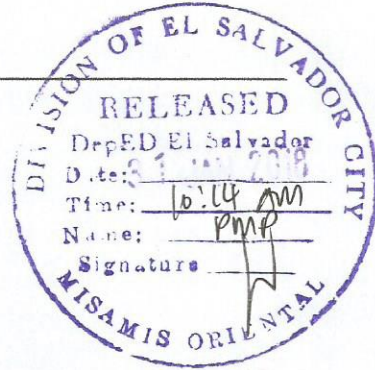




Republic of the Philippines
Department of Education
Region X

DIVISION OF EL SALVADOR CITY

Zone 3, Poblacion, El Salvador City
Telefax No: (088) 555-0475/ Mobile No: +639199942421
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Website: depedelsalvadorcity.net



DIVISION MEMORANDUM

No. 70, s. 2018

To: ALL EMPLOYEES

From: AGUSTINES Z. CEPE, Ph.D., CESO VI
Schools Division Superintendent

Subject: Submission of Sworn Statement of Assets, Liabilities and Net Worth (SALN) as of December 31, 2017

Date: January 31, 2018

1. All employees of this division are hereby requested to submit to this office their duly accomplished Sworn Statement of Assets, Liabilities and Net Worth (SALN) forms not later than February 28, 2018. Only the Schools Division Superintendent is allowed to administer oath for SALN purposes (*back part*).
2. Each employee must accomplish three (3) SALN forms. Attached are the following forms for submission on or before the abovementioned date:
 - i. SALN form - prescribed to be used by all personnel. If an employee needs to use Additional Sheet/s, kindly follow the enclosed form for Additional Sheet/s.
 - ii. Template for Summary of List of Filers – School head shall consolidate data provided in the SALN of the personnel under their supervision and submit the Summary of List of Filers (both hard and soft copies) from their station; Soft copy must be emailed to depedelsalvador.hrmo@gmail.com within the deadline prescribed. It is expected that the data provided in this report are correct and complete.
3. Soft copy of the SALN Form and the Guide in Filling out of the SALN Form shall be sent to the registered DepEd email address of all employees, while the template for Summary of List of Filers shall be sent to the DepED email address of school heads c/o the Human Resource Management Office.
4. Please be reminded that the offense of failure to file SALN is punishable with the following penalties:
 - 1st offense - Suspension for one (1) month and one (1) day to six (6) months
 - 2nd offense- Dismissal from the service
5. For information, guidance and strict compliance.

Copies Furnished:
Bulletin Board
Units and Schools
Records Section-Notice/Personnel/HR matters

OSDS/HRMO/ama

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of **December 31, 2017**

(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:	_____ <small>(Family Name) (First Name) (M.I.)</small>	POSITION:	_____
ADDRESS:	_____	AGENCY/OFFICE:	_____
	_____	OFFICE ADDRESS:	_____
SPOUSE:	_____	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>	LOCATION	ASSESSED VALUE <small>(As found in the Tax Declaration of Real Property)</small>	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
					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: _____

DEPARTMENT OF EDUCATION - DIVISION OF EL SALVADOR CITY
Summary List of Filers
Statement of Assets, Liabilities and Networth
Calendar Year 2018 (As of December 31, 2017)

No.	NAME OF EMPLOYEE (in ALPHABETICAL Order by Last Name)			TIN	POSITION	NET WORTH	If spouse is with government service, PLEASE INDICATE NAME OF SPOUSE/EMPLOYER/ADDRESS	Please check (✓) if Joint Filing
	Lastname	Firstname	Middlename					
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

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

Prepared by:

 Person in-charge of SALN

Position:
 Email Address:
 Contact No.:

Date :

Noted by:

 Head of Station

Position:
 Mailing Address:
 Contact No.:
 Date :

