

Department of Education Region III **DIVISION OF CITY SCHOOLS**

Angeles City

Jesus Street, Pulungbulu, Angeles City

DIVISION MEMORANDUM



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Name of Office: SDO Angeles City

March 6, 2019

DIVISION MEMORANDUM _, s. 2019

SUBMISSION OF SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH AS **DECEMBER 31, 2018**

To

All School Principals and Heads of Public Elementary and Secondary Schools and

Senior High Schools

All Teaching and Non-Teaching Personnel

All Others Concerned

- 1. One of the good governance conditions that need to be complied with is the submission and filing of the Sworn Statement of Assets, Liabilities and Net Worth (SALN) of Officials and Employees which is in accordance with RA 6713, otherwise known as Code of Conduct and Ethical Standards for Public Officials and Employees, which states that SALN must be filed:
 - a. within thirty (30) days after assumption of the office;
 - b. on or before April 30 of every year thereafter; and
 - c. within thirty (30) days after separation from the service.
- 2. Failure to comply of an official to submit his/her SALN in accordance with the procedure and within the given period shall be a ground for disciplinary action. The offense of failure to file SALN is punishable with the following penalties:
 - a. 1st offense- suspension for one (1) month and one (1) day to six (6) months
 - b. 2nd offense- dismissal from the service
- Attached is the format for the accomplishment of the Statement of Assets, Liabilities and Net Worth to be submitted in three (3) copies to this Office on or before March 29, 2019 (Friday).

Cn #2019-068

"SMILES BRIGHT, SERVES RIGHT"

- 4. This Memorandum shall also take effect for all those who retired last School Year and the new teachers with permanent items.
- 5. For information, wide dissemination and strict compliance.

Schools Division Superintendent

mnc/ada6/aov

TOTAL ASSETS (a+b):

1		As of		10)			
Note:	: Husband and wife who	o are both public officio	equired by R.A. 67 als and employees Separate Fili	may file the required	statemer plicable	nts jointly or s	separately.
DECLARANT: _	(Family Name)	(First Name)	(M.I.)	POSITION: AGENCY/OFFICE: OFFICE ADDRESS:			
SPOUSE:	(Family Name)	(First Name)	(M.I.)	POSITION: AGENCY/OFFICE: OFFICE ADDRESS:			
UNMARRIE	ED CHILDREN BE		(18) YEARS O	F AGE LIVING I	n deci		HOUSEHOLD
1. ASSETS a. Real	(Including	those of the spous	se and unmarri	D NETWORTH ed children belou ant's household)			
DESCRIPTION (e.g. lot, house and lot, condominium	KIND (e.g. residential, commercial, industrial, agricultural and mixed	EXACT LOCATION	VALUE (As found in 1	MARKET VALUE the Tax Declaration of	YEAR	MODE	ACQUISITION
	use)						
b. Person	nal Properties*					Subtotal:	
b. Person	-	RIPTION		YEAR A	COURE		ACQUISITION COST/AMOUNT

^{*} Additional sheet/s may be used, if necessary.

LIABILITIES*				The state of the s
NATURE		NAME OF CRED	ITORS	OUTSTANDING BALANCE
		TO	TAL LIABILITI	ES:
	NET WORTH : To			
dditional sheet/s may be us	ed, if necessary.			
	USINESS INTERESTS A			
	spouse/ Unmarried Children E We do not have any busii			
AME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE INTEREST 8	OF BUSINESS 5/OR FINANCIAL NECTION	DATE OF ACQUISITION (INTEREST OR CONNECTI
□ I/	We do not know of any r	Dan and the control of the control o		
NAME OF RELATIVE	RELATIONSHIP	POSITION		NCY/OFFICE AND ADDRESS
I hereby certify to business interests and fina	hat these are true and	correct stateme	ents of my assemy spouse and t	its, liabilities, net wort unmarried children belo
eighteen (18) years of age	living in my househo	ld, and that to	the best of m	y knowledge, the abov
enumerated are names of r	ny relatives in the gover	rnment within t	the fourth civil d	legree of consanguinity
affinity.	ize the Ombudsman o	n his/han duly	authorized rent	resentative to obtain a
secure from all appropria	te government agenci	es, including	the Bureau of	Internal Revenue su
documents that may show	my assets, liabilities,	net worth, busin	ness interests a	nd financial connection
to include those of my s household covering previou				
31				
Date:				
(Signature of 1	Declarant)		(Signature of Co-	Declarant/Spouse)
	,	Governm	ent Issued ID:	
ID No.: Date Issued:		ID No.: Date Issu	ned:	
		× 1		
SUBSCRIBED AND SWO		day of	, affiant exhi	biting to me the above-sta
government issued identificat	don card.	ENR	IQUE D. PANGIL	INAN
		Ad	ministrative Offic	(

Department of Education Region III

Summary List of Filers Statement of Assets, Liabilities and Net Worth Calendar Year 2018

	2	NAME OF EMPLOYEE		TIM MI IMPED	NOILISON	NET WORTH
NO.	LASTNAME	FIRSTNAME	MIDDLENAME	N NOMBER		
-						
7						
2						
8						
4						
2						
9						
7						
_∞						
6						
10						
11						
12						
13						
14						
15						
1	Total Number of Filers: Total Number of Personnel Complement:	nel Complement:				
	-				Noted by:	
	200000000000000000000000000000000000000					

Prepared by:

	LEILANI S, CUNANAN, CESO VI
Person In-charge of SALN	Head of Agency
Position: Email Address:	Position: Schools Division Superintendent Mailing Address:
Contact No.:	Contact No:
	Date:

Date: