







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: Caren Baldado Tabarno						
Employee ID	4352		Alias	Cassie Tabarno		
Name	Caren Baldado Tabarno		Email	cassie.tabarno@adapthealth.com		
Site	Montage 18th		Department	PAP Phones		
Location	L10 Workstation		Region	MID - Atlantic		
Asset Tag ID	Category	Brand	Model	Check-out Date	Check-out Notes	Asset Photo
ISSDLLPCM102	System Unit	Dell	Optiplex 3060	05/03/2024	Transfer station	
ISSAVRMN320	AVR	Secure	Secure	05/03/2024	Transfer station	
ISSDLLMTMN499	Monitor	Dell	P2217	05/03/2024	Transfer station	
ISSDLLMTMN512	Monitor	Dell	P2217	05/03/2024	Transfer station	
ISSCAMM65	Webcam	A4tech	PK-635G	05/03/2024	Transfer station	
ISSHSMN752	Headset	Jabra	Evolve 20	01/09/2024	new hire	
6 assets						

Additional Assigned Assets:

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


Purpose/Note	Transfer station Number of 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.


 Cassie Tabarno

 Employee's Printed Name and Signature

05/15/2024

 Date

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

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

Admin Use Only	
Check Out Date: 05/15/24	IT Personnel Signature: Jason Enjada
Check In Date: _____	IT Personnel Signature: _____