



Republic of the Philippines
Department of Education
Region X - Northern Mindanao
DIVISION OF MALAYBALAY CITY
Sayre Highway Purok 6, Casisang, Malaybalay City



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January 6, 2016

DIVISION ADVISORY

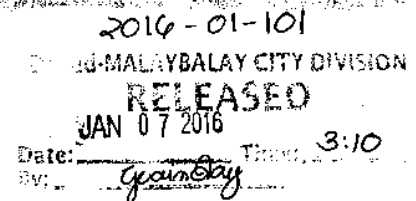
TO: All Job Order assigned at the BNHS & DIVISION OFFICE

Thru: The Concerned Office/Section/Unit/School Heads

FROM: *[Signature]*
EDILBERTO L. OPLENARIA, CESO VI
Schools Division Superintendent #

DATE: January 6, 2016

SUBJECT: **MANDATORY DRUG TESTING**



1. For the information and guidance of all concerned, this Office hereby disseminates the herein enclosed Memorandum from the Office of the City Mayor re: "**MANDATORY DRUG TESTING**" on January 8, 2016, 8:00 AM to 5:00 PM at X-EL Drug Testing Center in front of LTO.
2. Further, this Office reiterates paragraph 2, "Failure or refusal to submit to the above scheduled date sans any valid reason shall be sufficient ground for non-renewal. 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 compliance.

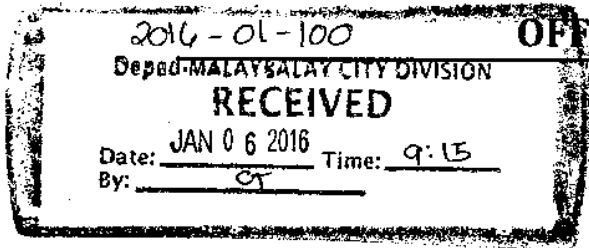
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 Province of Bukidnon
CITY OF MALAYBALAY
 CM Recto Street
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OFFICE OF THE CITY MAYOR

September 2015

MEMORANDUM

To: All job order assigned at the REGISTER OF DEEDS, TESDA, NCIP, WOMEN, SP-VICE DETECCIO, EVANGELISTA, BNHS, DIVISION OFFICE

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 January 8, 2016, 8:00 am to 5:00 P.m. at ~~the~~ 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.

By the Authority of the City Mayor
Herculano S. Ronolo
 City administrator
 Chairman-Drugfree/Work place Committee

Proof of Receipt:

(Signature over printed name)
 Date: _____ Time: _____