








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.
- I understand that should there be changes on the asset/s, I will be notified through email.

Assigned Assets (Based on Assettiger):

Employee ID	5041	Alias	Alex Sales
Name	Alyssa Jane Rose Sales	Email	alex.sales@adapthealth.com
Site	ACCT	Department	PAP Patient Creation
Location	B62 Workstation	Region	Adapt PAP Compliance

Asset Tag ID	Category	Brand	Check-out Date	Check-out Notes	Return Date	Check-in Notes	Asset Photo
ISSDLLPC101	System Unit	Dell	10/09/2024	New Hire			
IPLOYDLLMT62	Monitor	Dell	10/09/2024	New Hire			
IPLOYAVR621	AVR	Secure	10/09/2024	New Hire			
IPLOYCAM319	Webcam	A4tech	10/09/2024	New Hire			
IPLOYMS748	Mouse		10/09/2024	New Hire			
ISSDLLMT91	Monitor	Dell	10/09/2024	New Hire			
ISSHSMN1048	Headset	Jabra	10/11/2024	New hire			
7 assets							

Additional Assigned Assets:

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

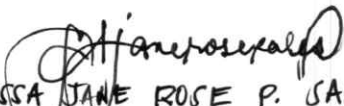
Purpose/Note	<p>New hire ▾</p> <p>Number of Assets : 8</p>
--------------	---

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.


ALYSSA JANE ROSE P. SALES
 Employee's Printed Name and Signature

10-10-24
 Date

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

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

Admin Use Only	
Check Out Date: Oct 11, 2024	IT Personnel Signature:  Jonathan Gabriel ▾
Check In Date:	IT Personnel Signature: