

Office of the Schools Division Superintendent

January 10, 2022

DIVISION MEMORANDUM No. 038, s. 2022

То

: Assistant Schools Division Superintendent Chiefs of Divisions Division Office Section Heads Public Schools District Supervisors/ District in-charge All School Heads All Teachers and Non-Teaching Personnel This Division

Subject : SUBMISSION OF STATEMENT OF ASSETS, LIABILITIES AND NET WORTH (SALN) 2021

1. In line with Civil Service Commission (CSC) Memorandum Circular No. 6, s. 2021, re: Filing and Submission of the Statement of Assets, Liabilities and Net Worth During Exceptional Circumstances, *all employees are required* to submit two (2) original copies of duly notarized Statement of Assets, Liabilities and Net Worth (SALN) for Calendar Year 2021.

2. Deadline of submission is on March 15, 2022.

3. Please find attached Sworn Statement of Assets, Liabilities and Net Worth template Revised as of January 2015 per Civil Service Commission (CSC) Resolution No.1500088 which was promulgated on January 25, 2015, for your reference.

4. Administrative Officer/ Administrative Assistant / ICT/personnel in-charge of SALN processing are enjoined to do the following:

- a. Check the documents prior to submission
- b. Scan the notarized SALN 2021
- c. Make master list of employees (per school) who submitted SALN 2021
- d. Upload scanned copies to the google drive with the link: <u>https://drive.google.com/drive/folders/1dQCq-</u> <u>AxwNYQDTJkG_cBQj6ddIGtEy7OZ?usp=sharing</u>





- 5. Strict compliance of this Memorandum is desired.
- 6. For widest dissemination.

JONATHAN S. DELA PEÑA, PhD, CESO V Schools Division Superintendent

Encl: As stated Reference: CSC – MC No. 6, s. 2021



JSDP / rlg



SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

(Required by R.A. 6713)

As of _

 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

ADDRESS:	(Family Name)	(First Name)	(M.I.)		
ADDRESS:		()	(111.1.)	AGENCY/OFFICE:	
				OFFICE ADDRESS:	
SPOUSE:				POSITION:	
	(Family Name)	(First Name)	(M.I.)	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 (e.g. lot, house and lot, condominium	KIND (e.g. residential, commercial, industrial,	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQ	UISITION	ACQUISITION COST
and improvements)	agricultural and mixed use)		(As found in the Tax Declaration of Real Property)		YEAR MODE		

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT

Subtotal :_____

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)

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)

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