



Republic of the Philippines
Department of Education
REGION II – CAGAYAN VALLEY
SCHOOLS DIVISION OF NUEVA VIZCAYA

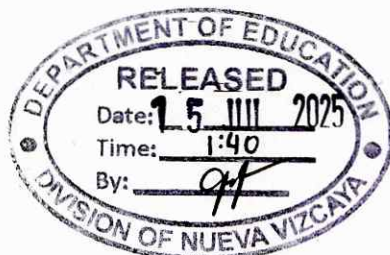
15 July 2025

DIVISION MEMORANDUM
No. **324**, s. 2025

**GRANT OF MEDICAL ALLOWANCE TO THE DEPARTMENT
OF EDUCATION PERSONNEL**

To: Assistant Schools Division Superintendent
Chief Education Program Supervisor, SGOD
Chief Education Program Supervisor, CID
Education Program Supervisors
Public Schools District Supervisors/District-In-Charge
Elementary and Secondary School Heads
All Others Concerned

1. Relevant to **DepEd Order No. 016, s.2025** titled "Guidelines on the Grant of Medical Allowance to the Department of Education Personnel" pursuant to Executive Order (EO) No. 64, s.2024 titled "Updating the Salary Schedule for Civilian Government Personnel and Authorizing the Grant of an Additional Allowance, and for Other Purposes and Department of Budget and Management (DBM) Budget Circular No. 2024-6, titled Rules and Regulations on the Grant of Medical Allowance to Civilian Government Personnel, issued on December 12, 2024, this office would like to inform the field of the following guidelines on the Grant of the said allowance through the Audio-Visual presentation on this link <https://tinyurl.com/DepEdMedicalAllowance2025> prepared by **Dr. Ryan Christopher Buccat**, Medical Officer III from the Health and Nutrition Unit of this division.
2. After learning the guidelines, may we request that all schools/districts will submit an accomplished **Medical Allowance Registration Form (Annex A)** of all employees to this office on or before July 18, 2025 through the records section.
3. In addition, kindly fill up the herein link for faster consolidation of reports.
<https://forms.office.com/r/trRbZp4VuA>
4. For information, guidance and compliance.



ORLANDO E. MANUEL PhD, CESO V
Schools Division Superintendent



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Republika ng Pilipinas
Department of Education

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 as long as necessary to effectively fulfill the stated purpose and managing its related activities.

Section 1: Employee Information

Full Name: _____ Employee ID Number: _____

Position/Designation: _____ Office: _____

Service Duration: (From – To): _____

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 own HMO)

☐ Reimbursement (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: _____