

**Pittsylvania County
NOVAtime Exception Form**

Date: _____

Employee Name: _____

The hours listed below are being paid/deducted because they were not entered into NOVAtime prior to payroll being run for the pay period. I certify that this information is true, accurate, and complete.

Please provide a detailed explanation below:

Date(s)	Times	Description	Hours

I am requesting the following (please check): Overtime Straight Time Dock Hours

Employee's Signature

Date

Department Supervisor: Approved Not Approved

Account to be charged: _____

Director/Supervisor Signature

Date

Reviewed by: Human Resources / Payroll

Please submit this completed form to Payroll for processing.