



Department of Education

Region V




DIVISION OF CAMARINES SUR

Freedom Sports Complex, San Jose, Pili, Camarines Sur
Record Section Tel. No. 871-33-56

DIVISION MEMORANDUM NO. 12 s. 2019

**TO: Assistant Schools Division Superintendent
Chiefs, SGOD and CID
Public Schools District Supervisors
Principals/School Heads
Unit Heads/Section Chief
All Teaching & Non-Teaching Personnel**


FROM: CECILLE BERNADETTE P. RIVERA, CESO V
Schools Division Superintendent

SUBJECT: Submission of SALN for CY 2018

Date: January 14, 2019

In compliance with the provisions of RA 6713, please be advised to submit the SALN of all your teachers and employees for CY 2018 on or before February 28, 2019, c/o the Record Section. Please 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. Further, we also request you to submit the electronic copies of the SALNs must be in PDF format and individually saved per declarant, in compact discs (CD) as required for submission to higher office.

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

Your prompt compliance on this matter is earnestly desired.



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CERTIFICATION

I (name of agency head) , hereby certify that the SALNs herewith submitted electronically are faithful reproductions of the original SALNs of the officials and employees of the (name of agency/school), as listed in the attached summary report of the (personnel officer/chief of administrative division/person designated).

Signature (of agency head)

Printed Name

Position

Date

SUBSCRIBED AND SWORN TO before me this _____ day of _____,
20____ affiant exhibiting his/her competent evidence of identity, to wit
_____.

ADMINISTERING OFFICER

Sample Transmittal for PDF

	Document	File name
1	SALN of Employee A	SALN of Employee A.pdf
2		
3		
4		

OFFICERS AND EMPLOYEES SUBMISSION OF 2018 STATEMENT OF ASSETS , LIABILITIES AND NET WORTH (SALN) YEAR 2018

Region : V

Delivery Unit	Total Number of Employees Covered by RA 6713 as of June 30, 2018	Number of Employees Filed 2018 SALN as of June 30, 2019	PERCENTAGE OF COMPLIANCE (%)	NAME	Position	Salary Grade	Remarks	
DIVISION OFFICE	21	21	100%	Employees who submitted duly accomplished 2018 SALN as of May 30, 2019				
Baao Central School (Baao)				1	ORETA, MELODY JUDAVAR	Teacher I	11	None
Baao Central School (Baao)				2	FAJARDO, JOCELYN BARACENA	Teacher I	11	None
Baao Central School (Baao)				3	PORTACIO, IMELDA BISENIO	Teacher I	11	None
Baao Central School (Baao)				4	PETALIO, EVA NACARIO	Teacher III	13	None
Baao Central School (Baao)				5	MAIQUE, MARVIN BEJERAS	Master Teacher II	19	None
Baao Central School (Baao)				6	BARACENA, JOSELITO DIMABOGTI	Master Teacher I	18	None
Baao Central School (Baao)				7	OLAGUER, DIVINA DATO	Teacher II	12	None
Baao Central School (Baao)				8	BALATING, JOB BERDOL	Teacher I	11	None
Baao Central School (Baao)				9	SARAJAN, MARIVIC BORETA	Master Teacher II	19	None
Baao Central School (Baao)				10	OBELIDOR, CHERRY BRIGOLA	Teacher I	11	None
Baao Central School (Baao)				11	SANCHEZ, ROSABEL BARRERAS	Teacher I	11	None
Baao Central School (Baao)				12	GONOWON, RONALDO PALENCIA	Master Teacher I	18	None
Baao Central School (Baao)				13	BABILONIA, JEANIFFER LANUZO	Teacher II	12	None
Baao Central School (Baao)				14	DOROIN, EMERITA BIGAY	Teacher I	11	None
Baao Central School (Baao)				15	BELMONTE, MILA DE VILLA	Master Teacher I	18	None
Baao Central School (Baao)				16	BAAL, MARINO SILVESTRE	Teacher I	11	None
Baao Central School (Baao)				17	PALENCIA, ESTENELIE BONGCAYAO	Teacher III	13	None
Baao Central School (Baao)				18	BALLESTEROS, LYDIA BABOL	Teacher I	11	None
Baao Central School (Baao)				19	MAGADIA, HEIZL MAGLAPID	Teacher I	11	None
Baao Central School (Baao)				20	BUSTINERA, CARLOS BISENIO	ADM. AID	1	None
Baao Central School (Baao)				21	MAIQUE, JUDITH BAYOS	Principal 11	20	None

Prepared by: _____

Noted by: _____

OFFICERS AND EMPLOYEES SUBMISSION OF 2018 STATEMENT OF ASSETS , LIABILITIES AND NET WORTH (SALN) YEAR 2018

Region : V

Delivery Unit	Total Number of Employees Covered by RA 6713 as of June 30, 2018	Number of Employees Filed 2018 SALN as of June 30, 2019	PERCENTAGE OF COMPLIANCE (%)	NAME	Position	Salary Grade	Remarks	
DIVISION OFFICE	17	17	100%	Employees who submitted duly accomplished 2018 SALN as of May 30, 2019				
West Coast HS (Calabanga)				1	ABAD, LORILY BAJO	Teacher III	13	None
West Coast HS (Calabanga)				2	ALEJANDRO, RICKIE OPENDA	Teacher III	13	None
West Coast HS (Calabanga)				3	ARCE, REZALY CEDRON	Teacher I	11	None
West Coast HS (Calabanga)				4	ATAQ, ANALYN MALINAO	Teacher I	11	None
West Coast HS (Calabanga)				5	CABAÑERO, NERISA CAPRICHIO	Teacher I	11	None
West Coast HS (Calabanga)				6	CACERES, MURIEL NEVIAR	Teacher I	11	None
West Coast HS (Calabanga)				7	CACERES, ROLAND SAMSON	Teacher I	11	None
West Coast HS (Calabanga)				8	CAMACHO, SALVE RICARDO	Teacher I	11	None
West Coast HS (Calabanga)				9	CAMIGLA, JOSIELYN BOÑAGA	Teacher I	11	None
West Coast HS (Calabanga)				10	FRONDOSO, ARLEEN ADAN	Teacher II	12	None
West Coast HS (Calabanga)				11	FUERTE, CHERIL CASTILLA	Teacher I	11	None
West Coast HS (Calabanga)				12	ORTUA, SHYRENE AGUADO	Admin. Assistant II	8	None
West Coast HS (Calabanga)				13	PALOMA, ALMA ESPLANA	Teacher I	11	None
West Coast HS (Calabanga)				14	SABIO, JUDITH BAYLON	Head Teacher I	14	None
West Coast HS (Calabanga)				15	VERGARA, MELANIE HAYAG	Teacher I	11	None
West Coast HS (Calabanga)				16	VILLANTE, CRISTAL MAY DE CHAVEZ	Teacher I	11	None
West Coast HS (Calabanga)				17	YGUSQUIZA, MARY JANE MEDROSO	Teacher I	11	None

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	AOE

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.

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)

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

(Signature of Co-Declarant/ Spouse)

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)