


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 Assettigger):

 **Report** Check-Out by Persons

iPloy Staffing Solutions

| Person: Robin Robredillo Denorte | | | | | | | | | |
|-----------------------------------------|-------------|--------------------------|---------------------|----------------|-----------------------------------|--------------------|-------------|-------------------------------|---------------------------------------------------------------------------------------|
| Employee ID | | 5211 | | Alias | | Robin Denorte | | | |
| Name | | Robin Robredillo Denorte | | | | Email | | robin.denorte@adapthealth.com | |
| Site | | ACCT | | Location | | E32 Workstation | | | |
| Asset Tag ID | Category | Brand | Check-Out Action by | Check-out Date | Check-out Notes | Check-in Action by | Return Date | Check-in Notes | Asset Ph |
| ISSHSMN1174 | Headset | Jabra | Stephen Badiang | 12/07/2024 | New hire - handed over to STL Ray | | | |  |
| IPLOYPC115 | System Unit | Custom | Cyvin Lopez | 12/07/2024 | New Hire | | | |  |
| ISSCAMM113 | Webcam | A4tech | Cyvin Lopez | 12/07/2024 | New Hire | | | |  |
| IPLOYMS1040 | Mouse | A4tech | Cyvin Lopez | 12/07/2024 | New Hire | | | |  |
| IPLOYMT34 | Monitor | AOC | Cyvin Lopez | 12/07/2024 | New Hire | | | |  |
| IPLOYMT528 | Monitor | AOC | Cyvin Lopez | 12/07/2024 | New Hire | | | |  |
| ISSAVRMN787 | AVR | Secure | Cyvin Lopez | 12/07/2024 | New Hire | | | |  |
| IPLOYKB676 | Keyboard | A4tech | Cyvin Lopez | 12/07/2024 | New Hire | | | |  |
| 8 assets | | | | | | | | | |

Additional Assigned Assets:

| Asset Tag ID | Description | Brand | Model |
|--------------|--------------|-------|-------|
| Dell KB | USB Keyboard | Dell | None |
| Dell MS | USB Mouse | Dell | None |

| | |
|--------------|----------------------|
| Purpose/Note | New hire |
| | 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.


DENORTE, ROBIN R.

Employee's Printed Name and Signature

12 / 12 / 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: |
| Jason Enjada |

| Admin Use Only | |
|------------------------------|--------------------------------------|
| Check Out Date: Dec 10, 2024 | IT Personnel Signature: Jason Enjada |
| Check In Date: | IT Personnel Signature: |