Republic of the Philippines
Department of Education
REGION VII – CENTRAL VISAYAS
Schools Division of Bohol

Office of the Schools Division Superintendent

July 31, 2025

DIVISION MEMORANDUM
No. 510, s. 2025

SUBMISSION OF ANNEXES AND SUPPORTING DOCUMENTS FOR PROCESSING OF PAYMENT OF MEDICAL ALLOWANCE FY 2025

TO : Public Schools District Supervisors/Acting PSDS
Public Elementary and Secondary School Heads
School Administrative Officers and Non-Teaching Personnel
All Others Concerned

1. The Department of Education issued **DepEd Order No. 016, s. 2025** with subject "Guidelines on the Grant of Medical Allowance to the Department of Education Personnel" dated 09 of June 2025, which establishes guidelines for granting medical allowance to all eligible DepEd teaching and non-teaching personnel.

2. To facilitate the grant of Medical Allowance for FY 2025. The following guidelines, annexes and supporting documents must be followed and submitted to the Administrative Unit of SDO Bohol.

   a. All teaching and non-teaching personnel must accomplish **ANNEX A – Medical Allowance Registration Form.** If the personnel opted for Individual Availment he/she must proceed to fill in **ANNEX B – Individual Cash Claim Form** and attached the necessary supporting documentation. (See Attachment)

   b. Accomplished Annexes must be tendered to the District School and the District Administrative Officer II will segregate the Annexes into two (files) **GROUP AVAILMENT** and **INDIVIDUAL AVAILMENT.** The District AO2 will prepare the Summary List of Personnel under each category of the type of Availment and submit the documents to the Administrative Unit **on or before August 15, 2025**

   c. For the Implementing Units (IU), you may undertake the Availment Process, as deemed practical and efficient, likewise your School Administrative Unit shall

verify if personnel meet the qualifications and conditions. As to the release of funds, **Plantilla positions in your school must be followed.**

d. The Budget Unit shall oversee the fund management and to request the additional fund requirement, data on the actual number of teaching and non-teaching personnel is needed. Please fill in the number of personnel on this link https://docs.google.com/spreadsheets/d/1TW0Zfh3mVHqWwklk07EvizxXM-Cg9X4U/edit?usp=drive_link&ouid=105209109497956928613&rtpof=true&sd=true

3. For your guidance and strict compliance.

FAY C. LUAREZ, EdD., PhD TM CESO VI
Assistant Schools Division Superintendent
OIC to the Office of the Schools Division Superintendent

OSDs/Finance Service/Budget Unit/jakar

Annex B
Individual Cash 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 ten (10) years for the effective implementation and management of its 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: _____
DepEd Email Address: _____

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

Section 2: Pre-requisite Requirements

Supported with applicable documents, check any of the following conditions below that applies:

☐ GIDA Certification
☐ Certification of area with no HMO
☐ Letter or email from HMO denying the application

Section 3: Details of Medical Expenses Incurred

Name of Medical Provider/Facility	Address	Date(s) of Medical Consultation/Service

[Please add rows as necessary]

Description of Expenses	Amount (in PHP)	Receipt No./Reference
Consultation Fee		
Laboratory/Diagnostic Tests		
Medication		
Hospitalization		
Others (please specify)		
Total Amount		

Please attach original receipts

Section 4: Certification

I, the undersigned, hereby certify that the information provided in this claim form is true and correct to the best of my knowledge, and understand that any misrepresentation above would subject me to applicable disciplinary action and other legal consequences as determined necessary by the Department of Education.

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

Annex A
Medical Allowance Registration Form

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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 ten (10) 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:** _____