



CAREER PROGRESSION JUSTIFICATION FORM

sok.positionjustification@service.ok.gov

Employee:			Date:		
CURRENT JOB INFORMATION					
Job Title:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Does this position supervise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location:	
Supervisor/Lead:	Manager:	Director:	Annual Salary:		
PROPOSED JOB INFORMATION					
Job Title:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Will this position supervise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location:	
Supervisor/Lead:	Manager:	Director:	Annual Salary:		
JUSTIFICATION (Required)					
Proposed Effective Date:					
<p>1. What new major work or additional responsibilities will be assigned to employee with the higher level of this position?</p> <p>2. Are there any unique circumstances that led to this decision? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain.</p> <p>3. Have there been any concerns addressed or disciplinary action taken on this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain.</p> <p>4. Additional justification relative to this request.</p>					
DIRECTOR COMMENTS			EXECUTIVE LEADERSHIP		
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Date:
			Signature:		