



Republic of the Philippines
Department of Education
Region XVIII, Negros Island Region
DIVISION OF NEGROS ORIENTAL
Dumaguete City



February 08, 2017

DIVISION MEMORANDUM

No. 61, s. 2017

**SUBMISSION OF SWORN STATEMENT OF ASSETS, LIABILITIES
AND NET WORTH (SALN) FORMS AS OF DECEMBER 31, 2016**

TO : Assistant Schools Division Superintendent
Chief, Education Supervisor for CID/SGOD
Education Program Supervisors/Coordinators
Public Schools District Supervisors/District -In-Charge
Public Elem./Secondary Schools Administrators
Teaching/Non-Teaching Personnel

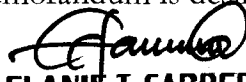

1. All concerned are reminded to submit a true, detailed and **Sworn Statement of Assets, Liabilities and Net Worth (SALN) Forms as of December 31, 2016**, using the attached revised form as of January 2015.

2. In order to have uniformity in the submission of the SALN forms to the **Office of the Ombudsman Visayas**, the list of all teachers/employees by school/office shall be prepared using the attached form, together with the accomplished SALN forms. The deadline for submission of these forms to this Office c/o the Administrative Officer, is on **March 10, 2017**.

3. It is expected that 100% of personnel (*including those who are on leave of absence*) as of December, 2016, shall be able to submit their SALNs on time. The offense of failure to file SALN or those who submit their SALNs beyond time is punishable under Section 46(D)(8) of Rule X thereof, with the following penalties:

- | | | |
|-------------------------|---|--|
| 1 st Offense | - | Suspension of one (1) month and
one (1) day to six (6) months |
| 2 nd Offense | - | Dismissal from the service |

4. Immediate and widest dissemination of this Memorandum is desired.

Dr. 
LELANIE T. CABRERA
ASSISTANT SCHOOLS DIVISION SUPERINTENDENT
 **SALUSTIANO T. JIMENEZ, CESO VI**
OIC – Office of the Assistant Regional Director &
Cuncurrent OIC – Officer of the Schools Division Supt.

Incl.: As stated.
/lpsar.

09 FEB 2017

SUMMARY SHEET

(FOR THE SUBMISSION OF SWORN STATEMENT OF ASSETS,
LIABILITIES AND NET WORTH FORMS AS OF DECEMBER 31, 2016)

Region XVIII: Negros Island Region

Division: Negros Oriental

District: _____

School: _____

No. of Personnel : _____

No. of SALN Forms: _____

NO.	NAME	Position as Per Plantilla <i>(Indicate also if TIC/OIC)</i>	Grade Level/ Year Level	NETWORTH

Submitted by:

District Supervisor/District-In-Charge

Date

Instructions:

- 1. Please use: short bond paper for the summary sheet,
and long bond paper for the SALN form*
- 2. The list of personnel and their SALN forms should
be arranged/ listed by school. There must be one (1)
summary sheet for every school*
- 3. The no. of personnel must be equal to the no. of SALN
forms, hence, joint filers must each submit a copy of
their joint SALNs*
- 4. Submit 2 copies in 2 folders (color red) for elementary level
and 2 copies in 2 folders (color blue) for secondary level*
- 5. Submission must be by district*

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.

Page 1 of ____

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)

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

(Signature of Co-Declarant/ Spouse)

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)