

#### Republic of the Philippines

# Department of Education

#### REGION IX SCHOOLS DIVISION OF DAPITAN CITY

#### Office of the Schools Division Superintendent

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No. 71 , s. 2022

To: Assistant Schools Division Superintendent

Chief, Curriculum Implementation Division

Chief, School Governance and Operations Division

Education Program Supervisors Public Schools District Supervisors

Elementary and Secondary School Heads/Principals/TIC

Teaching and Non-Teaching Personnel

All Others Concerned

From: FELIX ROMY A. TRIAMBULO, CESO VI

Schools Division Superintendent

Subject: SUBMISSION OF UPDATED PERSONAL DATA SHEET (PDS) AND

SWORN STATEMENT OF ASSETS, LIABILITIES, AND NET WORTH

(SALN) FOR YEAR ENDING 2021

Date: **January 17, 2022** 

- 1. Pursuant to Section 8 of Republic Act 6713, you are hereby required to submit to the Personnel Unit, Administrative Services Section, this Division *three* (3) *original signed copy* (1 for the Division Office, 1 for the School, 1 personnal copy) of your updated Personal Data Sheet (PDS) and five (5) *original signed copy* of your STATEMENT OF ASSETS, LIABILITIES, AND NET WORTH as of December 31, 2021 under oath on or before February 28, 2022.
- 2. The PDS and SALNs oath administration shall be administered before a notary public or any officers who have general authority to administer oaths pursuant to Section 41 of the Administrative Code of 1987 as amended by Section 2 R.A No. 6733.
- 3. It is requested that submission thereof be by District (for the Elementary Level) and by School (for Secondary Level). SCANNED SALN, SALN Attachments A, B, & C, and TRANSMITTAL SHALL BE SUBMITTED & SAVED IN CD.

4. Failure to submit the SALN is an administrative and penal offense and will be dealt with accordingly.

For strict compliance.

Address: Sunset Boulevard, Dawo, Dapitan City

Website: www.depeddapitan.net Email Address: dapitancity@deped.gov.ph

Department of Education
Division of Dapitan City

RELEASED

9:31 BY

DATE

01/18/00

## SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

		As of					
		(F	Required by R.A. 6	713)			
Note	: Husband and wife wh		ials and employees Separate Fil				separately.
DECLARANT:				POSITION:			
ADDRESS:	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE: OFFICE ADDRESS:			
	<u></u>						
SPOUSE:	(Family Name)	(First Name)	(M.I.)	POSITION: AGENCY/OFFICE: OFFICE ADDRESS:	:		
UNMARRI	ED CHILDREN BE		(18) YEARS C	F AGE LIVING	IN DEC		HOUSEHOLD
DESCRIPTION	Properties*	those of the spous years of age	se and unmarra	current fair		een (18)	ACQUISITION
(e.g. lot, house and lot, condominium	(e.g. residential, commercial, industrial,	LOCATION	VALUE (As found in	MARKET VALUE he Tax Declaration of			COST
and improvements)	agricultural and mixed use)			al Property)	YEAR	MODE	
						Subtotal:	
b. Person	nal Properties*						
	DESCR	RIPTION		YEAR A	CQUIRE		ACQUISITION
							COST/AMOUNT
							A STATE OF THE STA
						Subtotal:	
				тот	'ΔT, ΔQQ	ETS (a+b):	
				101	עדי עסט	mro (a⊥n):	

<sup>\*</sup> Additional sheet/s may be used, if necessary.

### 2. LIABILITIES\*

				TAL LIABILITI	
	NET W	VORTH : Tot	al Assets less	Total Liabilitie	es =
Additional sheet/s may be	used, if necesso	ary.			
	BUSINESS INT	ERESTS AN	D FINANCIAL	CONNECTIONS	3
MARK BADADADADA (SSDA) AND BADADADA					n Declarant's Household)
u.	l/ We do not hai	ve any busin	ess interest or j	financial connect	non.
AME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS A	DDRESS		OF BUSINESS OR FINANCIAL	DATE OF ACQUISITION OF INTEREST OR CONNECTS
			THE RESERVE OF THE PARTY OF THE	NECTION	
	RELATIV	ES IN THE	GOVERNMENT	SERVICE	
1.4000, 1110, 1110, 1110	S	555		e also Bīlas, Balae d	5/ 5/
	I/We do not kn	ow of any re	lative/s in the	government serv	
NAME OF RELATIVE	RELATION	NSHIP	POSITION	NAME OF AGE	NCY/OFFICE AND ADDRES
business interests and fi	nancial connec	tions, includ	ling those of n	ny spouse and u	unmarried children belo
business interests and fi eighteen (18) years of a	nancial connect ge living in m	tions, includ y household	ling those of n , and that to	ny spouse and u the best of m	unmarried children belo y knowledge, the abov
business interests and fi eighteen (18) years of a enumerated are names of	nancial connect ge living in m	tions, includ y household	ling those of n , and that to	ny spouse and u the best of m	unmarried children belo y knowledge, the abov
business interests and fi eighteen (18) years of a enumerated are names of affinity.	nancial connect ge living in my f my relatives in	tions, include y household n the govern	ling those of n , and that to ment within th	ny spouse and u the best of m ne fourth civil d	inmarried children below y knowledge, the above egree of consanguinity
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Page 2 of \_\_\_

CS Form No. 212 Revised 2017	PERSO	NAL DATA SI	HEET	
WARNING: Any misrepresentat	tion made in the Personal Data Sheet and the	Work Experience Sheet shall cause the fil	ling of administrative/criminal case/s a	ngainst the person concerned.
	TO FILLING OUT THE PERSONAL DATA SHE		E PDS FORM.	(Do not fill up. For CSC use only
I. PERSONAL INFORMATIO		TA II TOT APPRICABLE. DO NOT ABBITETIATE.		
2. SURNAME				
FIRST NAME			NAME EXTENSI	ON (JR., SR)
MIDDLE NAME				
3. DATE OF BIRTH		16. CITIZENSHIP	Filipino Dual Citizer	nchin
(mm/dd/yyyy)			by birt	
4. PLACE OF BIRTH		If holder of dual citizenship,	Pls. indic	cate country:
5. SEX	Male Female	please indicate the details.		-
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS		
	☐ Widowed ☐ Separated ☐ Other/s:		House/Block/Lot No.	Street
7.45005.4	Culays.	-	Subdivision/Village	Barangay
7. HEIGHT (m)		-	City/Municipality	Province
8. WEIGHT (kg)		ZIP CODE		
9. BLOOD TYPE		18. PERMANENT ADDRESS	House/Block/Lot No.	Street
10. GSIS ID NO.			Subdivision/Village	Barangay
11. PAG-IBIG ID NO.			City/Municipality	Province
12. PHILHEALTH NO.		ZIP CODE	опуталорану	
13. SSS NO.		19. TELEPHONE NO.		
14. TIN NO.		20. MOBILE NO.		
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		
II. FAMILY BACKGROUND		21. E-MAIL ADDINESS (II any)		
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 in	f necessary)
III. EDUCATIONAL BACKG	ROUND			
26. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGREE/COURSE	PERIOD OF ATTENDANCE HIGHEST LI	RNED GRADIATED HONORS
	(Write in full)	(Write in full)	From To (if not gradu	nated) RECEIVED
ELEMENTARY				
SECONDARY				
VOCATIONAL / TRADE COURSE				
COLLEGE				
GRADUATE STUDIES				
		(Continue on separate sheet if necessary)		

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IV. CIV	IV. CIVIL SERVICE ELIGIBILITY								
-	CAREER SERVICE/ RA 10	080 (BOARD/ BAR) UNDER	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINAT	ION / CONFESS	1ENT	LICENSE (if ap	
		VS/ CES/ CSEE TY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT	PLACE OF EXAMINAT	ION / CONFERI	VICINI .	NUMBER	Date of Validity
			(Co	ontinue on separate sheet	if necessary)				
	ORK EXPERIENCE								
(Include 28.	e private employmen			7.71.77	indicated in the attached		SALARY/ JOB/ PAY		
20.	(mm/dd/yyyy)	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	GOV*T SERVICE (Y/N)
Fro	om To			25)	5		INCREMENT		(17.14)
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	TARY WORK OR INVOLVEMENT			VE DATES	Т		
29.	NAME & ADDRESS OF C (Write in ful		(mm/c	ld/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
			From	То			
		**************************************	+				
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/II I E A D	NING AND DEVELOPMENT (L&D)		onlinue on separate	NAME AND ADDRESS OF TAXABLE PARTY.	)		
	e most recent L&D/training program and inclu				ilet/Executive/Mana	gerial positions)	
30.	TITLE OF LEARNING AND DEVELOPMENT INT (Write in fu		ATTEI (mm/	E DATES OF NDANCE dd/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
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			Continue on separate	sheet if necessar	vi		
VIII. OTH	ER INFORMATION						And American American
31.	SPECIAL SKILLS and HOBBIES	32. N	ION-ACADEMIC DIST	INCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
			110				
					-		
			Continue on separat	e sheet if necessar	у)		
	SIGNATURE				D	ATE	

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 apppointed,  a. within the third degree?	YES [	] NO
S	b. within the fourth degree (for Local Government Unit - Career Employees)?		] NO
35.	a. Have you ever been found guilty of any administrative offense?	YES [If YES, give details:	] NO
	b. Have you been criminally charged before any court?	☐ YES [ If YES, give details:     Date Filed: Status of Case/s:	NO NO
36.	Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	YES If YES, give details:	□ NO
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 If YES, give details:	□ NO
38.	a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?      b. Have you resigned from the government service during the three (3)-month period before the last	☐ YES If YES, give details ☐ YES	S:
	election to promote/actively campaign for a national or local candidate?	If YES, give details	
39.	Have you acquired the status of an immigrant or permanent resident of another country?	YES If YES, give details	□ NO (country):
40. a. b.	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:  Are you a member of any indigenous group?  Are you a person with disability?  Are you a solo parent?	☐ YES If YES, please specify: ☐ YES If YES, please specify ☐ YES 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 3.5 cm. X 4.5 cm
			(passport size)  With full and handwritten name tag and signature over printed name  Computer generated
42	I declare under oath that I have personally accomplished this Personal Data Sheet which is a to-complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stat agree that any misrepresentation made in this document and its attachments shall cause administrative/criminal case/s against me.	Republic of the ed herein.	or photocopied picture is not acceptable
	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance		
Н	Government Issued ID:		
H	D/License/Passport No.:  Signature (Sign inside the	DOX)	Right Thumbmark
L	Date Accomplished		
	SUBSCRIBED AND SWORN to before me this, affiant exhibit		government ID as indicated above.
1	h june and the second s		

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