

Republic of the Philippines  
Department of Education  
Region VI-Western Visayas  
Division of Capiz  
**XXXXXX ELEMENTARY SCHOOL**  
Address of School

**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