DILG - Regional Office 10
Records Unit
RELEASED
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By: REYMART V. MAGLASANG
Records Staff

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Republic of the Philippines
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
REGION X - NORTHERN MINDANAO
KM3 Fr. W.F. Masterson Avenue, Upper Carmen, Cagayan de Oro City
www.region10.dilg.gov.ph

REGIONAL ORDER
No. 2024-012

SUBJECT : RECONSTITUTION OF STATEMENT OF ASSETS LIABILITIES AND NETWORTH (SALN) REVIEW AND COMPLIANCE COMMITTEE OF DILG REGION 10

DATE : January 9, 2024

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The SALN Review and Compliance Committee for DILG Region 10 is hereby reconstituted pursuant to Civil Service Commission pertinent laws and policies and Department Order 2018-285 on the Creation of SALN Review and Compliance Committees, as follows:

SALN Review and Compliance Committee for the DILG Regional Office	
Chairperson	**YVETTE TOLENTINO- SUNGA** Assistant Regional Director
Vice Chairperson	Provincial Director and City Directors
Members	**MILAGROS A. FELISILDA** Chief, Finance and Administrative Division
	ATTY. FENDER RHODES B. LUMBATAN-AGUIRRE Attorney IV/Legal Officer
	AGNES ENYA LORRAINE E. MONTE DE RAMOS Administrative Officer V, Chief, Human Resource Management Section
	JADE KATHLEEN M. LLAUSAS Administrative Officer IV, Human Resource Management Officer II

SALN Review and Compliance Committee for the City/ Provincial Office	
Chairperson	Provincial and City Directors
Vice Chairperson	Program Manager
Members	Administrative Assistant / Administrative Aide

The committee shall have the following functions and responsibilities:

1.) Collate and Evaluate the SALN Forms to determine whether the said statements have been **properly accomplished;**

A SALN Form is deemed accomplished when :

a.) The correct SALN Form is used ;
b.) The date of filing is appropriate (e.g "**as of December 31, 2023")**
c.) All applicable information or details required therein are provided;
d.) Items/columns not applicable are marked "N/A"- NOT APPLICABLE
e.) The total of assets, liabilities and networth are accurately calculated;
f.) Additional sheets are properly accomplished, if there are any;

g.) Supporting documents are attached when required;
h.) Signature of spouse is affixed (to married individuals)
i.) No unnecessary markings are made on the form; and
j.) Duly sworn and notarized or signed by the administering official

A **SALN Review Checklist** should be attached to each SALN Form to facilitate the review process.

2.) Be delegated the ministerial duty of the Head of Office to issue Compliance Order as stated in the Section 3 of CSC Resolution No. 1300174 dated January 24, 2013, which reads :

"**Section 3. Ministerial duty of the Head of Office** to issue Compliance order within five (5) days from the date of the aforementioned list and recommendation, it shall be the ministerial duty of the Head of Office to issue and order requiring those who have incomplete data in their SALN to correct/supply the information and those who did not file / submit their SALNs to comply within a non-extendible period of thirty (30) days from receipt of the said Order."

3.) Prepare **Summary list of Filers** and issue a **Certification** (*see attached*) that all SALN Forms to be submitted are reviewed and found compliant with the guidelines in the filling out and submission of the said forms. Sofgtcopies can be downloaded on the CSC website.

4.) Submit SALN Forms to the appropriate offices (Office of the President, Office of the Deputy Ombudsman, and Civil Service Commission) on or before May 15 of every year.

All previous rules and regulations and issuances inconsistent herewith are hereby repealed, amended or modified accordingly.

This order is issued in the interest of public service and shall take effect immediately.

WILHELM M. SUYKO, *CESO IV*
Regional Director

Encl:
SALN Checklist
Summary List of Filers and Certification

FAD/HRMS
MAF/AELEM/jkml

Statement of Assets, Liabilities and Net Worth (SALN)
REVIEW CHECKLIST
CY 20___

- ☐ Submitted two (2) original copies
- ☐ Correct SALN Form is used (SALN Form rev. 2015)
- ☐ Appropriate date of filing *(e.g., "As of December 31, 2017")*
- ☐ All applicable required information or details are provided
- ☐ Items/columns not applicable are marked "N/A" (not applicable)
- ☐ Total Net Worth is correctly calculated
- ☐ Additional sheets are properly accomplished, if there are any
  - ☐ None
- ☐ Supporting documents are attached, when required
  - ☐ None
- ☐ Signature of spouse is affixed, if joint filing
  - ☐ Separate filing / Not applicable
- ☐ No unnecessary markings are made on the SALN Form

Remarks: _____

_____

_____

Reviewed by: _____

Date: _____

Returned to SALN Filer on: _____

Returned to SALN Reviewer on: _____

Statement of Assets, Liabilities and Net Worth (SALN)
REVIEW CHECKLIST
CY 20___

- ☐ Submitted two (2) original copies
- ☐ Correct SALN Form is used (SALN Form rev. 2015)
- ☐ Appropriate date of filing *(e.g., "As of December 31, 2017")*
- ☐ All applicable required information or details are provided
- ☐ Items/columns not applicable are marked "N/A" (not applicable)
- ☐ Total Net Worth is correctly calculated
- ☐ Additional sheets are properly accomplished, if there are any
  - ☐ None
- ☐ Supporting documents are attached, when required
  - ☐ None
- ☐ Signature of spouse is affixed, if joint filing
  - ☐ Separate filing / Not applicable
- ☐ No unnecessary markings are made on the SALN Form

Remarks: _____

_____

_____

Reviewed by: _____

Date: _____

Returned to SALN Filer on: _____

Returned to SALN Reviewer on: _____

<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 Complement: _____

Prepared by:

<Name and Signature>
Person In-charge of SALN

Position: _____
Email Address: _____
Contact No.: _____

Date : _____

adfd

Noted by:

<Name and Signature>
Head of Agency

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
Vice-Chairperson

Name and Signature
Member

Name and Signature
Member