



Republic of the Philippines
Department of Education
REGION VII – CENTRAL VISAYAS
SCHOOLS DIVISION OF NEGROS ORIENTAL

**Office of the Schools Division
Superintendent**

12 MAR 2021

DIVISION MEMORANDUM
No. 181, s. 2021

SUBMISSION OF SWORN STATEMENT OF ASSETS, LIABILITIES AND
NET WORTH (SALN) FORMS AS OF DECEMBER 31, 2020

TO: OIC – Asst. Schools Division Superintendents
Chief Education Supervisors
Education Program Supervisors/Coordinators
Public Schools District Supervisors/District-In-Charge
Public Elem./Secondary Schools Administrators
Teaching/Non-Teaching Personnel

1. Pursuant to Republic Act No. 6713 or the Code of Conduct and Ethical Standards for Public Officials and Employees requiring all public officials and employees to file and submit under oath their Statement of Assets, Liabilities and Net Worth (SALN).

2. Prescribed forms to be submitted:

a. Duly accomplished Statement of Assets, Liabilities and Net Worth
(Revised as of January 2015) – Two (2) Copies ALL ORIGINAL

1 copy for CSC File;
1 copy for Personal File;
For joint filing, prepare 3 copies

- ✓ Strictly NO erasures.
- ✓ Use long bond paper.
- ✓ Use BLUE ballpen in signing.
- ✓ If MARRIED (as of December 2020), husband and wife must sign even if the spouse is not a government employee or not employed.
- ✓ Only **One (1) FOLDER** each level of duly notarized SALN should be submitted to Division Administrative Section. (for CSC File)
 - Red – Elementary
 - Blue – Junior HS
 - Yellow – Senior HS
- ✓ Submission must be by district.



Address: Kagawasan Avenue, Capitol Area, Daro, Dumaguete City
Telephone Nos.: (035) 225-2838 / 225-2376 / 422-7644
Email Address: negros.oriental@deped.gov.ph

b. Summary List of Filers – 1 copy

- ✓ Permanent Teaching, Non-Teaching and Provisional Personnel as of March 15, 2021 including those who are on leave of absences shall be required to accomplish the SALN.
- ✓ Use short bond paper
- ✓ Font style-Arial, font size-10 and in proper case
- ✓ Please send soft copy in excel file to ivyrose.ogabang@deped.gov.ph

c. Certification that the SALNs submitted/included in the Summary List of Filers were reviewed and found compliant by the District Review and Compliance Committee.

d. Certification of officials/employees who failed to submit their SALN for 2020 duly notarized – 2 original copies. (for CSC file and Division file)

- ✓ Failure to file SALN is a violation of Section 8 of RA 6713 with penalties of imprisonment not exceeding five (5) years, or a fine not exceeding five thousand pesos (P 5,000), or both, and, in the discretion of the court of competent jurisdiction, disqualification to hold public office.
- ✓ Indicate NONE if submission is complete.

e. Electronic copies of the SALNs

- ✓ Electronic copies of the SALNs must be in **PDF** and individually saved per declarant. All files must be save in a digital versatile disc (DVD) per district. The file name of the soft copy must be the same as the document title.

Example:

Document	File Name
SALN of Employee A	SALN of Employee A.pdf

3. Deadline for submission:

March 19, 2021 – Submission of SALN to School/SALN in-charge

April 15, 2021 – Submission of Duly Notarized and Scanned Copies of SALN to Division Administrative Section

4. Widest dissemination and strict compliance of this Memorandum is desired.


SENEN PRISCILLO P. PAULIN, CESO V
Schools Division Superintendent

3/11/2021

Encl.: Prescribed Forms
References: RA 6713, Section 8
Ombudsman Memo Circular No. 2, s. 2017
SPP/MKP-JMA-NLR/AdS/16Y/jadiente
March 10, 2021



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SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of _____
 (Required by R.A. 6713)

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately.
 Joint Filing Separate Filing Not Applicable

DECLARANT:

 (Family Name) (First Name) (M.I.)

ADDRESS:

SPOUSE:

 (Family Name) (First Name) (M.I.)

POSITION: _____
AGENCY/OFFICE: _____
OFFICE ADDRESS: _____

POSITION: _____
AGENCY/OFFICE: _____
OFFICE ADDRESS: _____

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME	DATE OF BIRTH	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSETS, LIABILITIES AND NETWORTH

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)

1. ASSETS

a. Real Properties*

DESCRIPTION <small>(e.g. lot, house and lot, condominium and improvements)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and mixed use)</small>	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			<small>(As found in the Tax Declaration of Real Property)</small>		YEAR	MODE	

Subtotal: _____

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT

Subtotal: _____

TOTAL ASSETS (a+b): _____

* Additional sheet/s may be used, if necessary.

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

TOTAL LIABILITIES: _____

NET WORTH : Total Assets less Total Liabilities = _____

* Additional sheet/s may be used, if necessary.

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant /Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household)

I/ We do not have any business interest or financial connection.

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

I/ We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS

I hereby certify that these are true and correct statements of my assets, liabilities, net worth, business interests and financial connections, including those of my spouse and unmarried children below eighteen (18) years of age living in my household, and that to the best of my knowledge, the above- enumerated are names of my relatives in the government within the fourth civil degree of consanguinity or affinity.

I hereby authorize the Ombudsman or his/her duly authorized representative to obtain and secure from all appropriate government agencies, including the Bureau of Internal Revenue such documents that may show my assets, liabilities, net worth, business interests and financial connections, to include those of my spouse and unmarried children below 18 years of age living with me in my household covering previous years to include the year I first assumed office in government.

Date: _____

(Signature of Declarant)

(Signature of Co-Declarant/ Spouse)

Government Issued ID: _____
ID No.: _____
Date Issued: _____

Government Issued ID: _____
ID No.: _____
Date Issued: _____

SUBSCRIBED AND SWORN to before me this ___ day of _____, affiant exhibiting to me the above-stated government issued identification card.

(Person Administering Oath)

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of _____

(Additional sheet/s for the exclusive properties of the declarant's spouse and unmarried children below eighteen (18) years of age living in declarant's household)

NAME: _____ **POSITION:** _____
 (Family Name) (First Name) (M.I.) **AGENCY/OFFICE:** _____

ASSETS, LIABILITIES AND NET WORTH

1. ASSETS

a. Real Properties

DESCRIPTION <small>(e.g. lot, house and lot, condominium and improvements)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and mixed use)</small>	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			<small>(As stated in the Tax Declaration of Real Property)</small>		YEAR	MODE	

b. Personal Properties

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT

2. LIABILITIES

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of _____
 (Additional sheet/s for the declarant)

NAME: _____ **POSITION:** _____
 (Family Name) (First Name) (M.I.) **AGENCY/OFFICE:** _____

ASSETS, LIABILITIES AND NET WORTH

1. ASSETS

a. Real Properties

DESCRIPTION <small>(e.g. lot, house and lt. condominium and improvements)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and mixed use)</small>	EXACT LOCATION	ASSESSED	CURRENT FAIR	ACQUISITION		ACQUISITION COST
			VALUE <small>(As found in the Tax Declaration of Real Property)</small>	MARKET VALUE	YEAR	MODE	

Subtotal: _____

b. Personal Properties

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT

Subtotal : _____

TOTAL ASSETS (a+b): _____

2. LIABILITIES

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

TOTAL LIABILITIES: _____

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION



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SCHOOLS DIVISION OF NEGROS ORIENTAL

Attachment B

Summary List of Filers
Statement of Assets, Liabilities and Net Worth
Calendar Year 2020

District: _____
Level: _____

No.	NAME OF EMPLOYEE			TIN	POSITION (Complete)	SCHOOL (in Alphabetical Order)	NET WORTH
	Lastname	Firstname	Middlename				
1	xxxxxxx	xxxxxx					
2							
3							
4							
5							
6							
7							

Total Number of Filers: _____
Total Number of Personnel Complement: _____

Submitted by:

District Supervisor/District-In-Charge



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Attachment C

**Summary List of Filers
Statement of Assets, Liabilities and Net Worth
Calendar Year 2020**

CERTIFICATION

This is to certify that the SALNs submitted/ included in the Summary List of Filers were reviewed and found compliant by the Review and Compliance Committee of this Office.

Further, the review was made in accordance with the review and compliance procedure in filing and submission of SALNs pursuant to CSC Memorandum Circular No. 10, s. 2006 (as amended by CSC Resolution No. 1300455 promulgated on March 04, 2013).

Issued on _____, 20____.

Name and Signature

Chairperson
(PSDS/DIC)

Name and Signature
Member

Name and Signature
Member



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Attachment D

CERTIFICATION

This is to certify that the following officials/employees of this Office have FAILED to submit their Statement of Assets, Liabilities and Net Worth and Disclosure of Business Interest and Financial Connections for the year 2020 as required under Section 8 of Republic Act No. 6713 as implemented by Memorandum Circular issued by the Office of the Ombudsman on June 21, 1995

Name of Official / Employee (in Alphabetical Order)	Designation / Position	Remarks
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- 1.
- 2.
- 3.

This certification is being issued for whatever legal purpose it may serve.

 Place and Date of Issuance

 Administrative/Personnel Head

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____ at _____

 Administering Officer



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