



**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 Assettger):**

<table border="1"> <tr> <td>Employee ID</td> <td>385</td> </tr> <tr> <td>Name</td> <td>Randy Colina</td> </tr> <tr> <td>Site</td> <td>ACCT</td> </tr> <tr> <td>Location</td> <td>B07 Workstation</td> </tr> </table>		Employee ID	385	Name	Randy Colina	Site	ACCT	Location	B07 Workstation	<table border="1"> <tr> <td>Alias</td> <td>Randy Colina</td> </tr> <tr> <td>Email</td> <td>Randy.Colina@adapthealth.com</td> </tr> <tr> <td>Department</td> <td>PAP Patient Creation</td> </tr> </table>		Alias	Randy Colina	Email	Randy.Colina@adapthealth.com	Department	PAP Patient Creation														
Employee ID	385																														
Name	Randy Colina																														
Site	ACCT																														
Location	B07 Workstation																														
Alias	Randy Colina																														
Email	Randy.Colina@adapthealth.com																														
Department	PAP Patient Creation																														
Person: Randy Colina																															
<table border="1"> <thead> <tr> <th>Asset Tag ID</th> <th>Description</th> <th>Brand</th> <th>Model</th> </tr> </thead> <tbody> <tr> <td>IFLOYMT384</td> <td>Monitor</td> <td>SAMSUNG</td> <td>S22F350</td> </tr> <tr> <td>IFLOYMT386</td> <td>Monitor</td> <td>SAMSUNG</td> <td>S22F350</td> </tr> <tr> <td>IFLOYPC103</td> <td>Desktop Custom</td> <td>Custom</td> <td>Custom</td> </tr> <tr> <td>IFLOYAVR836</td> <td>Generic AVR</td> <td>Secure</td> <td>Secure</td> </tr> <tr> <td>IFLOYCAM271</td> <td>SD Webcam</td> <td>A4tech</td> <td>PK-635G</td> </tr> <tr> <td>IFLOYHS1429</td> <td>USB Headset</td> <td>Jabra</td> <td>Evolve 20</td> </tr> </tbody> </table>				Asset Tag ID	Description	Brand	Model	IFLOYMT384	Monitor	SAMSUNG	S22F350	IFLOYMT386	Monitor	SAMSUNG	S22F350	IFLOYPC103	Desktop Custom	Custom	Custom	IFLOYAVR836	Generic AVR	Secure	Secure	IFLOYCAM271	SD Webcam	A4tech	PK-635G	IFLOYHS1429	USB Headset	Jabra	Evolve 20
Asset Tag ID	Description	Brand	Model																												
IFLOYMT384	Monitor	SAMSUNG	S22F350																												
IFLOYMT386	Monitor	SAMSUNG	S22F350																												
IFLOYPC103	Desktop Custom	Custom	Custom																												
IFLOYAVR836	Generic AVR	Secure	Secure																												
IFLOYCAM271	SD Webcam	A4tech	PK-635G																												
IFLOYHS1429	USB Headset	Jabra	Evolve 20																												
6 assets																															

Employee's Printed Name and Signature

*[Handwritten Signature]*

Date

05/15/2023

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

Additional Assigned Assets:

Asset Tag ID	Description	Brand	Model
IPLOYKB164	USB Keyboard	Aatech	None
IPLOYM555	USB Mouse	Aatech	None
			None
			None
			None
			None

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

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

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