









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 Staffing Solutions		
Person: Demegillo, Baby					
Employee ID	3034		Alias	Baby Demegillo	
Name	Demegillo, Baby		Email	baby.demegillo@adapthealth.com	
Site	ACCT		Department	Patient Pay	
Location	E21 Workstation		Region	Adapt RCM	
Asset Tag ID	Category	Brand	Model	Check-out Date	Asset Photo
IPLOYKB15	Keyboard			01/10/2024	
IPLOYPC76	System Unit	Custom	Custom	01/10/2024	
IPLOYMS394	Mouse			01/10/2024	
IPLOYMT174	Monitor	AOC	2060W	01/10/2024	
IPLOYMT175	Monitor	AOC	2060W	01/10/2024	
ISSCAMM598	Webcam	A4tech	PK-635P	01/10/2024	
IPLOYAVR868	AVR	Secure	Secure	01/10/2024	
IPLOYHS1395	Headset	Jabra	Evolve 20	08/08/2022	
8 assets					

Additional Assigned Assets:

Asset Tag ID	Description	Brand	Model
	None ▾	None ▾	None ▾
	None ▾	None ▾	None ▾

Purpose/Note	Transfer station Total assets assigned: 8
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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.


 DEMEGILLO, BABY

1/31/2024

Employee's Printed Name and Signature

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: 01/12/24	IT Personnel Signature: Jason Enjada
Check In Date: _____	IT Personnel Signature: 