OMB Form 8 - series of 2020



Republic of the Philippines Office of the Ombudsman Agham Road, Diliman, Quezon City

visit our website at www.ombudsman.gov.ph

## SALN TRANSMITTAL CHECKLIST (OMB FORM 8)

Date:

Name of Declarant:		
Name of Requester:		
PL	EASE COMPLY WITH THE FOLLOWING REQUIREM	ENTS
	REQUIREMENTS	WHERE TO SECURE
Duly accomplished SA	ALNs (1 original hardcopy)	Declarants
Transmittal Endorsement enumerating the names of all officials and employees who submitted and did not submit their SALNs and their corresponding positions signed by the Head of Personnel/ Administrative Division/Unit or HRMO (1 original copy)		Personnel/Administrative Division/Unit or HRMO of agency and government instrumentality
Certification from the Review and Compliance Committee (RCC) that SALNs have been reviewed to determine whether the SALNs were submitted on time, are complete, and are in proper form (1 original copy)		Head of RCC
	Signature Over Printed Name Receiving Officer	
Acknowledged receipt:		
	Signature Over Printed Name	
	Declarant/Requester	
	THIS FORM IS NOT FOR SALE.	

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