



Republic of the Philippines  
**Department of Education**  
REGION VII – CENTRAL VISAYAS  
DIVISION OF CITY SCHOOLS – TAGBILARAN CITY

**Office of the Schools Division  
Superintendent**

January 12, 2021

DIVISION MEMORANDUM

No. 008, s. 2021

**SUBMISSION OF 2020 STATEMENT OF ASSETS, LIABILITIES  
AND NET WORTH (SALN)**

To: Assistant Schools Division Superintendent  
Chiefs of Divisions & Heads of Sections/Units  
Education Program Supervisors  
Public Elementary and Secondary School Heads  
Teaching, Teaching-Related and Non-Teaching Personnel  
All Others Concerned

1. Pursuant to Section 8 of Republic Act 6713, all public officials and employees are required to file under oath their Statement of Assets, Liabilities and Net Worth (SALN) and Financial and Business Interests including those of their spouses and unmarried children under eighteen (18) years of age living in their households.

2. This Office hereby informs you of the newly formed Committee to review the accomplished SALN on the accuracy and completeness of entries and to ensure 100% submission considering that this report is one of the requirements for the yearly Performance Based Bonus (PBB). The members of the Committee for SALN Review are the following:

Chairperson	:	Dr. Aquilino T. Milar Jr.
Vice Chairperson	:	Mrs. Jocelyn P. Cutin
Members	:	Mrs. Brendalou D. Arancana Mrs. Maricel A. Galan Miss April L. Revita

3. The deadline of submission of said document with the list of permanent employees using the attached template per school is on February 5, 2021 at the Human Resource Management Office (HRMO) Records Office.

4. Failure of an official or employee to comply and submit his/her SALN is punishable under Section 52(B), Rule IV of the Uniform Rules on Administrative Cases in the Civil Service, with the following penalties: 1<sup>st</sup> Offense – Suspension for One (1) month and One (1) day to Six (6) months, 2<sup>nd</sup> Offense – Dismissal from the service.

5. Immediate and wide dissemination of this Memorandum is desired.

**JOSEPH IRWIN A. LAGURA PhD**

Schools Division Superintendent

JIAL/MKP/ADMIN/atm



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## SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2020  
 (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*

<b>DECLARANT:</b> _____ (Family Name)                      (First Name)                      (M.I.) <b>ADDRESS:</b> _____ _____ <b>SPOUSE:</b> _____ (Family Name)                      (First Name)                      (M.I.)	<b>POSITION:</b> _____ <b>AGENCY/OFFICE:</b> _____ <b>OFFICE ADDRESS:</b> _____ _____ <b>POSITION:</b> _____ <b>AGENCY/OFFICE:</b> _____ <b>OFFICE ADDRESS:</b> _____ _____
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### 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.

**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)

<Name of School>  
 Summary List of Filers  
 Statement of Assets, Liabilities and Networth  
 Calendar Year \_\_\_\_\_

No.	NAME OF EMPLOYEE			TIN	POSITION	NET WORTH
	Lastname	Firstname	Middlename			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						

<Name of School>  
 Summary List of Filers  
 Statement of Assets, Liabilities and Networth  
 Calendar Year \_\_\_\_\_

No.	NAME OF EMPLOYEE		TIN	POSITION	NET WORTH
	Lastname	Firstname Middlename			
29					
30					
31					
32					
33					
34					
35					

Total Number of Filers: \_\_\_\_\_  
 Total Number of Personnel Comple adifa

Prepared by: \_\_\_\_\_

Noted by: \_\_\_\_\_

\_\_\_\_\_  
 <Name and Signature>  
 Person In-charge of SALN

\_\_\_\_\_  
 <Name and Signature>  
 School Head

Position: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_

Position: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_