



Republic of the Philippines
Department of Education
SOCCSKSARGEN REGION
SCHOOLS DIVISION OF SARANGANI

03 Mar 2026

DIVISION MEMORANDUM

No. **025**, s. 2026

SUBMISSION OF 2025 STATEMENT OF ASSETS, LIABILITIES AND NETWORTH AND A DISCLOSURE OF BUSINESS INTERESTS AND FINANCIAL CONNECTIONS AND THOSE OF THEIR SPOUSES AND UNMARRIED CHILDREN UNDER 18 YEARS OF AGE LIVING IN THEIR HOUSEHOLDS (SALN)

TO : Asst. Schools Division Superintendent
Chief Education Program Supervisors, SGOD and CID
Education Program Supervisors
Public Schools District Supervisors
Principals, Principals-In-Charge, Teachers-In-Charge, both
Elementary and Secondary
All Teaching and Non-Teaching Personnel
All Concerned

Pursuant to Republic Act 6713 or the Code of Conduct and Ethical Standards for Public Officials and Employees, and Civil Service Commission Resolution No. 2500632 or the Omnibus Rules on SALN, all public officials and employees shall file under oath their Statement of Assets, Liabilities and Networth and a Disclosure of Business interests and Financial Connections and those of their Spouses and Unmarried Children under 18 years of age living in their households on or before **April 30, 2026**.

For school-based personnel, school heads shall submit the consolidated hard copy of SALN of all teaching and non-teaching personnel of his/her school and a soft copy (in excel format) of the Summary of filers to the Municipal-in-Charge personnel at the Personnel Unit of this Division. All SALN and certifications attached thereto should have been stamped "Received" by the Office of the Ombudsman (OMB) before they are being submitted to the Personnel Unit.

Moreover, in addition to the hard copies, school heads shall also submit to the Office of the Ombudsman electronic copies of the SALN. It must be in PDF format and individually saved per declarant, in compact discs (CDs) or USB, using the file name, as follows:

Document	File Name
SALN of <u>Name of Employee</u>	SALN of <u>Name of Employee.pdf</u>
Sample: SALN of Juan S. Dela Cruz	<u>SALN of Juan S. Dela Cruz.pdf</u>



Republic of the Philippines
Department of Education
SOCCSKSARGEN REGION
SCHOOLS DIVISION OF SARANGANI

For all Administrative Assistants II & III and Administrative Officers II in the field, please submit your SALN to the school where you are stationed and for Division Officials and Personnel including Public Schools District Supervisors, please submit your SALN directly to **MS. SHELLA MAE A. CELLONA** at the personnel unit of this Division.

For Division Personnel, please upload your individual SALN to this link:
<https://forms.cloud.microsoft/r/VmWWVE8e1Z>.

Enclosed are the SALN Form (revised 2025), Certifications and Summary of Filers for your reference. All individual SALN and certifications **should be subscribed and sworn to by a notary public or any public official authorized to administer oath.**

For inquiries, please contact MS. IRMA MAY G. DINASAS, Administrative Officer V, at her email address: irmamay.dinasas@deped.gov.ph.

Widest and immediate dissemination of this Memorandum is desired.

RUTH L. ESTACIO PhD, CESO V
Schools Division Superintendent

Encl.: As stated
Reference: N o n e
To be indicated in the Perpetual Index
under the following subjects:

COMMITTEES
MEETINGS

Irma May G. Dinasas/OSDS/DM – 1st division management committee meeting for cy 2026
0184/March 3, 2026



Address: Capitol Compound, Maribulan, Alabel, Sarangani Province
Telephone No.: (083) 508-2039
Website: www.depedsarangani.com
Email Address: sarangani@deped.gov.ph

SWORN STATEMENT OF ASSETS, LIABILITIES, AND NET WORTH

(As required by R.A. No. 6713)

COMPLIANCE FOR:

Assumption of office as of _____ Annual filing as of December 31, _____ Exit as of _____

DECLARANT: _____
 (Family Name) (First Name) (M.I.)

POSITION: _____
AGENCY/OFFICE: _____
OFFICE ADDRESS: _____

SPOUSE: _____
 (Family Name) (First Name) (M.I.)

POSITION: _____
AGENCY/OFFICE: _____
OFFICE ADDRESS: _____

SPOUSES, WHO ARE BOTH PUBLIC OFFICIALS OR EMPLOYEES, MAY FILE THE SALN JOINTLY OR SEPARATELY. THE DECLARANT SHALL CHECK THE APPROPRIATE BOX

Joint Filing Separate Filing Not Applicable

IF WITH MULTIPLE MARRIAGES, INDICATE NAME(S) OF SPOUSES, OTHERWISE CHECK THE "NOT APPLICABLE" BOX.

Not Applicable

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME OF CHILD

AGE

ASSETS, LIABILITIES AND NETWORTHⁱⁱ

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)ⁱⁱⁱ

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
			<small>(As found in the Tax Declaration of Real Property, if available)</small>		YEAR	MODE	

Subtotal: _____

b. Personal Properties

DESCRIPTION	ACQUISITION YEAR	ACQUISITION COST/ AMOUNT

Subtotal: _____

TOTAL ASSETS: _____

2. LIABILITIES

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

TOTAL LIABILITIES: _____

NET WORTH: Total Assets less Total Liabilities = _____

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^{iv})

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

Government Issued ID: _____
 ID No.: _____
 Date Issued: _____

Signature of Declarant

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)

ⁱ Position, Agency, and Address shall only be declared if the spouse is a public official or employee.

ⁱⁱ Additional sheets may be used by the declarant, if necessary.

ⁱⁱⁱ Capital or paraphernal assets, and liabilities of the declarant's spouse, and properties of children below 18 years of age and living in the declarant's household shall be disclosed using the additional sheets provided.

^{iv} *Balae* refers to the parent of one's son or daughter-in-law; *Bilas* refers to a brother-in-law's wife or sister-in-law's husband; *Inso* refers to the appellation for the wife of an elder brother or male cousin.

<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						

Total Number of Filers: _____

Total Number of Personnel Comple adffa

Prepared by:

Noted by:

<Name and Signature>

Person In-charge of SALN

<Name and Signature>

Head of Agency

Position: _____

Email Address: _____

Contact No.: _____

Date : _____

Position: _____

Mailing Address: _____

Contact No.: _____

Date : _____

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

CERTIFICATION

This is to certify that the SALNs submitted/ included in the Summary List of Filers were reviewed and found compliant by the Review and Compliance Committee of this Office.

Further, the review were made in accordance with the review and compliance procedure in filing and submission of SALNs pursuant to CSC Memorandum Circular No. 10, s. 2006 (as amended by CSC Resolution No. 1300455 promulgated on March 04, 2013).

Issued on _____, _____.

Name and Signature
Chairperson

Name and Signature
Member

Name and Signature
Member