



Republic of the Philippines  
**Department of Education**

Region XII  
City Schools Division of Tacurong

February 09, 2026

**DIVISION MEMORANDUM**

OSDS-2026- 024

**SUBMISSION OF 2025 STATEMENT OF ASSETS, LIABILITIES AND NET WORTH (SALN) AND UPDATED PERSONAL DATA SHEET (PDS)**

To: Assistant Schools Division Superintendent  
Chiefs of CID and SGOD  
Cluster Heads  
Elementary and Secondary School Heads  
Teaching and Non-Teaching Personnel

1. Rule VII of Republic Act No. 6713 requires every official and employee, except those who serve in an official honorary capacity, without service credit or pay, temporary laborers and casual or temporary and contractual workers, shall file under oath their Statements of Assets, Liabilities and Net Worth and disclosure of business interest and financial connections including those of their spouses and unmarried children under eighteen (18) years of age living in their households.

2. Also, to comply with the requirements of PRIME-HRM of the Civil Service Commission, all government employees are enjoined to submit updated Personal Data Sheet every year.

3. Hence, all concerned are reminded to submit the duly accomplished SALN and PDS to the Records Section on or before March 31, 2026.

a. 2 copies duly accomplished and notarized Statement of Assets, Liabilities, and Net Worth for CY 2025.

1 copy – for the Office of the Ombudsman

1 copy – for the Division Office

b. 2 copies duly accomplished and notarized Personal Data Sheet (PDS) – updated.

1 copy – for the Civil Service Commission

1 copy – for the Division Office

*For School employees:*

- Each personnel shall prepare additional 2 copies of SALN and PDS for:

1 copy – for the School

1 copy – for personal copy



**Address:** Alunan Highway, Poblacion, Tacurong City 9800

**Telephone Numbers:** (064)-562-4880; 0919-065-6425

**Email:** [tacurong.city@deped.gov.ph](mailto:tacurong.city@deped.gov.ph)

**Website:** [depedtacurong.org](http://depedtacurong.org)



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4. It is advised that a Review Committee shall be created in your respective cluster/school to ensure that all data/information needed are supplied completely and correctly and to require those who did not file/submit their SALN and PDS to comply before submitting to this office. A Division Review Committee shall be created in the Division Office to review the SALN before submitting to the Office of the Ombudsman.


5. Please be reminded that the SALN is one of the requirements for availing the Performance-Based Bonus for the succeeding year. Also, offense of **failure to file SALN** is punishable under Section 46 (D)(8) of Rule X of the 2017 Rules on Administrative Cases in the Civil Service, with the following penalties:

*First Offense* - *Suspension of one (1) month and one (1) Day to six (6) months*

*Second Offense* - *Dismissal from the service*

6. Further, it is reminded that the Schools Division Superintendents, Regional and Division Attorneys, Administrative Officers, HRMOs and other Division Office Officials/personnel are not authorized signatories on the Person Administering Officer as clarified by then Assistant Secretary Atty. Alberto T. Escobarte through an unnumbered Memorandum dated April 8, 2022, titled "Clarification on the Authority of Certain Officers to Administer Oaths". (Copy attached).

7. Compliance with this Memorandum is highly desired.

  
**GILDO G. MOSQUEDA, CEO VI**  
Schools Division Superintendent

Enclosure: As stated

Reference: RA 6713; Rules on Administrative Cases; Unnumbered Memorandum dated April 8, 2022  
Attachment:

To be included in the Perpetual Index under the following Subjects:  
RULES AND REGULATIONS

ZBP/ADMIN/DM / SUBMISSION OF 2025 STATEMENT OF ASSETS, LIABILITIES AND NET WORTH (SALN) AND  
UPDATED PERSONAL DATA SHEET (PDS)/ February 09, 2026



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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 NETWORTH<sup>ii</sup>

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

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<sup>iv</sup>)

☐ 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)

<sup>i</sup> Position, Agency, and Address shall only be declared if the spouse is a public official or employee.  
<sup>ii</sup> Additional sheets may be used by the declarant, if necessary.  
<sup>iii</sup> 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.  
<sup>iv</sup> 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.



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 if accomplished through own handwriting. Tick appropriate boxes ☐ ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

I. PERSONAL INFORMATION

1. SURNAME			
2. FIRST NAME			NAME EXTENSION (JR., SR) N/A
MIDDLE NAME			
3. DATE OF BIRTH (dd/mm/yyyy)		16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH		If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX AT BIRTH	<input type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
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. UMID ID NO.			
11. PAG-IBIG ID NO.		18. PERMANENT ADDRESS	
12. PHILHEALTH NO.		ZIP CODE	House/Block/Lot No. Street
13. PhilSys Number (PSN):			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)	

II. FAMILY BACKGROUND

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

III. 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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#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

*(Include private employment. Start from your recent work.) Description of duties should be indicated in the attached Work Experience Sheet.*

[illegible]

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	
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[illegible]

(Continue on separate sheet if necessary)

[illegible][illegible]

(Continue on separate sheet if necessary)

## VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	
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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? b. within the fourth degree (for Local Government Unit - Career Employees)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
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 election to promote/actively campaign for a national or local candidate?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME		OFFICE / RESIDENTIAL ADDRESS
CONTACT NO. AND/OR EMAIL		
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		PHOTO  Passport-sized unfiltered digital picture taken within the last 6 months 4.5 cm. X 3.5 cm
Government Issued ID:		
ID/License/Passport No.:		
Date/Place of Issuance:		
Signature (Sign inside the box)		Right Thumbmark
Date Accomplished		
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
Person Administering Oath		