



## COMP LEAVE JUSTIFICATION FORM (FOR EXEMPT EMPLOYEES)

[sok.positionjustification@service.ok.gov](mailto:sok.positionjustification@service.ok.gov)

Name:	Date:
Job Title:	Location:
Proposed Number of Additional Hours Each Week:	Potential Financial Impact:
<b>JUSTIFICATION</b> (Required)	
Proposed Start Date:	Proposed End Date:
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.	
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.	
3. What would the potential outcome be if this request was not approved?	
4. Additional Justification relative to this request.	
<b>Division Leadership</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
<b>Executive Leadership</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
Signature:	
Signature:	