



Republic of the Philippines
 Department of Education
 Cordillera Administrative Region
Schools Division of Tabuk City



January 3, 2024

Division Memorandum
 No. 02, s. 2024

REORGANIZATION OF THE DIVISION AND SCHOOL REVIEW AND COMPLIANCE COMMITTEE (RCC) FOR STATEMENT OF ASSETS, LIABILITIES AND NET WORTH (SALN)

TO : All SDO Personnel
 Public School Heads
 School Teaching and Non-Teaching Personnel
 Others Concerned

- Pursuant to Resolution No. 1300445 dated 04 March 2013 issued by the Civil Service Commission (CSC) relative to the Review and Compliance Committee (RCC) for the Statement of Assets Liabilities and Net Worth (SALN), this Office hereby reorganized the SALN Review and Compliance Committee to wit.

Chairperson	Dorothy S. Asingal Administrative Officer V
Members	Atty. Ringgo G. Sumedca Attorney III Catherine M. Badong AO IV/HRMO
Secretariat	Claire Ann L. Amoga Administrative Aide VI Joey Dela Cruz Administrative Assistant III

- The Composition of the School Review and Compliance Committee are the following,

Chairperson	School Head
Member	<u>Any two of the following.</u> Assistant School Head Administrative Officer / Administrative Assistant Faculty Member



- The Committee shall have the following Functions:
 - Ensure that all officials and employees submit their accomplished SALN Form within the prescribed period.





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- b. Ensure the completeness of required data in compliance with the guidelines in the filling out the SALN Form.
4. School RCC shall submit to the Division RCC the duly accomplished and properly subscribed SALN of all School Employees on the scheduled deadline.
5. Immediate dissemination of the memorandum is desired.


BENEDICTA B. GAMATERO PhD, CESO V
Schools Division Superintendent 

Admin. DM
01/03/2024



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Email: tabuk.city@deped.gov.ph
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 DepEd Tayo Tabuk City

SAMPLE GUIDE ONLY

Check SALN
version
Revised 2015

Revised as of January 2015
Per CSC Resolution No. 1500088
Promulgated on January 23, 2015

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

Indicate
period covered

As of **31 December 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.

Please select
type of filing

Joint Filing Separate Filing Not Applicable

DECLARANT:

(Family Name) (First Name) (M.I.)

POSITION:

AGENCY/OFFICE: _____

OFFICE ADDRESS: _____

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 NETWORK

(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	

Ensure correct total amount of declared real properties

Subtotal: _____

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT

Ensure correct total amount of declared personal properties

Subtotal: _____

Ensure correct sum of declared real and personal properties

TOTAL ASSETS (a+b): _____

* Additional sheet/s may be used, if necessary.

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

Ensure correct sum of declared liabilities
TOTAL LIABILITIES: _____

Ensure correct Net Worth (total assets minus 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)

Select if applicable
 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
N/A	N/A	N/A	N/A

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

Select if applicable
 I/ We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
N/A	N/A	N/A	N/A

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: _____

Original signature of the declarant AND declarant's spouse.

Please provide complete information for both declarant and spouse.

_____ (Signature of Declarant)

_____ (Signature of Co-Declarant/ Spouse)

Government Issued ID: _____ Government Issued ID: _____
 ID No.: _____ ID No.: _____
 Date Issued: _____ Date Issued: _____

SUBSCRIBED AND SWORN to before me this ____ day of _____, affiant exhibiting to me the above-stated government issued identification card.

Original signature of person administering oath

 (Person Administering Oath)