



DEPARTMENT OF EDUCATION  
Region X- Northern Mindanao  
**DIVISION OF MALAYBALAY CITY**  
*Sayre Hi-way Casisang, Malaybalay City, Bukidnon*  
Telefax # 088-813-2894 or 221-4597, Website: [depedmalaybalay.net](http://depedmalaybalay.net)



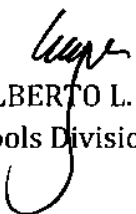
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ed-MALAYBALAY CITY DIVISION  
**RELEASED**  
re: JAN 08 2015 Time: 8:49 AM  
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January 7, 2015

MEMORANDUM

DISSEMINATION OF UNNUMBERED MALAYBALAY CITY GOVERNMENT  
MEMORANDUM ON RE: MANDATORY DRUG TESTING OF ALL JOB ORDER  
ASSIGNED EAST DISTRICT, BNHS, DIVISION OFFICE AND OMAO

TO : All City Paid Job Order employees assigned at East District, BNHS,  
Division Office and OMAO

From:   
EDILBERTO L. OPLENARIA  
Schools Division Superintendent

For information and guidance of all concerned City Government Paid Job Order employees, this Office hereby disseminates the herein unnumbered City Government Memorandum *re: Drug Testing all job Order City Government assigned at East District, BNHS, Division Office and OMAO*, which is self-explanatory.

Further, it is reiterated that the scheduled will be on January 9, 2015, Friday at 8:00 to 12:00 am at A & K Drug Testing in front of LTO.

For strict compliance

Encl.: as stated

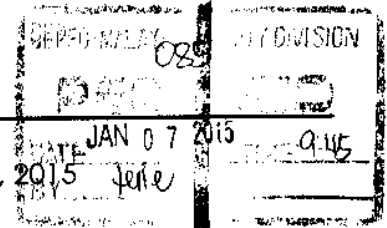


Republic of the Philippines  
Province of Bukidnon  
**CITY OF MALAYBALAY**  
CM Recto Street  
Email: [cmo.mly@gmail.com](mailto:cmo.mly@gmail.com)  
Phone (088) 8132744 / (088) 2212267  
Fax (088) 8132739  
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## OFFICE OF THE CITY MAYOR

January 6, 2015



### MEMORANDUM

To: All job order assigned at the EAST DIST, BNHS, ~~SECTION OFFICE~~ OMAO.


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 9 2015, 8:00 to 12:00 a.m. at A&K 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/Workplace Committee

Proof of Receipt:

(Signature over printed name)  
Date: \_\_\_\_\_ Time: \_\_\_\_\_