



Republic of the Philippines
Department of Education
Region VI - Western Visayas
SCHOOLS DIVISION OF CAPIZ
Banica, Roxas City

DIVISION ADVISORY No. 022, s. 2022

January 25, 2022

**PRESCRIBED FORMAT OF STATEMENT OF ASSETS, LIABILITIES
AND NET WORTH (SALN) OF DEPED EMPLOYEES IN THE SCHOOLS
DIVISION OF CAPIZ**

**TO: OIC - Assistant Schools Division Superintendent
Chief Education Program Supervisors, SGOD & CID
Public Schools District Supervisor
Heads of Public Elementary, Secondary and Integrated Schools**

1. In reference to **Division Advisory 010 s. 2022**, dated **January 11, 2022**, entitled **Submission of Statement of Assets, Liabilities and Net Worth (SALN) as of December 31, 2021 of DepEd Employees in the Schools Division of Capiz**, please be advised that all personnel should use one prescribe format for the submission of the said document (SALN Revised as of January 2015 – sample attached hereto).
2. The prescribe format is available in the Division Website in the downloadable forms of the Personnel Unit.
3. Immediate dissemination of this Advisory is desired.

SALVADOR O. OCHAVO JR. EdD, CESO V
Schools Division Superintendent

JAN 25 2022

osds/admin



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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:	_____	POSITION:	_____
	(Family Name) (First Name) (M.I.)	AGENCY/OFFICE:	_____
ADDRESS:	_____	OFFICE ADDRESS:	_____
	_____		_____
SPOUSE:	_____	POSITION:	_____
	(Family Name) (First Name) (M.I.)	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
					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)