Head)*

*N/A*

**MARIA JULIET C. CENIZA**  
*VP Research, Ext'n & Innov*

**BEATRIZ S. BELONIAS**  
*VP for Academic Affairs*

**APPROVED:**

**EDGARDO E. TULIN**  
*University President*

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

- ☐ Medical Clearance from the VSU Infirmary that the employee has 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 (if applicable)
- ☐ Quarantine passes issued by the destination LGU and if possible, together with passes from LGUs 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:

**DIONESIO M. BAÑOC**

*Name of Travelling Employee*

Noted/Verified except Clearance from Nurse:


**VICTOR B. ASIO**

*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
Subject(s) Taught	Class Schedule	No. of Students	Arrangement for classes missed/ to be missed	
AGRO241	10-12 M	2	Make-up classes	
AGRO241	1-4 Th	2		
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) _____		
Conforme:		Prepared by:		
_____ Name & Signature of person taking over the classes(s)		 <b>DIONESIO M. BAÑOC</b> Instructor/Professor		
Approved by:				
<b>VICTOR B. ASIO</b> Dean, CAFS Date: _____				

\*to be accomplished in 2 copies