



**IVY LANE**  
CORPORATION

## Timesheet Adjustment Request Form

Employee Name: \_\_\_\_\_

GRX Number: \_\_\_\_\_

Store Location: \_\_\_\_\_

Adjustment Requested:

Date: \_\_\_\_\_

Current Time Shown on Timesheet: \_\_\_\_\_

Change Requested: \_\_\_\_\_

Reason for Adjustment: \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Name (Print)

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

**Please fax to 847-574-7677 or 773-326-1660 at the time of incident. Requests will not be accepted after 9 a.m. Monday of the following week.**