



January 14, 2015

DIVISION MEMORANDUM
No. 026, s. 2015

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

TO: Assistant Superintendent
Education Supervisors/Coordinators
District Supervisors/OICs
Elementary and Secondary School Heads
Section Heads

1. Relative to the submission of Sworn Statement of Assets, Liabilities and Net Worth (SALN) ending December 31, 2014 and to be submitted on April 30, 2015, per advice from the office of the Ombudsman, you are hereby reminded to submit the Sworn Statement of Assets, Liabilities and NetWorth (SALN) of all personnel under your supervision . Three (3) copies of SALN (2 originals and 1 photo copy) are to be submitted to the Division Office, on or before March 31, 2015.
2. You are required to submit a soft copy of the summary report in excel form thru email address: floren.semlante@gmail.com or via USB flash drives. You are to follow the format of the division's summary report form. Attached is the required SALN form and division summary report form.
3. Wide dissemination and compliance to this Memorandum is desired.


ARDEN D. MONISIT, Ed.D.
Schools Division Superintendent

Telephone Numbers:

Schools Division Superintendent: (032) 255-6405
Asst. Schools Division Superintendent: (032) 4147457
Accounting Section: (032) 254-2632
Disbursing Section: (032) 255-4401

Website : www.depedcebuprovince.com
E-mail Add : depedcebuprovince@yahoo.com

Summary Report of Teachers' SALN

	SURNAME	FIRST NAME	M.I.	STATION	POSITION	NET WORTH	LEVEL	
1	DELA CRUZ	JUAN	C.	LAMBUSAN NHS	SAN REMEGIO	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.)

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>	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 Eilas, 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)