

Social Security System
 <Dept./Branch/Office Name>
 <Address>

Summary List of Filers
Statement of Assets, Liabilities and Networth
 Calendar Year__
Employees Who Filed SALNs With Incomplete Data

I. Summary List of Filers:

A. For Active Employee/s as of 31 December 2018

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						

Prepared by:

Noted By:

 Junior/Senior Administrative/Executive Assistant or his/her
 equivalent, Staff of Branch/Department/Office Head, Corporate
 Executive Officer I/II/III/IV, Head, Administrative Section, Employee
 who may be designated by the Head/Officer-In-Charge,
 Department/Office

 Head/Officer-In-Charge, Branch/Department/Office

Date:_____

Date:_____