



Republic of the Philippines
Department of Education
REGION XI
SCHOOLS DIVISION OF DAVAO ORIENTAL

Office of the Schools Division Superintendent

AUG 22 2025

DIVISION MEMORANDUM

No. 076, s. 2025

**REITERATION OF MEMORANDUM DM-OUHROD-2025-2362 RE:
FLEXIBILITY TO IMPLEMENT DEPED ORDER NO. 16, S. 2025 AND THE
IMMEDIATE PROCESSING OF MEDICAL ALLOWANCE**

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Public Elementary and Secondary School Heads
All Others Concerned

1. Relative to Memorandum DM-OUHROD-2025-2362, entitled "Flexibility to Implement DepEd Order No. 16, s. 2025 and the Immediate Processing of Medical Allowance", this Office informs all concerned that for this round, the mode of availment shall be Individual (Cash form through payroll disbursement) and the medical allowance shall be downloaded through payroll on or before August 31, 2025.
2. Concerned school heads are directed to submit a master list containing only the names of employees who opted to change their preferred mode of availment (see attached Annex E). Said master list shall be submitted to the Division Office on or before **August 28, 2025**.
3. Personnel who opted to change their availment from group to individual form listed in Annex E, shall submit reportorial requirements not later than October 31, 2025 as proof of enrollment, which may include, but are not limited to:
 - (i) a certified copy of the HMO agreement or identification card issued by the HMO provider;
 - (ii) a certification of membership issued by the HMO provider; or
 - (iii) an official receipt for the payment of the membership fee for the HMO product acquired.
4. All submissions and inquiries relative to this matter shall be directed to Ms. Irene S. Marcelo, Administrative Assistant III, Personnel Unit.



Address: Government Center, Dahican, Mati City
Contact No.: (087) 388-3372
Email Address: davao.oriental@deped.gov.ph
Official Website: <https://depeddavor.com/>

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5. Attached is Memorandum DM-OUHROD-2025-2362 for reference.
6. For information, guidance, and compliance.



8:29 P.m


DR. JOSEPHINE L. FADUL
Schools Division Superintendent 

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:

School Head

Received by:

CHONA L. ROJAS

Administrative Officer IV/HRMO