



Republic of the Philippines
Department of Education
Region VII, Central Visayas
DIVISION OF CEBU PROVINCE
IPHO Bldg, Sudlon Lahug, Cebu City



January 12, 2017

DIVISION MEMORANDUM

No. 36, s. 2017

SUBMISSION OF SWORN STATEMENT OF ASSETS, LIABILITIES AND NETWORTH (SALN)

TO: Assistant Schools Division Superintendents
Chiefs/ Education Program Supervisors/ Coordinators
District Supervisors/ OICs
Elementary and Secondary School Heads
Section Chiefs
All Others Concerned

1. You are hereby reminded to submit the Sworn Statement of Assets, Liabilities and NetWorth (SALN) ending December 31, 2016 (2 originals and 1 photocopy – receipt copy), of all personnel under your supervision, on or before March 31, 2016 to the Records Section of this office.
2. A soft copy of Summary Report of Teachers' SALN Form must be submitted in (MS Excel Format) to fioren.sembiante@gmail.com. **(Please refer to attached FORMS)**
3. Please submit the said documents on a green expandable long folder with proper labeling.
4. Wide dissemination and compliance to this memorandum is directed.


RHEA MAR A. ANGTUD, Ed.D.
Schools Division Superintendent

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Telephone Numbers:

Schools Division Superintendent: (032) 255-6405
Asst. Schools Division Superintendent: (032) 520-3216 loc 102 (Corriente) 104 (Noveras) 105 (Gelig)
Accounting Section: (032) 254-2632
Disbursing Section: (032) 255-4401
Admin /Legal: (032) 253-7847

Website: www.depedcebuprovince.com

E-mail: depedcebuprovince@yahoo.com

Summary Report of Teachers' SALN

	SURNAME	FIRSTNAME	M.I.	STATION	POSITION	NET WORTH	LEVEL
1	DELA CRUZ	JUAN	C.	LAMBUSAN NHS	SAN REMIGIO	T1	200,000.00 SECONDARY
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Submitted by:

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.)	POSITION:	_____
ADDRESS:	_____	AGENCY/OFFICE:	_____
	_____	OFFICE ADDRESS:	_____
	_____		_____
SPOUSE:	(Family Name) (First Name) (M.I.)	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): _____

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)