

Company Asset Accountability Form

In accepting the assets assigned to me, I hereby agree to the following conditions:

- I understand that I am solely responsible for the company assets while in my possession.
- I shall only use the company assets for iPloy's operational related purposes.
- I shall keep the company assets in good working order and will notify the IT Team and/or Team Leader of any defect or malfunction during my use.
- I shall not install and/or download any unauthorized software and/or applications.
- I shall not allow the company assets to be used by an unauthorized person. I assume the responsibility for the actions of others while using the computer.
- If the company asset/s is/are lost, stolen or damaged, the incident must be reported to the IT Team and/or Team Leader within 24 hours.
- I agree to pay all the costs or their respective costs associated with the damage, negligence or misuse, loss of, or theft of the company asset/s.
- I understand that a violation of this agreement may result in further discipline up to and including termination of employment and/or legal action.

Assigned Assets (Based on Assettigger):

| Report Check-Out by Persons | | iPloy, OPC | |
|-----------------------------------|--------------------|------------|--------------------------------|
| Person: Ma. Leanna Belcina | | | |
| Employee ID | 1001 | Alias | Leanna Belcina |
| Name | Ma. Leanna Belcina | Email | Leanna.Belcina@adapthealth.com |
| Site | Montage 16th | Department | PAP Resupply Confirmation |
| Location | C14 Workstation | | |
| Asset Tag ID | Description | Brand | Model |
| ISSHS224 | USB Headset | Logitech | H370 |
| IPLOYAVR38 | Generic AVR | | |
| IPLOYDLL35 | Dell MFF i3 | Dell | Optiplex 3050 MFF |
| ISSDLLMTMN245 | Dell Monitor 20" | Dell | E2020H |
| ISSDLLMTMN250 | Dell Monitor 20" | Dell | E2020H |
| 5 assets | | | |

Additional Assigned Assets:

| Asset Tag ID | Description | Brand | Model |
|--------------|----------------|--------|--------|
| DELL KB | USB Keyboard ▾ | Dell ▾ | None ▾ |
| DELL MS | USB Mouse ▾ | Dell ▾ | None ▾ |
| | None ▾ | None ▾ | None ▾ |
| | None ▾ | None ▾ | None ▾ |
| | None ▾ | None ▾ | None ▾ |

| | |
|--------------|---|
| Purpose/Note | Existing assign assets - for Company Assets Accountability Form Total assets assigned: 7 |
|--------------|---|

Company Asset Cost:

| Company Asset | Total Cost | Payable per Pay | Pay Period |
|---------------|---------------|-----------------|---------------------------|
| System Unit | Php 45,000.00 | Php 3,000.00 | Payable for 15 pay period |
| Monitor | Php 10,000.00 | Php 2,000.00 | Payable for 5 pay period |
| Headset | Php 2,500.00 | Php 850.00 | Payable for 3 pay period |
| Keyboard | Php 500.00 | Php 500.00 | Payable for 1 pay period |
| Mouse | Php 500.00 | Php 500.00 | Payable for 1 pay period |
| Webcam | Php 1,500.00 | Php 750.00 | Payable for 2 pay period |
| AVR | Php 500.00 | Php 500.00 | Payable for 1 pay period |

Note: Depreciation is subject for top management's approval.

By signing this Company Asset Accountability Form, I hereby acknowledge that I have completely read and fully understand all the provisions of this form and should not hold the company liable for any loss or damages of my assets and accountabilities while the items are in my possession.

MA. VERONICA BELCINJA




Employee's Printed Name and Signature

4/20/2023

Date

| Remarks Upon Releasing |
|--------------------------------------|
| Are the components working? YES / NO |
| If NO, please describe the damage: |
| |

| Remarks Upon Return (Admin Use Only) |
|--------------------------------------|
| Are the components working? YES / NO |
| If NO, please describe the damage: |
| |

| Admin Use Only | |
|--------------------------|---|
| Check Out Date: 04/14/23 | IT Personnel Signature:  |
| Check In Date: _____ | IT Personnel Signature: _____ |