









## 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 Assettiger):

Person: <b>Mary Rose Dizon Unabia</b>										
Employee ID	4208	Name	Mary Rose Dizon Unabia	Alias	Rose Unabia					
Site	Montage 18th	Email	rose.unabia@adapthealth.com	Department	Intake					
Location	N122 Workstation	Region	OHH	Asset Tag ID	Category	Brand	Model	Check-out Date	Check-out Notes	Asset Photo
ISSDLLPCMN105	System Unit	Dell	Optiplex 3080 Micro	05/09/2024	transfer station					
ISSAVR178	AVR	Secure	Secure	05/09/2024	transfer station					
ISSDLLMTMN228	Monitor	Dell	E2020H	05/09/2024	transfer station					
ISSDLLMTMN229	Monitor	Dell	E2020H	05/09/2024	transfer station					
ISSCAMM567	Webcam	A4tech	PK-635P	05/09/2024	transfer station					
IPLOYKB460	Keyboard			05/09/2024	transfer station					
IPLOYMS616	Mouse			05/09/2024	transfer station					
ISSHSMN180	Headset	Logitech	H570E	11/10/2023	New hire					
<b>8 assets</b>										

**Additional Assigned Assets:**

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

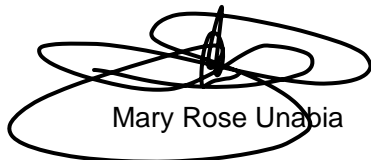
<b>Purpose/Note</b>	<b>Transfer station</b> <b>Number of Assets: 8</b>
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**Company Asset Cost:**

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.



Mary Rose Unabia

5/15/2024

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: 05/15/24	IT Personnel Signature: Jason Enjada
Check In Date: _____	IT Personnel Signature: _____