

**CITY OF CANTON  
MISSING RINGS FORM**

DEPT. # \_\_\_\_\_ EMPLOYEE NAME \_\_\_\_\_

EMP. # \_\_\_\_\_

DATE: \_\_\_\_\_ TIME IN: \_\_\_\_\_ AM/PM

DATE: \_\_\_\_\_ TIME OUT: \_\_\_\_\_ AM/PM

REASON: \_\_\_\_\_

OCCURRENCE: YES \_\_\_\_\_ NO \_\_\_\_\_

APPROVED \_\_\_\_\_

UNAPPROVED \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

OFFICER VERIFYING RING: \_\_\_\_\_

DEPARTMENT HEAD: \_\_\_\_\_

HUMAN RESOURCES: \_\_\_\_\_