



Republic of the Philippines
Department of Education
Region IV-A
SCHOOLS DIVISION OF QUEZON PROVINCE

January 28, 2021

DIVISION MEMORANDUM
DM No. 031, s. 2021

FILING OF STATEMENT OF ASSETS, LIABILITIES, AND NET WORTH (SALN)

To: All PSDS, Coordinating Principals, Elementary Schools Heads, Secondary School Heads OICs/TIC and this Office

1. Pursuant to **Republic Act No. 6713**, otherwise known as the **"Code of Conduct and Ethical Standards for Public Officials and Employees"** all public officials and employees have an obligation to accomplish and submit declarations under oath of, and the public has the right to know, their assets, liabilities, net worth and financial and business interests including those of their spouses and of unmarried children under eighteen (18) years of age living in their households.
2. In this connection, this office would like to announce the submission of Statement of Assets, Liabilities, and Net Worth (SALN) on or before **March 30, 2021 (Tuesday)**.
3. Please be guided on the following instructions in the preparation and submission of SALN and other documentary requirements:
 - 3.1 Duly accomplish the official SALN form (*Revised as of January 2015*). Please see attached file.
 - 3.2 SALN form shall be neatly and completely fill-up, write **N/A** on the portions not applicable to the data owner. **STRICTLY NO ERASURES.**
 - 3.3 **Three (3) copies** shall be prepared **per school** for the secondary level and **per district** for elementary level for submission to the Division Office. Junior High School (JHS) and Senior High School (SHS) shall be submitted as ONE file.
 - 3.4 Copies shall be filed and submitted in **three (3) separate folders.**
 - 1st copy to Division Office
 - 2nd copy to School/District
 - 3rd copy to Ombudsman
 - 3.5 Compliance Committee in respective school/district are **OBLIGED to check the veracity and completeness** of encoded data. To avoid delays and back-and-forth of submitted documents you are instructed to carefully **check the common errors** encoded by data owner:

DEPEDQUEZON-TM-SDS-04-009-003



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Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
Trunkline #: (042) 784-0366, (042) 784-0164, (042) 784-0391, (042) 784-0321
Email Address: quezon@deped.gov.ph
Website: www.depedquezon.com.ph



UPLOADED

Date/Time: 01/29/2021 2:47pm

By: Rommel

Ref No.: DM 031, S. 2021



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SCHOOLS DIVISION OF QUEZON PROVINCE

First Page:

- 3.5.1 SALN "As of December **2020**"
- 3.5.2 for husband and wife who are both public officials, check "Joint Filing" or "Separate Filing" box.
- 3.5.3 for Single public official check the "Not Applicable" box

Second Page:

- 3.5.4 the DATE of accomplishment of SALN and the portion of SUBSCRIBED AND SWORN to me this ____day of _____ at the bottom page shall be reconciled.
- 3.5.5 for married public officials, signatures of both Declarant and Co/Declarant or Spouse shall be duly accomplished.
- 3.5.6 for Person Administering Oath please refer to the table hereunder.

3.6 Signatory of SALN:

Data Owner	Signatory	Designation
PSDs	Maria Dolores T. Atienza	Administrative Officer V
Principals/ School Heads/ TIC	Maria Dolores T. Atienza	Administrative Officer V
Teachers	School Head/TIC	
Division Personnel	Maria Dolores T. Atienza	Administrative Officer V

3.7 SALN signed by AO V will be returned to each school/district for the preparation of electronic copies and attachment of **Certificate of Compliance** and **Summary of SALN**.
(Please see attached file).

3.8 **Two (2) copies** of Certificate of Compliance and Summary of SALN shall be attached per folder and ensure the completeness of signature of the compliance committee.

3.9 Electronic copies of SALN shall be:

- 3.9.1 saved in PDF format;
- 3.9.2 saved in Compact Disc (CD);
- 3.9.3 saved per district for elementary level;
- 3.9.4 saved per school for secondary level;
- 3.9.5 saved as ONE file for JHS and SHS;
- 3.9.6 accompanied with a certification by the head of the agency/office that the SALN submitted are faithful reproduction of the original copies;
- 3.9.7 the same with physical document signed by AO-V, and
- 3.9.8 saved using the file name:

Document	File Name
Name of Section (for Division Office) <i>*to be consolidated to the Records Section</i>	SALNs of Employee.pdf
Name of District/School	

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4. Submitted SALN to the Division Office is deemed truthful and accurate.
5. Everyone is expected to meet the deadline of submission. Non-compliance to this memorandum will be subject to disciplinary action.
6. For the information and guidance of all concerned, immediate dissemination of this memorandum is hereby desired.

ELIAS A. ALICAYA, JR.
Assistant Schools Division Superintendent
Officer in-charge
Office of the Schools Division Superintendent

recsop01/28/2021

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: _____ _____
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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: _____
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)



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CERTIFICATE OF COMPLIANCE

This certifies that the **Department of Education – Division of Quezon**, Pagbilao, Quezon, fully satisfies the Statement of Assets, Liabilities and Net Worth (SALN) requirement of the Performance-Based Incentive System for Fiscal Year 2017.

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

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

This certifies that out of **one hundred eighty one (181) employees** qualified for the PBB under the 2016 PBIS, **one hundred eighty one (181) employees** completed and filed their SALN as reflected below:

OFFICE	NO. OF EMPLOYEES	NO. OF EMPLOYEES WITH DULY ACCOMPLISHED AND SUBMITTED SALN	PERCENTAGE OF COMPLIANCE
Department of Education – Division of Quezon			

This agency has forwarded/filed all SALN with appropriate receiving entity in accordance with RA 6713 and its Implementing Rules and Regulations.





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IN WITNESS WHEREOF, we hereunto affixed our signatures on the 14th day of June, 2018 at
Department of Education – Division of Quezon, Talipan, Pagbilao, Quezon, Philippines.

Chairman-Review and Compliance Committee

Member

Member

Member



Republic of the Philippines
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Date

The Deputy Ombudsman of Luzon
 3rd Floor Ombudsman Bldg. Agham Road
 Diliman, Quezon City

Sir/Madam:

We are submitting the duly accomplished Statement of Assets, Liabilities and Net Worth of the Officials and employees of **DepEd - Division of Quezon, Region IV-A CALABARZON**, for the Calendar Year 2020.

No.	NAME (In Alphabetical Order/Surname, First Name, Middle Initial)	POSITION	TIN (Tax Identification Number)	ASSETS	LIABILITIES	NET WORTH
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Number of Compliance -
 Number of Non-Compliance -
 Total Number of Compliance -

Certified Correct:

 Chairman-Review and Compliance Committee

Click or tap here to enter text.

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