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IT TOOL & AIRTIME ATTRIBUTION FORM**SECTION 1: EMPLOYEE INFORMATION**

Field	Details
Full Name	PRYDE MUA
Department	SUPPLY CHAIN
Position	WAREHOUSE COORDINATOR
Employee ID	
Date of Assignment	9/26/2025

SECTION 2: IT EQUIPMENT DETAILS

Item Description	Serial Number / Asset Tag	Condition (New/Used)
Laptop / PC		
Mobile Phone		
Monitor / Screen		
Keyboard / Mouse		
Headset / Headphones		
Others (Specify)		

SECTION 3: AIRTIME ALLOCATION