

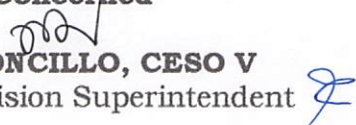


Republic of the Philippines
Department of Education
Region V
Schools Division of Sorsogon

OFFICE OF THE SCHOOLS DIVISION SUPERINTENDENT

MEMORANDUM

TO : **Asst. Schools Division Superintendent
Chief EPS of SGOD/CID
Section Heads
School Heads of Public Elementary/Secondary Schools
All Others Concerned**

FROM : **JOSE L. DONCILLO, CESO V**
Schools Division Superintendent 

SUBJECT : Submission of Statement of Assets, Liabilities and Net Worth for Calendar Year 2021, Creation of the Review and Compliance Committee and Delegation of Authority to Administer Oath

DATE : January 4, 2022

1. Pursuant to applicable CSC Resolutions and Guidelines¹ governing the filling-out and submission of SALN form², all officials and employees of DepEd Schools Division of Sorsogon (Province) are hereby enjoined to submit their respective Statement of Assets, Liabilities and Net Worth for calendar year 2021 which must be complete and in proper form on or before April 30, 2022. The SALN must be in **three copies**, printed back-to-back in a long bond paper.

2. Spouses who are both public officers working in the government service shall have the option to file their SALN either **jointly or separately**. For spouses belonging to same school, who opt to file jointly, must submit their SALN in **four copies**. However, for spouses belonging to different schools, who opt to file jointly, must submit their SALN in **three copies** to their respective schools.

3. Each school shall prepare a Summary List of Filers³ indicating therein in alphabetical order the names of the filers including their TIN, Position, and Net Worth

4. All schools within the first congressional district shall submit the accomplished SALN to the Administrative Officer V, while schools within the second congressional district shall submit the accomplished SALN to the Division Legal Officer.

5. A Review and Compliance Committee (RCC) is hereby created, composed of the following, to wit:

Chairperson : JOMAR E. ENGUERRA
AO V



Balogo Sports Complex, Balogo, Sorsogon City, Sorsogon 4700 .
Landline: (056) 421-5415
Email: sorsogon@deped.gov.ph
Website: depedsorsogon.com.ph



CIP 5461/21/05/1163



Republic of the Philippines
Department of Education
Region V
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Members : GIDEON KARL GREFALDA
AO IV (HRMO)

NOEL B. EVAN
Attorney III

5. The RCC shall receive the SALN and to evaluate if the same has been submitted on time, complete and in proper form.
6. For purposes of administering the oath with regard to the SALN Form, the Administrative Officer V and the Attorney III is hereby authorized to administer the oath of the declarant.
7. For information, dissemination and strict compliance.



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Republic of the Philippines
Department of Education
Region V
SCHOOLS DIVISION OF SORSOGON

_____ ELEMENTARY SCHOOL/NATIONAL HIGH SCHOOL
Summary List of Filers
Statement of Assets, Liabilities and Net Worth (SALN)
CALENDAR YEAR: 2021

NO.	NAME OF EMPLOYEE			TIN NUMBER	POSITION	NET WORTH
	LAST NAME	FIRST NAME	MIDDLE NAME			

TOTAL NUMBER OF FILERS: _____

PREPARED BY:

NOTED 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.)

POSITION: _____

ADDRESS: _____

AGENCY/OFFICE: _____

OFFICE 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 <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 <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): _____

* 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: _____	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.

 (Person Administering Oath)