

## 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):

Report Check-Out by Persons		iPloy, OPC	
Person: Rachel Azarcon			
Employee ID	577	Alias	Rachel Azarcon
Name	Rachel Azarcon	Email	Rachel.Azarcon@adapthealth.com
Site	ACCT	Department	Patient Pay
Location	C13 Workstation		
Asset Tag ID	Description	Brand	Model
IPLOYMT536	Monitor	AOC	2070
IPLOYMT537	Monitor	AOC	2070
IPLOYPC179	Desktop Custom	Custom	Custom
IPLOYAVR605	Generic AVR	Secure	Secure
IPLOYHS1293	USB Headset	Plantronics	Blackwire C3220
<b>5 assets</b>			

**Additional Assigned Assets:**

Asset Tag ID	Description	Brand	Model
DELL KB	USB Keyboard ▾	Dell ▾	None ▾
IPLOYMS506	USB Mouse ▾	A4tech ▾	None ▾
ISSCAM29	None ▾	None ▾	None ▾
	None ▾	None ▾	None ▾
	None ▾	None ▾	None ▾

Purpose/Note	Existing assign assets - for Company Assets Accountability Form
	Total assets assigned: 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.

RUCILLE <sup>of Mrs</sup> MARCON  
 \_\_\_\_\_  
 Employee's Printed Name and Signature

3/20/2020  
 \_\_\_\_\_  
 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: 3/28/23	IT Personnel Signature: 
Check In Date: _____	IT Personnel Signature: _____