

## **VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leylo

## TRAVEL REQUEST / ORDER ( For Faculty)

August 31	2022
Date	)

		Date	
Name	: ARTURO E. PASA		
Designation	: In-Country Project Leader	Signature	
Destination	: Iloilo City		
Date of Travel	: September 19-23, 2022		
Purpose	: Conduct training and interview	s on	
	project impacts.		
Total Expense	es:		
Source of Fur			
Transportation	( ) - money , on mone		
	[] Public Conveyance		
Noted/Veri	fied:		
	ANATOLIO N. POLIN	IAR	
	Head, DFS		
RECOMMEN	DING APPROVAL:		
	DENNIS P. PEQU	E	
	College Dean		
	ARTURO E. PASA	4	
	In-charge of funds ( If other than Dept/Office Head)		
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MARIA JU	LIET C. CENIZA / BEATRIZ S	. BELONIAS	
VP for Res	earch, Extension Vice Pres. For Acanovation		
APPROVE	D:		
	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
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:
ARTURO E. PASA
Name of Travelling Employee

Noted/verified except Clearance from Nurse :

Name of Office Head/Supervisor