



Republic of the Philippines
Department of Education
Negros Island Region
SCHOOLS DIVISION OF SAGAY CITY

JUL 04 2025

DIVISION MEMORANDUM

No. 312, s. 2025

SUBMISSION OF MEDICAL ALLOWANCE REGISTRATION FORM

To: Assistant Schools Division Superintendent
Chief Education Supervisors – CID & SGOD
Public Schools District Supervisors
Public Elementary and Secondary School Heads
All Others Concerned

1. In compliance with **Executive Order No. 64 s.2024 and Department of Budget and Management Budget Circular No. 2024-6** dated December 12, 2024, the Department of Education issued **DepEd Order No. 016 s.2025** dated June 9, 2025 entitled "*Guidelines on the grant of Medical Allowance to DepEd Personnel*".
2. In order to facilitate the implementation in this division, a list of qualified Personnel to avail of this medical allowance and their preferential mode of availment is required.
3. In order to generate the information required and to determine the mode of implementation, all Personnel, Teaching and Non-Teaching shall fill out the attached Medical Allowance Registration Form [*Annex A (2 pages)*] and to indicate the chosen form of availment by each employee.
4. This will be consolidated by each School and to be submitted to the Personnel Office on or before July 10, 2025.
5. Immediate and wide dissemination of this Memorandum is desired.

DANNIE CLARK M. UGUIL, CESE
OIC-Schools Division Superintendent



Enclosure : As stated
Reference : As stated
Allotment : N/A
No. of Pages :
To be indicate in the **Perpetual Index** under the following subjects:
FN:NAldon/ S-20-2025

(Enclosure No. 1 to Division Memorandum No. _____, s. 2025)



Sitio Chloe, Brgy. Rizal, Sagay City, Negros Occidental
Telephone Nos. 488-02-15; 722-0597/ sagaycity001@deped.gov.ph

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

[Handwritten signature]

[Handwritten signatures]

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

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

11

11