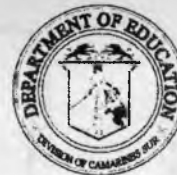
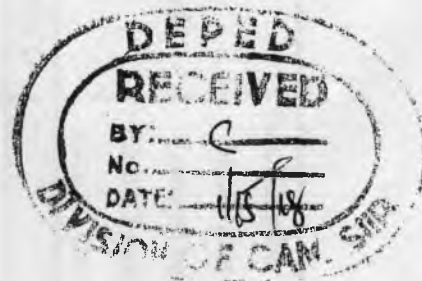




Department of Education
Region V
DIVISION OF CAMARINES SUR
Freedom Sports Complex, San Jose, Pili, Camarines Sur



DIVISION MEMORANDUM NO. 10 s. 2018



TO: Assistant Schools Division Superintendent
Chiefs, SGOD and CID
Public Schools District Supervisors
Principals/School Heads
Unit Heads/Section Chief
All other Division Office Personnel

FROM: ~~ARNULFO M. BALANE~~
Schools Division Superintendent

SUBJECT: Submission of SALN for CY 2017

Date: January 15, 2018

In compliance with the provisions of RA 6713, please be advised to submit the SALN of all your teachers and employees for CY 2017 on or before February 28, 2018, c/o the Record Section. Likewise, please also prepare and submit a soft copy of transmittal and the same in excel format upon submission of your hard copies following the attached sample format.

This is also in compliance with the yearly submission of the Performance Based Bonus (PBB) Report as required.

Your prompt compliance on the matter is earnestly desired.

ONE Vision and Mission
ONE Camarines Sur Division
ONE Goal: Quality Education



Republic of the Philippines
Department of Education
Region V



DIVISION OF CAMARINES SUR
Freedom Sports Complex, San Jose, Pili, Cam. Sur

CERTIFICATION

This is to certify that the following officials/employees of this office have failed to submit their Statement of Assets, Liabilities and Networth and Disclosure of Business Interest and Financial Connections for the year _____ as a required under Section 8 of Republic Act No. 6713 as implemented by Memorandum Circular issued by the Office of the Ombudsman on June 21, 1995.

Name of Official/Employee

Designation/Position

- 1.
- 2.
- 3.
- 4.
- 5.

This certification is being issued for whatever legal purpose it may serve.

(Place and Date of Issuance)

(Name of Administrative/Personnel Head)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____ at _____.

ADMINISTERING OFFICER

Note: Please use additional forms if necessary.

Distribution:

Original copy to Office of the Ombudsman.

Central records

Duplicate copy to Office of the Ombudsman, of their respective Regions

triplicate copy to office file (Personnel Division)

**OFFICERS AND EMPLOYEES SUBMISSION OF 2017 STATEMENT OF ASSETS , LIABILITIES AND NET WORTH (SALN)
YEAR 2017**

Delivery Unit	Total Number of Employees Covered by RA 6713 as of June 30, 2017	Number of Employees Filed 2017 SALN as of June 30, 2018	PERCENTAGE OF COMPLIANCE (%)	NAME	Position	Salary Grade	Remarks
DIVISION OFFICE				Employees who submitted duly accomplished 2016 SALN as of June 30, 2018			
Baao Central School	20	20	100%	1 ORETA, MELODY Judavar	Teacher 1	11	None
Baao Central School				2 FAJARDO, JOCELYN Baracena	Teacher 1	11	None
Baao Central School				3 PORTACIO, IMELDA Bisenio	Teacher 1	11	None
Baao Central School				4 PETALIO, EVA Nacario	Teacher 3	13	None
Baao Central School				5 BEDURAL, JISEL Nacario	Teacher 1	11	None
Baao Central School				6 OLAGUER, DIVINA Dato	Teacher 2	12	None
Baao Central School				7 SANCHEZ, ROSABEL Bareras	Teacher 1	11	None
Baao Central School				8 BELMONTE, MILA de Villa	Master Teacher 1	18	None
Baao Central School				9 SARAJAN, MARVIC Boreta	Master Teacher 2	19	None
Baao Central School				10 BALATING, JOB Berdul	Teacher 1	11	None
Baao Central School				11 BARACENA, JOSELITO Dimabogti	Teacher 2	12	None
Baao Central School				12 GONOWON, RONALDO Palencia	Master Teacher 1	18	None
Baao Central School				13 BALLESTEROS, LYDIA Babol	Teacher 1	11	None
Baao Central School				14 BABILONIA, JEANIFFER Lamuzo	Teacher 1	11	None
Baao Central School				15 DOROIN, EMERITA Bigay	Teacher 1	11	None
Baao Central School				16 OBELIDOR, CHERRY Brigola	Teacher 1	18	None
Baao Central School				17 BUENA, ANNA ANNELI Intia	Teacher 1	11	None
Baao Central School				18 PALENCIA, ESTENELLE Bongcayao	Teacher 3	13	None
Baao Central School				19 BAAL, MARINO Silvestre	Teacher 1	11	None
Baao Central School				20 MAGADIA, HEZI Maglapiid	Teacher 1	11	None

(Note: Excel Format) Hard copy and Soft copy
SALN original copy 2 copies & 2 folders (Ombudsman copy & Division copy)

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	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.