



Timesheet Adjustment Request Form

Employee Name: _____

GRX Number: _____

Store Location: _____

Adjustment Requested:

Date: _____

Current Time Shown on Timesheet: _____

Change Requested: _____

Reason for Adjustment: _____

Employee Signature

Date

Manager Name (Print)

Manager Signature

Date

**Please email completed form to
hr@ivylanecorp.com at the time of incident.**