








## 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):

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Employee ID</b></td> <td>4795</td> </tr> <tr> <td><b>Name</b></td> <td>Nicolyn Sanchez Santiago</td> </tr> <tr> <td><b>Site</b></td> <td>ACCT</td> </tr> <tr> <td><b>Location</b></td> <td>F00 Workstation</td> </tr> </table>				<b>Employee ID</b>	4795	<b>Name</b>	Nicolyn Sanchez Santiago	<b>Site</b>	ACCT	<b>Location</b>	F00 Workstation	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Alias</b></td> <td>Nichole Santiago</td> </tr> <tr> <td><b>Email</b></td> <td>nichole.santiago@adaptthealth.com</td> </tr> <tr> <td><b>Department</b></td> <td>Initial Authorization</td> </tr> <tr> <td><b>Region</b></td> <td>NY</td> </tr> </table>				<b>Alias</b>	Nichole Santiago	<b>Email</b>	nichole.santiago@adaptthealth.com	<b>Department</b>	Initial Authorization	<b>Region</b>	NY
<b>Employee ID</b>	4795																						
<b>Name</b>	Nicolyn Sanchez Santiago																						
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<b>Region</b>	NY																						
Asset Tag ID	Category	Brand	Check-out Date	Check-out Notes	Return Date	Check-in Notes	Asset Photo																
IPLOYPC44	System Unit	Custom	06/07/2024	New hire																			
IPLOYMT341	Monitor	AOC	06/07/2024	New hire																			
IPLOYMT593	Monitor	AOC	06/07/2024	New hire																			
IPLOYAVR529	AVR	Secure	06/07/2024	New hire																			
ISSCAM196	Webcam	A4tech	06/07/2024	New hire																			
IPLOYMS54	Mouse		06/07/2024	New hire																			
ISSHSMN1054	Headset	Jabra	06/15/2024	New hire																			
<b>7 assets</b>																							

**Additional Assigned Assets:**

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


Purpose/Note	Existing assign assets for Company Asset Accountability Form
	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.

  
 \_\_\_\_\_  
 NICOLYN PANTIAZO

06-17-2024  
 \_\_\_\_\_

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: Jun 14, 2024	IT Personnel Signature: Jonathan Gabriel
Check In Date:	IT Personnel Signature: