








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: Debbie Jane Opura Serdeña						
Employee ID	4563	Alias	Debbie Serdena			
Name	Debbie Jane Opura Serdeña	Email	debbie.serdena@iadapthealth.com			
Site	ACCT	Department	PAP Patient Creation			
Location	B62 Workstation	Region	Adapt PAP Compliance			
Asset Tag ID	Category	Brand	Model	Check-out Date	Check-out Notes	Asset Photo
ISSDLLPC101	System Unit	Dell	Optiplex 3050 SFF	05/21/2024	Transfer station	
IPLOYDLLMT62	Monitor	Dell	E1916H	05/21/2024	Transfer station	
ISSDLLMT91	Monitor	Dell	E1916HV	05/21/2024	Transfer station	
IPLOYAVR621	AVR	Secure	Secure	05/21/2024	Transfer station	
IPLOYCAM319	Webcam	A4tech	PK-635G	05/21/2024	Transfer station	
IPLOYMS748	Mouse			05/21/2024	Transfer station	
IPLOYHS1190	Headset	Plantronics	Blackwire C3220	03/27/2024	new hire	
7 assets						

Additional Assigned Assets:

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

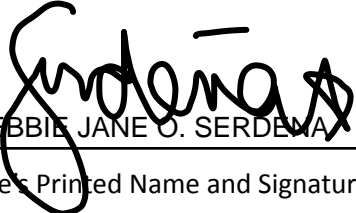
Purpose/Note	Transfer Station Total assign assets: 8
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Company Asset Cost:

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.


 DEBBIE JANE O. SERDENAS

 Employee's Printed Name and Signature

5/24/24

 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:

Admin Use Only	
Check Out Date: <u>May 23, 2024</u>	IT Personnel Signature: <u>Jonathan Gabriel</u>
Check In Date: _____	IT Personnel Signature: _____