



COMP LEAVE JUSTIFICATION FORM (FOR EXEMPT EMPLOYEES)

sok.positionjustification@service.ok.gov

Name:	Date:		
Job Title:	Location:		
Proposed Number of Additional Hours Each Week:	Potential Financial Impact:		
JUSTIFICATION (Required)			
Proposed Start Date:	Proposed End Date:		
<p>1. Name extenuating circumstances that requires the need for additional hours to be worked. (Ex: special project, critical deadline, extensive travel, etc.) Be specific and provide details.</p> <p>2. Are there any unique circumstances that led to this need? <input type="checkbox"/> Yes <input type="checkbox"/> No (Ex: backlog, deadline moved up, etc.) If Yes, please be specific and give details.</p> <p>3. What would the potential outcome be if this request was not approved?</p> <p>4. Additional Justification relative to this request.</p>			
Division Leadership		Executive Leadership	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
Signature:		Signature:	