



Republic of the Philippines
Department of Education
Region 4-A CALABARZON
Province of Quezon
CITY SCHOOLS DIVISION
City of Tayabas



DIVISION MEMORANDUM

No. 043 S. 2018

TO: ASSISTANT SCHOOLS DIVISION SUPERINTENDENT
CHIEF, CURRICULUM IMPLEMENTATION DIVISION
CHIEF, SCHOOL GOVERNANCE AND OPERATIONS DIVISION
EDUCATION PROGRAM SUPERVISORS
HEADS OF PUBLIC ELEMENTARY AND SECONDARY SCHOOLS
ALL OTHERS CONCERNED

FROM: CATHERINE P. TALAVERA, Ph.D.
OIC-Schools Division Superintendent

SUBJECT: SUBMISSION OF DULY-SIGNED STATEMENT OF ASSETS,
LIABILITIES AND NETWORTH 2017 (SALN)

DATE: February 21, 2018

All Teaching and Non-teaching personnel are directed to submit their duly-signed 2017 Statement of Assets, Liabilities and Networth 2017 (SALN) in triplicate copies on or before March 15, 2018 at the office of the HRMO c/o Ronnie Rosales, Administrative Assistant II.

It is understood that personnel's SALNs per school shall have transmittal stating the number of personnel with complete data, number of personnel with incomplete data and number of personnel who failed to submit.

For prompt and strict compliance.



THE DEPUTY OMBUDSMAN FOR LUZON

3rd Floor Ombudsman Bldg. , Agham Road
Diliman, Quezon City

Dear Sir/Madam:

Submitted herewith is the duly-accomplished Statement of Assets and Liabilities and Networth of the following DepEd SCHOOL Division of Tayabas City employees for the Calendar Year 2016.
(School/Office)

LIST OF EMPLOYEES WITH COMPLETE DATA

	NAME OF EMPLOYEE	POSITION/DESIGNATION	SALARY GRADE	TIN	REMARKS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Number of personnel with complete data : _____

Number of personnel with incomplete data : _____

Number of personnel who failed to submit : _____

Please acknowledge receipt thereof.

Very truly yours

Noted by:

Name of School Head
Signature over Printed Name

CATHERINE P. TALAVERA CESO VI
OIC, Schools Division Superintendent

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.

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:

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 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 (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			(As found in the Tax Declaration of Real Property)		YEAR	MODE	

Subtotal: _____

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT

Subtotal : _____