



07 May 2020

MEMORANDUM CIRCULAR NO. 56

Series of 2020

T O: All Concerned

R E: Official Travels during the New Normal Operation due to COVID-19

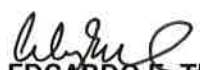
In conformance with the applicable General Community Quarantine (GCQ) guidelines of the IATF and in order to safeguard the health of VSU constituents while preventing the spread of COVID-19, official travels shall generally not be allowed. However, in extraordinary cases, official travel may be allowed only upon the approval of the University President. Hence, delegated authority of various University officials to approve official travel is suspended immediately.

To facilitate evaluation and approval of travel requests, the following documents should be submitted:

1. Medical clearance from VSU Infirmary declaring that the requesting party has no symptoms of COVID-19
2. Invitation from the organizer of the activity/conference/meeting (if applicable)
3. Certification from the organizer that social distancing and other health/hygiene protocols against COVID-19 will be observed during the whole duration of the activity (if applicable)
4. Quarantine passes issued by the destination LGU and if possible, passes from LGUs enroute to the destination
5. Strong justification from the requesting party duly endorsed by the immediate supervisor on the necessity and urgency of the trip with commitment/assurance from the requesting party to religiously comply with health/hygiene protocols during the trip
6. Waiver from requesting party indicating willingness to undergo self-quarantine and adopting work-from-home for 14 days upon return from the trip
7. List of outputs, from the 14 -day work-from-home approved by the concerned supervisors of the requesting party.
8. Prior to departure of approved trips, the travelling party and driver shall submit for checking by the Nurse-on-Duty at the VSU Infirmary and issuance of clearance that will be submitted to the Guard-on-Duty before the vehicle is allowed to go out of the campus.

Attached is a copy of the Travel Order Form and the checklist of requirements.

For guidance of all concerned.


EDGARDO E. TULIN
President

**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

(For Faculty)

Date

Name : _____
Designation : _____ Signature
Destination : _____
Date of Travel : _____
Purpose : _____

Total Expenses: _____

Source of Funds _____

Transportation: [] University Vehicle
[] Public Conveyance

Noted/Verified:

Beatriz S. belonias

Office Head/Immediate Supervisor

RECOMMENDING APPROVAL:

College Dean

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

OTHELLO B. CAPUNO / BEATRIZ S. BELONIAS
VP for Research & Extension Vice Pres. For Instruction

APPROVED:

EDGARDO E. TULIN

President

**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

**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:

Name of Travelling Employee

Noted/verified except Clearance from Nurse :

Name of Office Head/Supervisor