




January 6, 2021

**DIVISION MEMORANDUM**  
**No. 3, s. 2021**

**ANNUAL SUBMISSION OF SWORN STATEMENT OF ASSETS,  
LIABILITIES AND NET WORTH (SALN) AND  
PERSONAL DATA SHEET (PDS)**

To: Curriculum and Implementation Division (CID)  
School Governance and Operations Division (SGOD)  
Elementary and Secondary School Heads  
Division Personnel  
This Division

1. Section 8 (Statements and Disclosure) of Republic Act No. 6713 provides that *"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. This Office requires all teaching and non-teaching personnel to submit the updated Sworn Statement of Assets, Liabilities and Net Worth (SALN-revised 2015) and Personal Data Sheet (PDS revised 2017).
3. School heads are responsible to submit the said documents in 5 copies each that includes the summary of SALN (*see attached template*) on or before January 22, 2021.
4. Wide dissemination and compliance of this Memorandum is desired.

  
**AGUSTINES E. CEPE, CESO V**  
Schools Division Superintendent

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City  
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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

<b>DECLARANT:</b> _____ (Family Name)      (First Name)      (M.I.) <b>ADDRESS:</b> _____ _____ <b>SPOUSE:</b> _____ (Family Name)      (First Name)      (M.I.)	<b>POSITION:</b> _____ <b>AGENCY/OFFICE:</b> _____ <b>OFFICE ADDRESS:</b> _____ _____ <b>POSITION:</b> _____ <b>AGENCY/OFFICE:</b> _____ <b>OFFICE ADDRESS:</b> _____ _____
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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)*

# PERSONAL DATA SHEET

**WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.**

**READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.**

Print legibly. Tick appropriate boxes  and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1 CS ID No

(Do not fill up. For CSC use only)

**PERSONAL INFORMATION**

2 SURNAME			
FIRST NAME			NAME EXTENSION (JR., SR)
MIDDLE NAME			
3. DATE OF BIRTH (mm/dd/yyyy)		16. CITIZENSHIP	<input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pts. indicate country:
4. PLACE OF BIRTH		If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)		ZIP CODE	House/Block/Lot No _____ Street _____
8. WEIGHT (kg)			Subdivision/Village _____ Barangay _____
9. BLOOD TYPE			City/Municipality _____ Province _____
10. GSIS ID NO			
11. PAG-IBIG ID NO		18. PERMANENT ADDRESS	
12. PHILHEALTH NO		ZIP CODE	House/Block/Lot No _____ Street _____
13. SSS NO			Subdivision/Village _____ Barangay _____
14. TIN NO			City/Municipality _____ Province _____
15. AGENCY EMPLOYEE NO			
		19. TELEPHONE NO.	
		20. MOBILE NO.	
		21. E-MAIL ADDRESS (if any)	

**FAMILY BACKGROUND**

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR., SR)			
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO				
24. FATHER'S SURNAME				
FIRST NAME	NAME EXTENSION (JR., SR)			
MIDDLE NAME				
25. MOTHER'S MAIDEN NAME				
SURNAME				
FIRST NAME				
MIDDLE NAME				

(Continue on separate sheet if necessary)

**EDUCATIONAL BACKGROUND**

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY							
SECONDARY							
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,

a. within the third degree?  YES  NO

b. within the fourth degree (for Local Government Unit - Career Employees)?  YES  NO

If YES, give details: \_\_\_\_\_

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35. a. Have you ever been found guilty of any administrative offense?  YES  NO

If YES, give details: \_\_\_\_\_

b. Have you been criminally charged before any court?  YES  NO

If YES, give details: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Status of Case/s: \_\_\_\_\_

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36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?  YES  NO

If YES, give details: \_\_\_\_\_

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37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?  YES  NO

If YES, give details: \_\_\_\_\_

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38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?  YES  NO

If YES, give details: \_\_\_\_\_

b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?  YES  NO

If YES, give details: \_\_\_\_\_

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39. Have you acquired the status of an immigrant or permanent resident of another country?  YES  NO

If YES, give details (country): \_\_\_\_\_

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40. Pursuant to (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:

a. Are you a member of any indigenous group?  YES  NO

If YES, please specify: \_\_\_\_\_

b. Are you a person with disability?  YES  NO

If YES, please specify ID No: \_\_\_\_\_

c. Are you a solo parent?  YES  NO

If YES, please specify ID No: \_\_\_\_\_

41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)

NAME	ADDRESS	TEL. NO.

ID picture taken within the last 6 months  
4.5 cm X 3.5 cm  
(passport size)

Computer generated or photocopied picture is not acceptable

PHOTO

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: \_\_\_\_\_

ID/License/Passport No: \_\_\_\_\_

Date/Place of Issuance: \_\_\_\_\_

Signature (Sign inside the box)

Date Accomplished: \_\_\_\_\_

Right Thumbmark

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath