



NATIONAL FOOD AUTHORITY

Office of the Administrator

Visayas Avenue, Barangay VASRA, Diliman, Quezon City 1128

www.nfa.gov.ph

19 February 2021

MEMORANDUM

AO-2021-01- 021

TO: ALL HEADS OF CENTRAL AND FIELD OFFICES

SUBJECT: SUBMISSION OF STATEMENT OF ASSETS, LIABILITIES AND NETWORTH (SALN) AND DISCLOSURE OF BUSINESS INTERESTS AND FINANCIAL CONNECTIONS ENDING DECEMBER 31, 2020

This is to remind all officials and employees on the mandatory submission of Statement of Assets, Liabilities and Net Worth (SALN) and Disclosure of Business Interests and Financial Connections ending December 31, 2020, as required under Section 8 of Republic Act No. 6713 (Code of Conduct and Ethical Standards for Public Officials and Employees). The SALN should be submitted to the Civil Service Commission (CSC) for Central Office (C.O.) employees and to the Office of the Deputy Ombudsman within their respective area or sectoral office for Field Office (F.O.) employees.

In this regard, be guided by the following:

1. Use the SALN Form, Revised as of January 2015 (Annex A) pursuant to CSC Resolution No. 1500088. Said form is downloadable from the CSC website: csc.gov.ph.
2. All Representatives for Administrative Matters (RAM), Regional and Branch Administrative Officers (RAOs / BAOs) shall reproduce the revised SALN Form and distribute it to the employees in their respective department / office.
3. For C.O. employees, the RAM shall submit to Administrative and General Services Department – Human Resource Development and Services Division (AGSD-HRDSD) not later than February 28, 2021 the electronic SALN (e-SALN) in PDF format and two (2) original hard copies of SALN of all employees in their department / office.

4. For F.O. employees, the BAOs shall submit their e-SALNs to the RAO for consolidation. The RAO shall then submit the compiled e-SALNs together with Annexes B to G to AGSD-HRDSD not later than March 31, 2021
5. The e-SALNs shall be submitted through the Google Drive application.
6. As required by the Office of the Ombudsman under Memorandum Circular No. 2 dated August 2, 2017 the e-SALNs must be in PDF format and individually saved per declarant using the file name as illustrated below:

Document	File Name
1. SALN of Dela Cruz, Juan A.	SALN of Dela Cruz, Juan A.

7. For the following required Forms and attachments:

	ANNEX	REPORT TITLE	WHOSE CONCERN	MANNER OF SUBMISSION
1	A	SALN Form revised as of January 2015	<ul style="list-style-type: none"> All Employees 	<ul style="list-style-type: none"> refer to items 3 to 6 above
2	B	Summary List of Filers	<ul style="list-style-type: none"> RAM per Department BAO RAO (Regional consolidated report) 	<ul style="list-style-type: none"> submit directly to AGSD- HRDSD submit to Regional Office for e-mail to nfa.saln@yahoo.com by RAO
3	C	Employees who did not submit their SALN	<ul style="list-style-type: none"> RAM per Department BAO RAO (Regional consolidated report) 	<ul style="list-style-type: none"> submit directly to AGSD-HRDSD submit to Regional Office for e-mail to nfa.saln@yahoo.com by RAO
4	D	Employees with Joint Filing of SALN	<ul style="list-style-type: none"> RAM per Department 	<ul style="list-style-type: none"> submit directly to AGSD-HRDSD
			<ul style="list-style-type: none"> BAO 	<ul style="list-style-type: none"> submit to Regional Office
			<ul style="list-style-type: none"> RAO (Regional consolidated report) 	<ul style="list-style-type: none"> for e-mail to nfa.saln@yahoo.com by RAO

	ANNEX	REPORT TITLE	WHOSE CONCERN	MANNER OF SUBMISSION
5	E	Certificate of Compliance	<ul style="list-style-type: none"> Consolidated report to be signed by Regional Manager and RAO 	<ul style="list-style-type: none"> for e-mail to nfa.saln@yahoo.com by RAO
6	F	Certification by the Review and Compliance Committee	<ul style="list-style-type: none"> C.O. and F.O. Review and Compliance Committee Chairperson and Members (please see attached S.O. No. AO-2K15-06-024) 	<ul style="list-style-type: none"> submit directly to AGSD-HRDSD for C.O. for e-mail to nfa.saln@yahoo.com by RAO
7	G	SALN submission of employees who are separated from the service for the year 2020	<ul style="list-style-type: none"> RAM per Department 	<ul style="list-style-type: none"> submit directly to AGSD-HRDSD
			<ul style="list-style-type: none"> BAO 	<ul style="list-style-type: none"> submit to Regional Office
			<ul style="list-style-type: none"> RAO (Regional consolidated report) 	<ul style="list-style-type: none"> for postal mail and e-mail to nfa.saln@yahoo.com by RAO
8	PDF	PDF File format	<ul style="list-style-type: none"> RAM per Department 	<ul style="list-style-type: none"> submit directly to AGSD-HRDSD or through e-mail to nfa.saln@yahoo.com
			<ul style="list-style-type: none"> BAO 	<ul style="list-style-type: none"> submit to Regional Office
			<ul style="list-style-type: none"> RAO (Regional consolidated report) 	<ul style="list-style-type: none"> submit to Deputy Ombudsman and e-mail to nfa.saln@yahoo.com for AGSD-HRDSD

8. Update the Web Human Resource Information System (Web-HURIS) for the Summary List of employees for each region (as consolidated). The list should include the name of employees who were still in the service as of December 31, 2020, and separated from the service for the year 2020. If there are any discrepancies with our list at C.O., submit to AGSD-HRDSD the necessary supporting documents such as S.O. to serve as AGSD-HRDSD's basis for its database adjustment / updating for employees whose place of assignment is different with our HURIS listing.

- c) Employees who have been separated from the service, due to retirement, resignation and transfer any date prior to December 31, 2020, shall not be included in the inventory of employees under Column B, and therefore should not cause the office's failure to attain 100% compliance. They shall, however, be required to file SALN within thirty (30) days after their separation from the service pursuant to Section 8 of RA No. 6713. The RAM / RAO / BAO shall accomplish the "Annex G" form report as proof of compliance. Further, the SALN is one of the documents required for clearance and the payment of employee's claim for Terminal Leave Benefits (TLB) and Separation Incentive Package (SIP); and
- d) Employees on absence without official leave or on authorized leave of absence shall likewise be required to submit SALN to their respective departments / offices on set deadline. Otherwise, they shall be issued a Show Cause Order. Such information / remarks should be indicated in the lower portion of Annex E.

13. Section 4 of CSC Memorandum Circular No. 3, s. 2013 on the "Sanction for Failure to Comply / Issuance of a Show Cause Order," which states:

Failure of an official or employee to correct/submit his/her SALN in accordance with the procedure and within the given period pursuant to the directive in Section 3, hereof, shall be a ground for disciplinary action. The Head of Office shall issue a show-cause order directing the official or employee concerned to submit his/her comment or counter-affidavit; and if the evidence so warrants, proceed with the conduct of the administrative proceedings pursuant to the Revised Rules on Administrative Cases in the Civil Service (RRACCS), CSC Resolution No. 1101502 dated November 8, 2011. The offense of failure to file SALN is punishable under Section 46 (D)(8) Rule X thereof, 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

Public officials and employees who fail to comply within the thirty (30) day period required under Section 3 hereof or who submit their SALNs beyond the said period shall be considered as not having filed their SALNs, and shall be made liable for the offense of Failure to File SALN with a penalty of suspension of one (1) month and one (1) day to six (6) months for the first offense, and dismissal from the service for the second offense.

For strict compliance.


JUDY CAROL L. DANSAL
Administrator

**PLEASE DISSEMINATE
TO YOUR RESPECTIVE
PROVINCIAL OFFICES**



"A food-secure Philippines with prosperous farmers and fisherfolk"



SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of _____

(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:

POSITION:

AGENCY/OFFICE:

OFFICE ADDRESS:

SPOUSE:

(Family Name) (First Name) (M.I.)

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)

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of _____
(Sample additional sheet/s for the exclusive properties of the declarant's spouse and unmarried children
below eighteen (18) years of age living in declarant's household)

NAME: _____ POSITION: _____
(Family Name) (First Name) (MI.) AGENCY/OFFICE: _____

ASSETS, LIABILITIES AND NET WORTH

1. ASSETS

a. Real Properties

DESCRIPTION (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			(As found in the Tax Declaration of Real Property)		YEAR	MODE	

b. Personal Properties

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT

2. LIABILITIES

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of _____
 (Sample additional sheet/s for the declarant)

NAME: _____

(Family Name) (First Name) (M.I.)

POSITION: _____

AGENCY/OFFICE: _____

ASSETS, LIABILITIES AND NET WORTH

1. ASSETS

a. Real Properties

DESCRIPTION (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			(As found in the Tax Declaration of Real Property)		YEAR	MODE	

Subtotal: _____

b. Personal Properties

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT

Subtotal : _____

TOTAL ASSETS (a+b): _____

2. LIABILITIES

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

TOTAL LIABILITIES: _____

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION

**NATIONAL FOOD AUTHORITY
SUMMARY LIST
NFA Regional/Branch/Central Office**

**EMPLOYEES WHO FILED THEIR
Statement of Assets, Liabilities and Net worth (SALN)
Calendar Year 2020
(Employee list as of Dec. 31, 2020)**

REGION/BRANCH/DEPARTMENT/OFFICE: _____

No.	NAME OF EMPLOYEE			TIN	POSITION	NETWORTH
	LAST NAME	FIRST NAME	MIDDLE NAME			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

CERTIFIED CORRECT:

RAO/BAO/RAM

NOTED:

Head of Office

**NATIONAL FOOD AUTHORITY
SUMMARY LIST
NFA Regional/Branch/Central Office**

**EMPLOYEES WHO DID NOT SUBMIT THEIR
Statement of Assets, Liabilities and Net worth (SALN)
Calendar Year 2020
(Employees who were in the service as of Dec. 31, 2020)**

REGION/BRANCH/DEPARTMENT/OFFICE: _____

No.	NAME OF EMPLOYEE			TIN	POSITION	NETWORTH
	LAST NAME	FIRST NAME	MIDDLE NAME			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

CERTIFIED CORRECT:

RAO/BAO/RAM

NOTED:

Head of Office

Annex D
(Use MS Excel)

**NATIONAL FOOD AUTHORITY
SUMMARY LIST
NFA Regional/Branch/Central Office**

**EMPLOYEES WITH JOINTLY FILED SALN
Calendar Year 2020**

REGION/BRANCH/DEPARTMENT/OFFICE: _____

No.	NAME OF EMPLOYEE			TIN	POSITION	NETWORTH
	LAST NAME	FIRST NAME	MIDDLE NAME			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

CERTIFIED CORRECT:

RAO/BAO/RAM

NOTED:

Head of Office

CERTIFICATE OF COMPLIANCE
SALN Submission/Filing
For the period ending December 31, 2020

This certifies that the National Food Authority, (Region) has fully satisfied the Statement of Assets, Liabilities and Net Worth (SALN) required of the Performance-Based Incentives System for Fiscal Year 2020.

This also attests that the submission of the Regional Office has substantially complied with the minimum requisites for content and formalities prescribed under Republic Act 6713 and its Implementing Rules and Regulations, which are as follows :

- A. Basic Information
- B. Assets (Real Properties and Personal Assets)
- C. Liabilities
- D. Net Worth
- E. Financial Connection and Business Interest
- F. Relatives in the Government

This further certifies that out of (number) employees who are in the service as of December 31, 2020 qualified for PBB under the 2021 PBIS Guidelines, (number) employees have completed and filed their SALN, as reflected below :

OFFICE	NO. OF EMPLOYEES (As of 12/31/20)	NO. OF EMPLOYEES WITH DULY ACCOMPLISHED AND SUBMITTED SALN	PERCENTAGE OF COMPLIANCE	REMARKS
A	B	C	D	E
REGIONAL OFFICE				
BRANCH A				
BRANCH B				
BRANCH C				
BRANCH D				
BRANCH E				
BRANCH F				
BRANCH G				
TOTAL				

This Regional Office has forwarded/filed all SALNs to the Office of the Ombudsman in accordance with R.A. 6713 and its implementing rules and guidelines.

IN WITNESS WHEREOF, we have hereunto affixed our signatures this ____ day of _____ 2021 at _____.

Regional Administrative Officer

Regional Manager

National Food Authority
Summary List of Filers
Statement of Assets, Liabilities and Networth
Calendar Year 2020

CERTIFICATION

This is to certify that the SALNs submitted were reviewed and found compliant by the Review and Compliance Committee of this Office.

Further, the review was made in accordance with the review and compliance procedure in filing and submission of SALNs pursuant to CSC Resolution No. 1500088 promulgated on January 23, 2015.

Issued on the ____ day of _____ at _____.

Chairperson

Member

Member

**NATIONAL FOOD AUTHORITY
SUMMARY LIST
NFA Regional/Branch/Central Office**

**EMPLOYEES WHO ARE SEPERATED FROM THE SERVICE AND SUBMITTED THEIR SALN
For the Year 2020**

REGION/BRANCH/DEPARTMENT/OFFICE: _____

No.	NAME OF EMPLOYEE			TIN	POSITION	NETWORTH
	LAST NAME	FIRST NAME	MIDDLE NAME			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

CERTIFIED CORRECT:

RAO/BAO/RAM

NOTED:

Head of Office