



Republic of the Philippines  
**Department of Education**  
Region V  
**SCHOOLS DIVISION OF SORSOGON**

July 15, 2025

**DIVISION MEMORANDUM**  
**No. 186, s.2025**

**SUBMISSION OF MEDICAL ALLOWANCE REGISTRATION FORM  
PURSUANT TO DEPED ORDER NO. 016,S.2025  
“GUIDELINES ON THE GRANT OF MEDICAL ALLOWANCE  
TO THE DEPARTMENT OF EDUCATION PERSONNEL”**

TO: Asst. Schools Division Superintendent  
SGOD and CID Chiefs  
Functional Area Heads  
Education Program Supervisors  
Division Coordinators  
Public Schools District Supervisors  
OIC-Public Schools District Supervisors  
Elementary and Secondary School Heads  
Teaching and Non-Teaching Personnel

1. The Department of Education have issued DepEd Order No.016,s.2025, “Guidelines on the Grant of Medical Allowance to the Department of Education Personnel” which provides among other the requirements and procedure in grant of medical allowance.
2. Pursuant to the aforementioned DepEd Order, the submission of the duly accomplished **Medical Allowance Registration Form** (Annex A), indicating the preferred form of availment of each personnel shall be submitted by school to the Office of the Administrative Officer V (Administrative Services Unit) not later than July 18, 2025. Concerned school heads shall ensure the complete submission of the accomplished Medical Allowance Registration Form.
3. School based Teaching and Non-Teaching Personnel and Division Office based personnel shall also register their preferred mode availment though the following link <https://bit.ly/MedAllowanceSorProv2025> not later than July 18, 2025.



Balogo Sports Complex, Balogo, Sorsogon City, Sorsogon 4700  
Landline: (056) 211-6461  
Email: [sorsogon@deped.gov.ph](mailto:sorsogon@deped.gov.ph)  
Website: [depedsorsogon.com.ph](http://depedsorsogon.com.ph)



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4. Immediate and wide dissemination of this memorandum is earnestly desired.
5. For information, guidance and compliance.

  
**JOSE L. DONCILLO, CESO V**  
Schools Division Superintendent  




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**Medical Allowance Registration Form**

**Data Privacy Notice:** The Department of Education recognizes its responsibility under RA 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 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 the 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 No: \_\_\_\_\_ Email: \_\_\_\_\_

*For Teaching Personnel (Region V – SDO Sorsogon Province)*

School ID: \_\_\_\_\_ School: \_\_\_\_\_  
District: \_\_\_\_\_ 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:** \_\_\_\_\_



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