


Republic of the Philippines  
**Department of Education**  
Region V

**SCHOOLS DIVISION OFFICE OF CAMARINES SUR**

Office of the Schools Division Superintendent

**DIVISION MEMORANDUM No. 22 s. 2024**

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

**From:**   
**NORMA B. SAMANTELA, CESO V**  
Schools Division Superintendent

**SUBJECT:** Submission of SALN for CY 2023

**DATE:** January 12, 2024

In compliance with the provision of RA 6713, please be advised to submit the SALN of all teachers and employees of your respective district/schools for CY 2023 on or before February 28, 2024.

Said report must be submitted with transmittal, together with its soft copy and the same must be in Excel format and Alpha list following the attached sample format. Likewise, you are also to submit the electronic copies of the SALN, in PDF format and individually saved per declarant, in compact disc (CD) as required for submission to the office of the ombudsman.

Your prompt compliance on this matter is earnestly desired.



**SDO CAMSUR: Leading Change, Transcending Barriers, Serving All**

Address: Freedom Sports Complex, San Jose, Pili, Camarines Sur

Email: [deped.camsur@deped.gov.ph](mailto:deped.camsur@deped.gov.ph)

Website: [www.depedcamsur.com](http://www.depedcamsur.com)

Trunklines: 8711553/8813483/09171128401/09088220911/09189338220 \*For assistance call the local Operator (200, 207 or 101)





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**SCHOOLS DIVISION OFFICE OF CAMARINES SUR**

**CERTIFICATION OF COMPLIANCE**  
SALN Submission/ Filing

This Certifies that (Name of School) of Camarines Sur fully satisfies the Statement of Assets, Liabilities and Net Worth (SALN) requirement of the Performance-Based Incentive System for Fiscal year 2023.

This also attests that all submission of the agency concerned has substantially complied with the minimum requisites for content and formalities prescribed under Republic Act 6713 and its Implementing Rules and Regulation which are as follows:

- Basic Information
- Assets (Real Properties and Personal Properties)
- Liabilities
- Net Worth
- Financial Connection and Business Interest
- Relatives in the Government

This Certifies that out of (Total) employees of the School/District have completed and filed their SALN as of December 31, 2023 a total of (No. of employees) reflected below:

OFFICE School/ District	NO. OF EMPLOYEES	NO. OF EMPLOYEES WITH DULY ACCOMPLISHED AND SUBMITTED SALN	PERCENTAGE OF COMPLIANCE (%)
(Name of School)			
Total:			

This agency has forwarded/ filed SALN's with the appropriate receiving entity (i.e. Ombudsman in the case of President, Vice President and Constitutional Official; etc.) in accordance with RA 6713 and its Implementing Rules and Regulations.

IN WITNESS WHEREOF, we the hereunto affixed our signatures on the (Day) day of (Month), 2024 at San Jose, Pili, Camarines Sur.

\_\_\_\_\_  
Chairperson  
Review and Compliance Committee

\_\_\_\_\_  
Member  
Review and Compliance Committee

\_\_\_\_\_  
Member  
Review and Compliance Committee

\_\_\_\_\_  
Member  
Review and Compliance Committee

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024 at \_\_\_\_\_, Camarines Sur, Philippines.



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**The Deputy Ombudsman for Luzon**

Agham Road, North Triangle  
Diliman, Quezon City 1101

Sir/ Madam:

Forwarded herewith are the Statement of Assets, Liabilities and Net Worth (SALN) when its Summary list of Filers and Certification of Compliance for the Year ended December 31, 2023 of the Schools Division Office of Camarines Sur employees as follows:

NO.	NAME	POSITION TITLE	SCHOOLS/DISTRICTS
1	ABABA, JUAN OLIVER	Teacher I	Pili National HS/Pili
2	ABABA, MYLENE PATENO	Master teacher I	Pili National HS/Pili
3	ABAD, ALEXIS FERDINAND PRIVALDOS	Teacher I	Goa NHS/Goa
4	ABAD, AMY ASETRE	Teacher II	Pinaglabanan High School/Goa
5	ABAD, ANGELISA GLO VELASCO	Teacher I	San Isidro NHS/Libmanan
6	ABAD, ANTONIO SOLA	Teacher I	Medroso-Mendoza NHS/Calabanga
7	ABAD, CARLOMAGNO VILLARAZA	Teacher I	Northern Plain HS/Libmanan
8	ABAD, CHRISTINE GERERO	Teacher III	Villafuerte -Peña HS/San Jose
9	ABAD, CRISANTA ASTOR.	Master Teacher I	Rodriguez NHS/ Pili
10	ABAD, JOY CIUDADANO	Teacher I	Hanawan NHS/Ocampo
11	ABAD, JUMAR PACAO	Teacher III	San Rafael NHS/Tigaon
12	ABAD, LORILY BAJO	Teacher III	West Coast NHS/Calabanga
13	ABAD, MA.CARESSE DELA ROSA	Teacher II	Pasacao NHS/ Pasacao
14	ABAD, MARIA CORAZON PARAMA	Teacher I	Milaor NHS/Milaor
15	ABAD, MARICOR CORTEZANO	Teacher I	Salogon HS / San Jose
16	ABAD, MARY GRACE SAQUIDO	Teacher III	Calabanga NHS/Calabanga
17	ABAD, MIRAFE CADA	Teacher I	Calabanga NHS/Calabanga
18	ABAD, ROSEMARIE BACSAIN	Teacher II	Binanuaanan High School/Pili
19	ABAD, YVES IBASCO II	Teacher I	Jose De Villa NHS/ Calabanga
20	ABAINZA, ALMA DOMIQUEL	Teacher III	Sisa Feliciano MHS/Ragay
21	ABAINZA, ANA JOY OROBIA	Teacher I	Gainza NHS/Gainza
22	ABAINZA, ANJANETTE MASAPOL	Teacher I	Pamukid NHS/San Fernando
23	ABAINZA, ANNALYN BERMAS	Teacher I	V. Bagasina Sr. MHS/Pili
24	ABAINZA, ROBERTO FRANCISCO	Teacher I	Anib NHS/Sipocot
25	ABALA, MARICEL BOLGADO	Teacher I	San Jose Integrated School/Nabua East
25	YGRUBAY, JOSEPHINE BADURIA.pdf	Teacher I	Tamban NHS/ Tinambac North
26	YGUSGUIZA, REGINE OLLETA	Teacher I	Severo HS/Calabanga
27	YGUSQUIZA, MARY JANE MEDROSO	Teacher I	West Coast NHS/Calabanga
28	YOGA, CAROLINE MAE DELOS SANTOS	Teacher I	Don Servillano Platon MNHS/Tinambac
29	YOME, MAE CARCIDO	Teacher I	Anib NHS/Sipocot
30	YOSURES,AILEEN LAYNESA.	Teacher I	Northern Plain HS/Libmanan

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31	YU, CATHERINE PEYRA	Master Teacher I	Baao NHS/ Baao
32	YUTA JOEL TANDAAN	Teacher I	Binobong High School/Pili
33	YUTA, HAZEL GRACE PELLAZO.	Teacher I	V. Bagasina Sr. MHS/Pili
34	YUTA, WINSTON TANDAAN	Teacher I	Binanuaanan High School/Pili
35	ZABALLA, AILYN OLIVEROS	Teacher I	San Vicente NHS/Buhi
36	ZABALLA, AMY ESPEJO	Teacher I	Tambo NHS/ Buhi, Cam. Sur
37	ZABALLA, FRANKLIN ROJO.	Teacher II	Nabua NHS/ Nabua
38	ZABALLA, JANET SARMENTO	Teacher I	Pambuhan NHS/Garchitorena
39	ZABLAN, JOSE ARIEL FRANCE	Disbursing Officer II	Jose C. Prevosa Sr. NHS / Calabanga
40	ZAFE, ARLENE COMEDA	Teacher III	Rodriguez NHS/ Pili
41	ZALDIVAR, ASUNCION SAN ESTEBAN.	Master Teacher I	San Juan NHS/ Libmanan
42	ZALDUA, ALVIN GARCIA.	Teacher I	Sacred Heart HS/Sipocot
43	ZALDUA, ARIANE VERDADERO.	Teacher I	Sacred Heart HS/Sipocot
44	ZALDUA, ERNA PALAYPAYON.	Admin Aide I	San Jose NHS/ San Jose
45	ZALDUA, MINDA ABRERA.	Teacher I	Rodriguez NHS/ Pili
46	ZALDUA, RETHELLE MURILLO	Teacher I	Pag-Oring Nuevo NHS/Libmanan
47	ZALSOS, FERDINAND ROY BALLESTEROS.	Teacher I	Bula NHS/ Bula
48	ZAMBRANO, NORMAN UNO	Teacher II	San Ramon Pilot NHS/Lagonoy South
49	ZAMORA, MA. EMILY REGALARIO.	Administrative Assistant II	Pili National HS/Pili
50	ZAMORA, ROWENA CANO	Teacher III	Milaor NHS/Milaor
<b>TOTAL = 50</b>		<b>SECONDARY</b>	

For your reference,

Very truly yours,

**(NAME OF SCHOOL HEAD/ PSDS)**

Position



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## 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.)

**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SPOUSE:** \_\_\_\_\_  
 (Family Name)                      (First Name)                      (M.I.)

**POSITION:** \_\_\_\_\_

**AGENCY/OFFICE:** \_\_\_\_\_

**OFFICE ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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
					(As found in the Tax Declaration of Real Property)	YEAR	

**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: \_\_\_\_\_  
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.

\_\_\_\_\_  
(Person Administering Oath)