



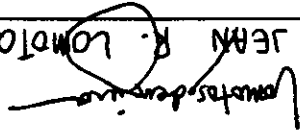
Company Asset Accountability Form

- 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 iPlay'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 AssetTag):

Report Check-Out by Persons iPlay, OPC															
Person: Edan Jean Reganon Lomotos															
<table border="1"> <tr> <td>Employee ID</td> <td>1895</td> </tr> <tr> <td>Name</td> <td>Edan Jean Reganon Lomotos</td> </tr> <tr> <td>Site</td> <td>ACCT</td> </tr> <tr> <td>Location</td> <td>128 Workstation</td> </tr> </table>	Employee ID	1895	Name	Edan Jean Reganon Lomotos	Site	ACCT	Location	128 Workstation	<table border="1"> <tr> <td>Alias</td> <td>Eva Lomotos</td> </tr> <tr> <td>Email</td> <td>ELomotos@adapthealth.com</td> </tr> <tr> <td>Department</td> <td>Initial Authorization</td> </tr> </table>	Alias	Eva Lomotos	Email	ELomotos@adapthealth.com	Department	Initial Authorization
Employee ID	1895														
Name	Edan Jean Reganon Lomotos														
Site	ACCT														
Location	128 Workstation														
Alias	Eva Lomotos														
Email	ELomotos@adapthealth.com														
Department	Initial Authorization														
Asset Tag ID	Description	Brand	Model												
ISSAVR09	Generic AVR	Secure													
ISSCAM08	SD Webcam	A4tech	PK-635G												
IPLYMT75	Monitor	AOC	2060W												
IPLYMT76	Monitor	AOC	2060W												
IPLYPC75	Desktop Custom	Custom	Custom												
IPLYHS1332	USB Headset	Plantronics	Blackwire C3220												
6 assets															

Employee's Printed Name and Signature

EDEN JEAN R. LOMOTOS


Date

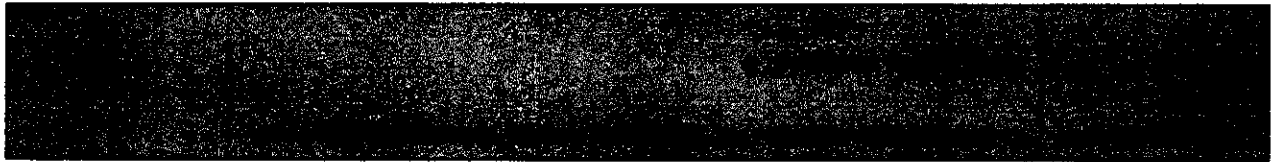
05-15-19

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.

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


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

Company Asset Cost:



DELL KB	USB Keyboard	Dell	None
IPLYMS24	USB Mouse	Aatech	None
	None	None	None
	None	None	None
	None	None	None

Additional Assigned Assets:

IT Personnel Signature: 	IT Personnel Signature:	Date:	Date:
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Is the components working? YES / NO	If NO, please describe the damage:
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Is the components working? YES / NO	If NO, please describe the damage:
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