

RELEASED

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By: *aw Anabelle*



DEPARTMENT OF EDUCATION
Region X- Northern Mindanao

DIVISION OF MALAYBALAY CITY

Corner Don Carlos and Guingona Sts., City of Malaybalay
Telefax # 088-813-2894 or 221-4597, E-mail add: dpdmlyblycity@yahoo.com
Website: <http://depedmalaybalay.page4.me>



June 25, 2014

DIVISION ADVISORY

TO: All Job Order Employees
Thru: All Concerned Offices/District/School/Section Heads

1. Pursuant to the herein unnumbered memorandum dated June 23, 2014 of the City Government of Malaybalay, all job order are hereby directed to submit the Mandatory Drug Testing on June 26, 2014, 8:00 to 12:00 a.m. at X-El Drug Testing Center in front of LTO.
2. As stated, failure or refusal to submit to the above scheduled date sans any valid reason shall be sufficient ground for non-renewal. Further, you are directed to present your City Government Identification (Green ID) and fill-up drug testing forms (DT-001, DT-002A, DT-002B and DT-002C) prior to your screening test to avoid delays.
3. For information and guidance.

FOR THE SCHOOLS DIVISION SUPERINTENDENT:

RALPH T. QUIROG

EPS/Chief Education Supervisor-Designate/
Officer in Charge

Ecl.:
As stated

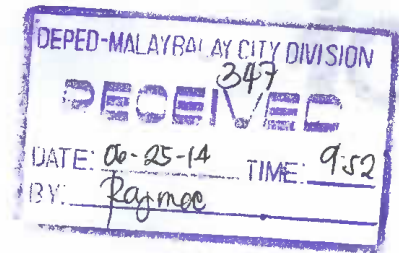
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Province of Bukidnon
CITY OF MALAYBALAY
CM Recto Street

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OFFICE OF THE CITY MAYOR

June 23, 2014

MEMORANDUM

To: All job order assigned at the *for*

Subject: **MANDATORY DRUG TESTING**

Pursuant to Administrative Order No. 14, Series of 2012, all job order of the city government assigned at the above cited offices are hereby directed to submit to Mandatory Drug Testing on June 26, 2014, 8:00 to 12:00 a.m. at X-EI Drug Testing Center in front of LTO.

Failure or refusal to submit to the above scheduled date sans any valid reason shall be sufficient ground for non-renewal. Further, you are directed to present your City Government Identification (Green ID) and fill-up drug testing forms (DT-001, DT-002A, DT-002B and DT-002C) prior to your screening test to avoid delays.

For strict compliance.

ATTY. ROLAND F. DETICIO
Acting City Mayor

Proof of Receipt:

(Signature over printed name)

Date: _____ Time: _____