



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 Assettigger):

Report Check-Out by Persons iPlay, OPC															
Person: Gail Ciralles Vocales															
<table border="1"> <tr> <td>Employee ID</td> <td>3584</td> </tr> <tr> <td>Name</td> <td>Gail Ciralles Vocales</td> </tr> <tr> <td>Site</td> <td>ACCT</td> </tr> <tr> <td>Location</td> <td>B10 Workstation</td> </tr> </table>	Employee ID	3584	Name	Gail Ciralles Vocales	Site	ACCT	Location	B10 Workstation	<table border="1"> <tr> <td>Alias</td> <td>Gwen Vocales</td> </tr> <tr> <td>Email</td> <td>gwen.vocales@adapthealth.com</td> </tr> <tr> <td>Department</td> <td>PAP Compliance</td> </tr> </table>	Alias	Gwen Vocales	Email	gwen.vocales@adapthealth.com	Department	PAP Compliance
Employee ID	3584														
Name	Gail Ciralles Vocales														
Site	ACCT														
Location	B10 Workstation														
Alias	Gwen Vocales														
Email	gwen.vocales@adapthealth.com														
Department	PAP Compliance														
Asset Tag ID	Description	Brand	Model												
IPLOYMT302	Monitor	AOC	2070												
IPLOYMT457	Monitor	AOC	2070												
IPLOYPC117	Desktop Custom	Custom	Custom												
IPLOYAVR608	Generic AVR	Secure	Secure												
IPLOYCAM210	SD Webcam	A4tech	PK-635G												
IPLOYHS1471	USB Headset	Jabra	Evolve 20												
6 assets															

Employee's Printed Name and Signature

VOCALES, CARL C.



Date

MAY 15, 2023

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:

Purpose/Note	Existing assign assets - for Company Assets Accountability Form	Total assets assigned: 8

Asset Tag ID	Description	Brand	Model
DELL	USB Keyboard	Dell	None
IPLOYMS334	USB Mouse	A4tech	None
			None
			None
			None
			None

Additional Assigned Assets:

Admin Use Only	
Check Out Date: 5/5/23	IT Personnel Signature: Jason Enjada
Check In Date:	IT Personnel Signature:

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

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