



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: Vicwendell Capoy																													
<table border="1"> <tr> <td>Employee ID</td> <td>901</td> </tr> <tr> <td>Name</td> <td>Vicwendell Capoy</td> </tr> <tr> <td>Site</td> <td>ACCT</td> </tr> <tr> <td>Location</td> <td>E39 Workstation</td> </tr> </table>	Employee ID	901	Name	Vicwendell Capoy	Site	ACCT	Location	E39 Workstation	<table border="1"> <tr> <td>Alias</td> <td>Val Capoy</td> </tr> <tr> <td>Email</td> <td>Val.Capoy@adapthealth.com</td> </tr> <tr> <td>Department</td> <td>PAP Patient Creation</td> </tr> </table>	Alias	Val Capoy	Email	Val.Capoy@adapthealth.com	Department	PAP Patient Creation														
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Employee's Printed Name and Signature

V. Gentry
VIEWER COPY

Date

5/15/2023

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.

Note: Depreciation is subject for top management's approval.

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

Company Asset Cost:

Purpose/Note	Existing assign assets - for Company Assets Accountability Form	Total assets assigned: 8

Additional Assigned Assets:

Asset Tag ID	Description	Brand	Model
IPLOYKB516	USB Keyboard	Dell	None
DELL MS	USB Mouse	Dell	None
			None
			None
			None
			None

Admin Use Only	
Check Out Date: 5/5/23	IT Personnel Signature: Jason Injada
Check In Date:	IT Personnel Signature:

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

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