



Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION

SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

Office of the Schools Division
Superintendent

JAN 22 2024

MEMORANDUM

No. 007, s. 2024

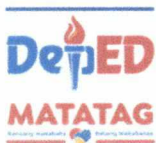
**FILING AND SUBMISSION OF STATEMENT OF ASSETS, LIABILITIES AND NET
WORTH (SALN) AS OF DECEMBER 31, 2023**

TO: OIC- Assistant Schools Division Superintendent/
Chief Education Supervisor, School Governance and Operations Division
Chief Education Supervisor, Curriculum Implementation Division
Public Elementary & Secondary School Principals/OICs
Administrative Officer V
All Others Concerned

1. Pursuant to Section 8 of Republic Act 6713, known as the Code of Conduct and Ethical Standards for Public Officials and Employees, all public officials and employees shall file, under oath, their Statement of Assets Liabilities and Net Worth (SALN) and a Disclosure of Business Interests and Financial Connections every year.
2. Hence, to fulfill such obligation, all Schools Division Office of Muntinlupa employees, whether teaching and non-teaching personnel, including those who are on leave of absence and are still in the service as of December 31, 2023, are required to submit the SALN, using the attached form, to the Administrative Officer II/HR in charge of the school for pre-evaluation.
3. All **duly notarized** Statement of Assets, Liabilities, and Networth (SALN) shall be submitted to this Office at the Personnel Unit on or before **January 31, 2024** in two (2) sets (1 copy for the Office of the Ombudsman and 1 copy for the Schools Division Office - 201 File).
4. Likewise, all schools are requested to submit all the following enclosures through c/o Ms. Shiela Rose H. Bachoco (shielarose.bachoco@deped.gov.ph) in a zipped file:

Enclosure 1: Notarized Statement of Assets, Liabilities, and Net Worth (**Scanned Copy**)
Enclosure 2: Notarized Certification of Compliance (**Scanned Copy**)
Enclosure 3: Notarized Certification for those who failed to submit the SALN as of December 31, 2023 (**Scanned Copy**)
Enclosure 4: Certification of submission of SALN electronically (**Scanned Copy**)
Enclosure 5: Summary List of Fillers – in alphabetical order (**Scanned Copy and Excel File**)

NUM-2024-007



Student Center for Life Skills Bldg., Centennial Ave, Brgy. Tunasan, Muntinlupa City
8805-9935, 8805-9940
sdo.muntinlupa@gmail.com
deped-muntinlupa.com

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5. School Heads are advised to notify those who will fail to comply with the submission of SALN, and remind them that such shall be ground for disciplinary action, punishable by suspension for one (1) month and one (1) day to six (6) months for the first offense and dismissal from the service for the second offense pursuant to the 2017 Rules on Administrative Case in the Civil Service (RACCS), CSC Resolution No. 1701077 dated July 3, 2017. Considering that SALN submission is one of requirements for the identification of eligibility for the benefits of PBB Grant, School Heads must ensure that all attached forms are properly submitted to the Personnel Unit.
6. Immediate and wide dissemination of and compliance with this Memorandum are desired.


EVANGELINE P. LADINES, CESO V
Schools Division Superintendent

References: Republic Act No. 6713
CSC Resolution No. 1701077 s. 2017

To be indicated in the Perpetual of Index
under the following subjects:

SUBMISSION POLICY REPORTS

HR-SB/ FILING AND SUBMISSION OF STATEMENT OF ASSETS, LIABILITIES AND NET WORTH (SALN) AS OF DECEMBER 31, 2023/007
January 12, 2024

NUM-2024-007



Student Center for Life Skills Bldg., Centennial Ave, Brgy. Tunasan, Muntinlupa City
8805-9935, 8805-9940
sdo.muntinlupa@gmail.com
deped-muntinlupa.com

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:

POSITION:

AGENCY/OFFICE:

OFFICE ADDRESS:

SPOUSE:

(Family Name)

(First Name)

(M.I.)

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 (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 : _____

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)

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)

CERTIFICATION OF COMPLIANCE
SALN 2023 Submission/Filing

This is to certify __employees of the _____ fully satisfy the Statement of Assets, Liabilities, and Net Worth (SALN) requirement of the Performance-Based Incentive System for the Fiscal Year 2023.

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

- a. Basic Information;
- b. Assets (Real Properties and Personal Properties);
- c. Liabilities;
- d. Net Worth;
- e. Financial Connections and Business Interests;
- f. Relatives in the Government

Lastly, this certifies that this agency has already executed appropriate action against those who failed to comply with RA 6713 and have no justifiable reason not to comply.

IN WITNESS WHEREOF, we have hereunto affixed our signatures on this _____ at Muntinlupa City, Philippines.

School Head

SUBSCRIBED AND SWORN to before me this _____ at Muntinlupa City affiant exhibited his/her identification no. _____ issued by _____

CERTIFICATION

This is to certify that the following officials/employees of the Office have failed to submit their Statements of Assets, Liabilities and Net Worth and Disclosure of Business Interest and Financial Connections for the year **2023** as 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
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This certification is being issued for whatever legal purpose it may serve.

(Place and Date of Issuance)

SCHOOL HEAD

SUBSCRIBED AND SWORN to before me this _____ at Muntinlupa City.

(Office Administering the Oath)

CERTIFICATION

I, _____, hereby certify that the SALNs herewith **submitted electronically** are reproductions of the original SALNs of the officials and employees of the _____.

SCHOOL HEAD

SUBSCRIBED AND SWORN to before me this _____ at Muntinlupa City affiant exhibited his/her identification no. _____ issued by _____

(SCHOOL NAME)
Summary List of Filers
Statement of Assets, Liabilities and Network
FY 2023

No	Name of Employee	Position	Office	Remarks
1				
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Total number of filers: _____

Prepared By:

Noted By:

Personnel In-charge

School Head

Date:

Date: