



Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION
SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

Office of the Schools Division
Superintendent

'AUG 28 2025

MEMORANDUM
No. 423, s. 2025

**FLEXIBILITY TO IMPLEMENT DEPED ORDER NO. 16, S. 2025 AND
THE IMMEDIATE PROCESING OF MEDICAL ALLOWANCE**

To: OIC-Assistant Schools Division Superintendent
Chief Education Supervisor, Curriculum Implementation Division
OIC-Chief Education Supervisor, School Governance and Operations Division
Public Elementary and Secondary School Heads
Administrative Officer V
All Others Concerned

1. Attached is DM-OUHRD-2025-2362, titled "**Flexibility to Implement DepEd Order No. 16, s. 2025 and the Immediate Processing of Medical Allowance**", contents of which are self-explanatory, for information and guidance of all concerned.
2. Immediate dissemination of, and compliance to this Memorandum is earnestly desired.


VIOLETA M. GONZALES

Assistant Schools Division Superintendent
Officer-in-Charge
Office of the Schools Division Superintendent

Encls: As stated.
References: As stated
To be indicated in the Perpetual of Index under the following subject

BENEFITS ALLOWANCES PERSONNEL

SRHB/ FLEXIBILITY TO IMPLEMENT DEPED ORDER NO. 16, S. 2025 AND THE IMMEDIATE PROCESING OF MEDICAL ALLOWANCE ⁴²³ August 22, 2025

423

NUM-2025-423



Student Center for Life Skills Bldg., Centennial Ave, Brgy. Tunasan, Muntinlupa City
8805-9935, 8805-9940
sdo.muntinlupa@gmail.com
depd-muntinlupa.com

423



Republika ng Pilipinas

Department of Education

OFFICE OF THE UNDERSECRETARY

HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT

MEMORANDUM

DM-OUHROD-2025-2362

TO : **REGIONAL DIRECTORS**
SCHOOLS DIVISION SUPERINTENDENTS
ALL OTHERS CONCERNED

FROM : 
ATTY. FATIMA LIPE D. PANONTONGAN
Undersecretary and Chief of Staff


WILFREDO E. CABRAL
Undersecretary

SUBJECT : **FLEXIBILITY TO IMPLEMENT DEPED ORDER NO. 16, S. 2025**
AND THE IMMEDIATE PROCESSING OF MEDICAL
ALLOWANCE

DATE : 20 AUGUST 2025

With reference to Memorandum DM-OUHROD-2025-2298, titled *Immediate Processing and Release of Medical Allowance for Individual Availment Form (Payroll Cash Disbursement)* dated August 15, 2025, and in line with the ongoing implementation of the DepEd Order No. 016, s. 2025, titled *Guidelines on the Grant of Medical allowance to the Department of Education Personnel*, please be informed that eligible personnel, depending on their need and preference, may still opt to change their mode of availment from Group/Agency Procurement to Individual Availment (Cash Form through payroll disbursement) to ensure the timely release of their medical allowance on August 31, 2025.

Recognizing the benefits of availing a more comprehensive HMO-type product through group/bulk purchase, eligible personnel who have opted to receive the said allowance in cash may also organize themselves or avail of an HMO-type product through their respective employees' organization, associations, or cooperatives.

Regional Offices (ROs) and Schools Division Offices (SDOs) with ongoing procurement process may continue with their current process, taking into consideration the possible changes in the preferred mode of availment of employees.

Please ensure that all teachers and employees are properly apprised of the status of payroll disbursement and/or procurement stages.

To facilitate the changes in the preferred mode of availment, the following processes shall be undertaken:

1. A master list from the School, SDO, and RO shall be required, containing only the names of employees who opted to change their preferred mode of availment (*See attached template*).
2. The master list shall be submitted to the designated focal office (FO) in the RO or SDO for the updating of their Annex A/consent form.

In case of insufficient PS funds, ROs and SDOs shall request funding from their respective DBM counterparts.

For further inquiries or concerns, kindly contact the **BHROD-EWD** through Viber at 0962 895 1363 or email bhrod.ewd@deped.gov.ph.

For your information and guidance.

Annex E – Change of Availment Form

Region: _____ Division: _____

Name of School (if applicable): _____

NAME	EMPLOYEE #	ORIGINAL AVAILMENT	NEW AVAILMENT OPTION	SIGNATURE

*** please use additional sheet if necessary

Consolidated by:

Received by:

Name and Signature
(School Head/Division Chief)

Name and Signature
(RO/SDO Focal Office)