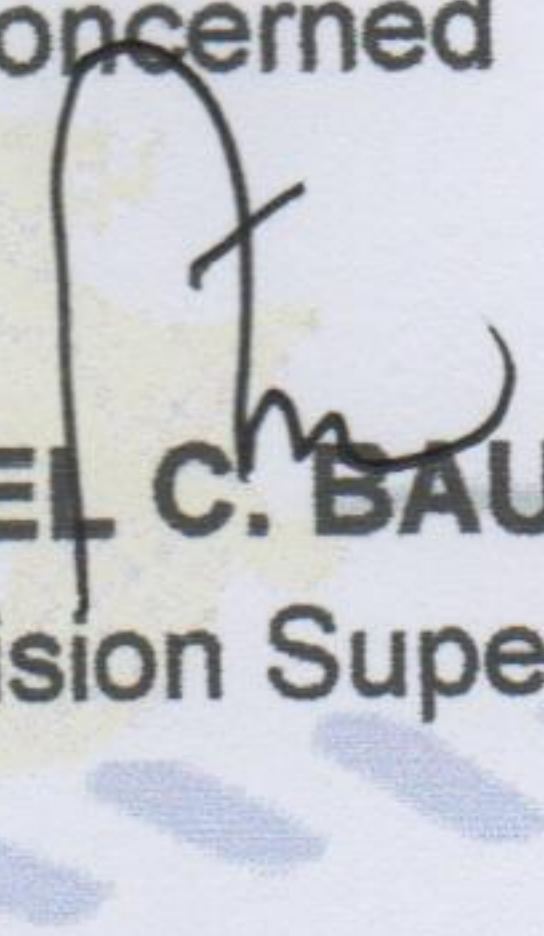


MEMORANDUM

TO : Officer-In-Charge, Assistant Schools Division Superintendent
Chiefs, School Governance and Operation Division (SGOD) and
Curriculum Implementation Division (CID)
Public Schools District Supervisors
Division Unit Heads
Elementary and Secondary School Principals, Head Teachers,
Teacher-In-Charge, Officer-In-Charge
All Others Concerned

FROM :  **DR. ROMMEL C. BAUTISTA, CESO VI**
Schools Division Superintendent

SUBJECT : **SUBMISSION OF SALN (AS OF DECEMBER 31, 2015)**

DATE : January 19, 2016

For purposes of accomplishing the **FY 2015 STATEMENT OF ASSETS, LIABILITIES AND NETWORTH (SALN)** and as prescribed by law, the following authorities are allowed to administer the oath for said SALN Form to wit:

ELEMENTARY SCHOOL PRINCIPALS – for all Teachers and Non-Teaching Personnel in their respective Schools;

SECONDARY SCHOOL PRINCIPALS – for all Teachers and Non-Teaching Personnel in their respective Schools;

ADMINISTRATIVE OFFICER V – for Elementary and Secondary School Principals, Public Schools District Supervisor, and Division Office Regular Personnel.

Duly accomplished SALN Forms (Hard Copy) must be submitted **in duplicate** on or before **February 29, 2016**, together with the Certificate of Compliance, verified List of Personnel who submitted/not submitted their SALN and Summary List of Filers (CSC Form) in hard and digital copies, using the attached format, **Attention: Mrs. Christine T. Coronado, Administrative Officer IV (HR)**.

For your information, guidance and compliance.

CERTIFICATION OF COMPLIANCE

SALN Submission/Filing

This certifies that the (*name of school*) fully satisfies the Statement of Assets, Liabilities and Net Worth (SALN) for Fiscal Year 2016.

This also attests that the submission of the school concerned with the appropriate receiving entity has substantially complied with the minimum requisites for content and formalities prescribed under Republic Act 6713 and its Implementing Rules and Regulations, which are 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

This further certifies that out of ____ employees from this School, ____ employees have completed and filed their SALN as reflected below:

POSITION	NO. OF EMPLOYEES	NO. OF EMPLOYEES WITH DULY ACCOMPLISHED AND SUBMITTED SALN	PERCENTAGE OF COMPLIANCE (%)
Principal IV	1	1	100%
Principal III			
Principal II			
Principal I			
Master Teacher II			
Master Teacher I			
Head Teacher IV			
Head Teacher III			
Head Teacher II			
Head Teacher I			
Teacher III			
Teacher II			
Teacher I			
Teacher I (SEF)			
Guidance Counselor			
Disbursing Officer			
Senior Bookkeeper			
Librarian			
Others..if any...			

IN WITNESS WHEREOF, I have hereunto affixed my signature on the ____ day of _____ 2016 at
(City/Municipality) Philippines.

School Head
(Signature over Printed Name)

NOTE: Please submit this form in Hard and Soft Copies.

LIST OF PERSONNEL WHO SUBMITTED THEIR SALN FY 2015 (in alphabetical order, by position)

Name	Position	Salary Grade	Date Accomplished
1. Dela Cruz, Juan C.	Principal I	19	January 30, 2016
2.			
3.			
4.			
5.			

LIST OF PERSONNEL WITHOUT SUBMITTED SALN FY 2014 (in alphabetical order, by position)

Name	Position	Salary Grade	Reason for non-filing
1. Santos, Philip B.	Teacher III	13	On-Leave (January 10 – June 1, 2016)
2.			
3.			
4.			
5.			

Certified true and correct:

School Head
(Signature over Printed Name)

NOTE: Please submit this form in Hard and Soft Copies.

<Name of Agency>
 Summary List of Filers
 Statement of Assets, Liabilities and Networth
 Calendar Year _____

No.	NAME OF EMPLOYEE			TIN	POSITION	NET WORTH
	Lastname	Firstname	Middlename			
1	XXXXXXX	XXXXXX				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

Total Number of Filers: _____
 Total Number of Personnel Complement: _____

Prepared by:

 <Name and Signature>
 Person In-charge of SALN

Position: _____
 Email Address: _____
 Contact No.: _____

Date : _____

Noted by:

 <Name and Signature>
 Principal

Position: _____
 Mailing Address: _____
 Contact No.: _____

Date : _____

NOTE: Please submit this form in Hard and Soft Copies.