



Republic of the Philippines
Department of Education
Region XII
City Schools Division of Tacurong

February 10, 2026

DIVISION MEMORANDUM
OSDS-2026- 028

IMPLEMENTATION AND IMMEDIATE PROCESSING OF THE MEDICAL ALLOWANCE FOR FISCAL YEAR 2026

To: Assistant Schools Division Superintendent
Chiefs of CID and SGOD
Cluster Heads/School Heads
SDO Section Heads/Unit Heads
Teaching and Non-Teaching Personnel
All Others Concerned
This Division

1. In line with implementation of DepEd Order (DO) No. 16, s. 2025 titled **Guidelines on the Grant of Medical Allowance to the Department of Education Personnel**, and Memorandum DM-OUHROD-2026-0160 titled **Instructions on the Implementation and Immediate Processing of the Medical Allowance for Fiscal Year 2026**. All eligible personnel must submit **Annex A (Medical Allowance Registration Form)** indicating their chosen individual mode of availment on or before **February 20, 2026** at the **Office of Administrative Officer V**.
2. Wide dissemination and compliance of this Memorandum is highly enjoined.


GILDO G. MOSQUEDA, CEO VI
Schools Division Superintendent

Enclosure: Memorandum DM-OUHROD-2026-0160 and Annex A (Medical Allowance Registration Form)
Reference: DepEd Order No. 16, s. 2025 and Memorandum DM-OUHROD-2026-0160
Allotment: NONE
To be included in the Perpetual Index under the following Subjects:
ALLOWANCES BENEFITS GUIDELINES

ZBP/ADMIN/DM / IMPLEMENTATION AND IMMEDIATE PROCESSING OF THE MEDICAL ALLOWANCE FOR FISCAL YEAR 2026/ February 10, 2026



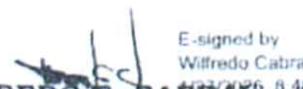
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Republika ng Pilipinas
Department of Education
OFFICE OF THE UNDERSECRETARY
HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT

MEMORANDUM
DM-OUHROD-2026-0160

TO : REGIONAL DIRECTORS
SCHOOLS DIVISION SUPERINTENDENTS
ALL OTHERS CONCERNED

FROM : 
WILFREDO E. CABRAL
Undersecretary for Human Resource and
Organizational Development and Infrastructure

SUBJECT : **INSTRUCTIONS ON THE IMPLEMENTATION AND
IMMEDIATE PROCESSING OF THE MEDICAL ALLOWANCE
FOR FISCAL YEAR 2026**

DATE : 26 January 2026

In line with the implementation of DepEd Order (DO) No. 16, s. 2025 titled *Guidelines on the Grant of Medical Allowance to the Department of Education Personnel*, all Focal Offices (FOs) identified under Section V.F (Roles and Responsibilities) for the Regional Offices (ROs), Schools Division Offices (SDOs), and the Central Office (CO) are hereby directed to **immediately facilitate the release of the medical allowance for FY 2026**.

For FY 2026, FOs across all governance levels are authorized to only process the release of medical allowance via payroll disbursement, particularly through the two (2) individual availment options. This is done to ensure the expeditious release **before the end of Quarter 1 of FY 2026, subject to the availability of funds**. To help meet this timeline, ROs and SDOs may frontload available Personnel Services (PS) funds as necessary.

Personnel who are already in the service and who are expected to render at least a **total or aggregate of six (6) months of service within FY 2026** shall be eligible for the Medical Allowance. **Newly hired personnel** shall be eligible **only after rendering six (6) months of service**. All eligible personnel **must submit Annex A (Medical Allowance Registration Form)** indicating their chosen individual mode of availment. FOs shall consolidate these forms as the basis for payroll processing.

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: _____