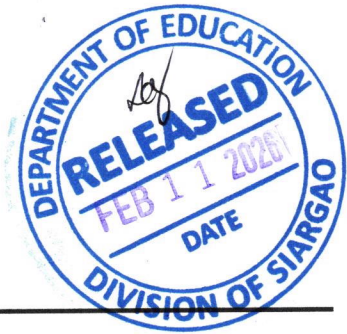




Republic of the Philippines
Department of Education
CARAGA REGION
SCHOOLS DIVISION OF SIARGAO



DIVISION MEMORANDUM

No. 02-044 s, 2026

To: Assistant Schools Division Superintendent
Functional Division Chiefs and Personnel (OSDS, CID, SGOD)
Elementary and Secondary Schools
All concerned
This Division

**GUIDELINES ON THE IMPLEMENTATION AND IMMEDIATE PROCESSING
OF MEDICAL ALLOWANCE FOR FY 2026**

1. In accordance with DepEd order No.16, s. 2025 re: Guidelines on the Grant of Medical Allowance to the Department of Education Personnel and to Executive Order (EO) No. 64 s. 2024 titled Updating the Salary Scheduled for Civilian Government Personnel and Authoring the Grant of an Additional Allowance, and for other Purposes and Department of Budget Management (DBM) Budget Circular No. 2024-6, titled Rules and Regulations on the Grant of Medical Allowance to Civilian Government Personnel.
2. This office thru the Human Resource Management Office releases the list of qualified personnel to avail the Medical Allowance. Considering the eligibility for the following as basis:
 - a. The personnel are already in government service and are to render services for at least a total or an aggregate of six (6) months of service in particular fiscal year, including leaves of absence with pay, and services rendered under any alternative work arrangements prescribed by the Civil Service Commission.
 - b. Newly hired personnel may qualify for the grant of the medical allowance after rendering six (6) months of service in a particular fiscal year.
 - c. Personnel who transferred to the DepEd and was not granted medical allowance by the government agency they previously worked for all shall be eligible to receive the medical allowance from DepEd, subject to the submission of a certification from the former agency's HR/Personnel Unit/Division. The certification shall then be verified by the concerned DepEd Focal Office (FO).
 - d. The medical allowance of a personnel on detail to another government agency shall be granted by the mother agency, while those on secondment shall be paid by the recipient agency.
 - e. A compulsory retiree, whose services have been extended, may be granted the medical allowance, subject to the pertinent conditions and guidelines.



Address: Brgy. Osmeña, Dapa, Surigao del Norte, 8417

Contact No.: 09190040217

Website: sdosiargao.com


siargao@deped.gov.ph

DepEd Siargao



Republic of the Philippines
Department of Education
CARAGA REGION
SCHOOLS DIVISION OF SIARGAO

- f. Personnel who are formally charged with administrative and/or criminal cases, which are still pending for resolution, shall be entitled to medical allowance until found guilty.
 - g. Personnel who are formally charged with administrative and/or criminal cases, and who are found guilty with penalty of reprimand shall still be entitled to medical allowance.
 - h. Personnel on study leave with pay or on study/training/scholarship grant whether locally or abroad, and renders at least six (6) months of service in the same year, including leaves of absence with pay prior to and/or after the study leave or study/training/scholarship grant shall be entitled to the medical allowance.
3. For FY 2026, the release of the Medical Allowance shall be processed via payroll disbursement, particularly through the **two (2) individual availment options**.
 4. Personnel who received the Medical Allowance in FY 2025 but have not yet submitted the required proof of supporting documents are hereby reminded to comply immediately. Failure to do so may affect eligibility for the FY 2026 Medical allowance.
 5. All personnel indicated on the list of qualified personnel to avail the Medical Allowance shall register online using this link <https://forms.office.com/r/dNG9RDx291> and must upload on the same link the scanned copy of the Medical Allowance Registration Form (Annex A of DO No. 16, s. 2025) on or before **February 20, 2026**.
 6. For guidance and compliance.


MANUEL O. CABERTE
Schools Division Superintendent

Encl: None
Reference: As stated
To be indicated in the Perpetual Index under the following subjects:
MEDICAL ALLOWANCE BENEFITS

OSDS
02/10/26



Republic of the Philippines
Department of Education
CARAGA REGION
SCHOOLS DIVISION OF SIARGAO

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)

☐ 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: _____