

MISSING RINGS

DEPT. # _____ EMPLOYEE NAME _____

EMP. # _____

DATE: _____ TIME IN: _____ AM/PM

DATE: _____ TIME OUT: _____ AM/PM

REASON: _____

EMP. SIGNATURE: _____

OFFICER VERIFYING RING: _____

DEPT. HEAD: _____

HUMAN RESOURCES: _____

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