



# Visayas State University

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## Office of the President

4 February 2016

MEMORANDUM CIRCULAR NO. 08

Series of 2016

**T O: All VSU Employees**

**R E: Submission of Statement of Assets, Liabilities and Net Worth (SALN)**

Section 17, Article XI of the 1987 Constitution requires public officers and employees to submit upon assumption to office and during such period as may be required by law, a declaration under oath of their Statement of Assets, Liabilities and Net Worth (SALN).

In this connection, this Office hereby directs all VSU **regular employees**, whether on **permanent** or **temporary** status of employment, to file and submit their SALN as of December 31, 2015, to the Personnel Records and Performance Evaluation Office (PRPEO) not later than April 30, 2016. You are advised to accomplish the SALN forms in quadruplicate originals, that is, originally signed and originally subscribed on all four copies by Atty. Rysan C. Guinocor. Take note that the SALN need not be notarized. Submit two (2) copies to the PRPEO and retain one (1) copy and have the same stamped *received* as proof of your SALN submission, the Legal Office will also get one (1) copy for their file.

Please be reminded that failure of an official or employee to submit his/her SALN is punishable under Section 52 (B) (8), on the Uniform Rules on Administrative Cases in the Civil Service with the following penalties:

- 1<sup>st</sup> Offense - Suspension for one (1) month and one (1) day to six (6) months
- 2<sup>nd</sup> Offense - Dismissal from the service

For information and strict compliance.

  
EDGARDO E. TULIN  
President

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2015  
(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:

(Family Name)

(First Name)

(M.I.)

ADDRESS:

SPOUSE:

(Family Name)

(First Name)

(M.I.)

POSITION:

AGENCY/OFFICE:

OFFICE ADDRESS:

POSITION:

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
			<small>(As found in the Tax Declaration of Real Property)</small>		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)