

### 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: Ibo, Marianne Alcantara |                         |             |                           |
| Employee ID                     | 3001                    | Alias       | Maeve Ibo                 |
| Name                            | Ibo, Marianne Alcantara | Email       | maeve.ibo@adapthealth.com |
| Site                            | Montage 16th            | Department  | Payor Change              |
| Location                        | E45 Workstation         |             |                           |
| Asset Tag ID                    | Description             | Brand       | Model                     |
| ISSCMM296                       | HD Webcam               | A4tech      | PK-635P                   |
| ISSHSMN540                      | USB Headset             | Plantronics | Blackwire C3220           |
| ISSAVRMN303                     | Generic AVR             | Secure      | Secure                    |
| ISSDLLMTMN554                   | Dell Monitor 21.5"      | Dell        | P2217                     |
| ISSDLLMTMN555                   | Dell Monitor 21.5"      | Dell        | P2217                     |
| ISSDLLPCMN146                   | i5-9500 8GB 1TB HDD     | Dell        | OptiPlex 3070 SFF         |
| <b>6 assets</b>                 |                         |             |                           |

**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 ▾ |

|                     |   |
|---------------------|---|
| <b>Purpose/Note</b> | Existing assign assets - for Company Assets Accountability Form<br><br>Total assets assigned: 8 |
|---------------------|---|

**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.

Marianne A. Ibo  
Employee's Printed Name and Signature

5/18/2023  
Date

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

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

| Admin Use Only          |                                     |
|-------------------------|-------------------------------------|
| Check Out Date: 5/17/23 | IT Personnel Signature: Jason Mjada |
| Check In Date: _____    | IT Personnel Signature: _____       |