

Republic of the Philippines  
Department of Education  
Region VI – Western Visayas  
DIVISION OF CAPIZ  
District of \_\_\_\_\_

\_\_\_\_\_  
(School Name)

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### **Confirmation/Affirmation and Commitment to the Policy**

As an official/employee of the Department of Education, I hereby certify that I have read the Department of Education Policy on Drug Abuse in the Workplace and affirm and confirm my commitment to unconditionally abide to all that is provided therein and I shall be answerable to the office/agency for whatever violation that I may commit.

\_\_\_\_\_  
Name & Signature of Official/Employee Date

\_\_\_\_\_  
Attested by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Designation