Republic of the Philippines
Department of Education
REGION XI
SCHOOLS DIVISION OF DAVAO DEL NORTE

Office of the Schools Division Superintendent

DIVISION MEMORANDUM
OSDS-2025-0129

To: ASSISTANT SCHOOLS DIVISION SUPERINTENDENT
CHIEF EDUCATION SUPERVISOR- CID
ALL PUBLIC SECONDARY AND ELEMENTARY SCHOO HEAD
ALL OTHERS CONCERNED

Subject: ADHERENCE TO DEPED ORDER NO. 16, S. 2025 IN THE ACCOMPLISHMENT AND SUBMISSION OF REQUIRED FORMS FOR MEDICAL ALLOWANCE AVAILMENT

Date: July 14, 2025

1. Pursuant to DepEd Order No. 16, s. 2025, entitled "Revised Guidelines on the Grant of Medical Allowance for Teaching and Non-Teaching Personnel," all concerned personnel are hereby directed to strictly comply with the prescribed procedures and timelines for the completion and submission of the required forms, indicating their preferred mode of availment of the Medical Allowance.

2. Attached herewith is Memorandum DM-OUHROD-2025-1775, dated June 30, 2025, along with Regional Memorandum AD-2025-112, titled "Dissemination of Memorandum on the Additional Instructions to Implement the Grant of Medical Allowance to the Department of Education Personnel." Said documents are self-explanatory and are issued for strict compliance and guidance.

3. All eligible personnel are required to complete the Medical Allowance Registration Form Annex A (*please see attached*). The forms shall be consolidated per school and be submitted to Admin-Personnel Unit.

4. All school heads are directed to disseminate this directive immediately and facilitate the collection and verification of documents within their respective schools.

Activity	Deadline	Responsible
Submission of complete documents to School Head	On or before July 17, 2025	All Teaching and Non-Teaching Staff

Address: **Mankilam, Tagum City, Davao del Norte**
Telephone Number: **(084) 216 0188**
Email Address: **depeddavnor.sdo@deped.gov.ph**
Website: **www.depeddavnor.ph** | Facebook: **DepEd Davao del Norte**

Review and endorsement by School Head	July 18, 2025	School Heads
Consolidated submission to SDO	July 18, 2025	HRMO / Designated Focal Person

5. All submissions must be in **hard copy**, enclosed in a **brown folder**, properly compiled **per school**, and transmitted to the **Personnel Section, Administrative Division, DepEd Davao del Norte**. Submissions that are **incomplete, unsigned,** shall **not be entertained**.

6. Strict adherence to the abovementioned guidelines and timelines is expected. Non-compliance may result in disqualification from the 2025 Medical Allowance grant.

7. For further clarification on availment procedures, coverage, and eligibility, personnel are advised to refer to the full text of **DepEd Order No. 16, s. 2025**.

8. For the information, guidance, and strict compliance of all concerned.

REYNALDO B. MELLORIDA, CESO V
Schools Division Superintendent

For the Schools Division Superintendent

JANETTE G. VELOSO, CESO VI
Assistant Schools Division Superintendent

DEPED DAVAO DEL NORTE
RECORDS SECTION
RELEASED
DATE 7/15/2025
BY

PER/ rbg
FN: Adherence to DepEd Order No. 16, S. 2025 in the Accomplishment and Submission of Required Forms for Medical Allowance Availment

Address: **Mankilam, Tagum City, Davao del Norte**
Telephone Number: **(084) 216 0188**
Email Address: **depeddavnor.sdo@deped.gov.ph**
Website: **www.depeddavnor.ph** | Facebook: **DepEd Davao del Norte**

Annex A
Medical Allowance Registration Form

Data Privacy Notice: The Department of Education recognizes its responsibility under the Republic Act No. 10173, otherwise known as the *Data Privacy Act of 2012*, with respect to the data they collect, record, organize, update, use, consolidate or destruct from their personnel. The personal data obtained from this form is entered and stored within the organization's authorized information and communications system and will only be accessed by authorized personnel. The organization has instituted appropriate technical and physical security measures to ensure the protection of personal data.

Furthermore, the information collected and stored in the portal shall only be used for the purposes of this activity. DepEd shall not disclose any personal information without consent and shall retain this information over a period of (10) ten years for the effective implementation and management of its activities.

Section 1: Employee Information
Full Name: _____
Employee ID Number: _____
Position/Designation: _____
Office: _____
Date of Appointment (dd/mm/yyyy): _____

Sex: ____ Date of Birth (dd/mm/yyyy): _____
Mobile Number: _____ Email: _____

For teaching personnel
Region: _____
Division: _____
School: _____
Employment Status: ☐ Permanent ☐ Contractual
☐ Casual ☐ Substitute

Section 2: Form of Availment
Kindly select ***one*****:**
Group

☐ Agency Procurement

Individual

☐ Payroll Disbursement for availment of new/renewal of individual HMO

☐ Cash form for payment of medical expenses

Section 3: Certification
I hereby confirm that the information provided above is accurate and truthful. I agree to comply with the terms and conditions outlined in the Guidelines on the Grant of

medical allowance to DepEd personnel, including the submission of required documents for verification and processing.

Employee's Signature: _____ **Date:** _____