







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):

Person: Jay Mandawe						
Employee ID	3884	Alias	Jay Mandawe			
Name	Jay Mandawe	Email	jay.mandawe@adapthealth.com			
Site	Montage 18th	Department	PAP Resupply Documentation - OHH			
Location	L26 Workstation	Region	Adapt PAP Resupply			
Asset Tag ID	Category	Brand	Model	Check-out Date	Check-out Notes	Asset Photo
ISSDLLPCMN424	System Unit	Dell	OptiPlex 3000 MFF	03/20/2024	Transfer station	
IPLOYDLLMT105	Monitor	Dell	E1916H	03/20/2024	Transfer station	
IPLOYDLLMT139-1	Monitor	Dell	E1916H	03/20/2024	Transfer station	
ISSAVRMN266	AVR	Secure	Secure	03/20/2024	Transfer station	
ISSCMM332	Webcam	A4tech	PK-635P	03/20/2024	Transfer station	
ISSHSMN457	Headset	Plantronics	Blackwire C3220	05/24/2023		
6 assets						

Additional Assigned Assets:

Asset Tag ID	Description	Brand	Model
Dell	USB Keyboard ▾	Dell ▾	None ▾
Dell	USB Mouse ▾	Dell ▾	None ▾
		None ▾	None ▾
		None ▾	None ▾

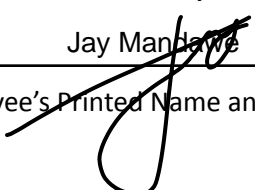
Purpose/Note	Transfer Station Total assign assets: 8
--------------	------------------------------------------------

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.


 Jay Mandawe

 Employee's Printed Name and Signature

3/26/2024

 Date

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

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

Admin Use Only	
Check Out Date: <u>Mar 22, 2024</u>	IT Personnel Signature: <u>Jonathan Gabriel</u>
Check In Date: _____	IT Personnel Signature: _____

Jonathan Gabriel