



## POSITION JUSTIFICATION FORM

sok.positionjustification@service.ok.gov

Job Title:		PIN:	Date:
<b>FILL/REFILL A POSITION</b>			
<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:
<input type="checkbox"/> Refill Vacant Position (within 30 days) <input type="checkbox"/> Fill Vacant Position (over 30 days)		<input type="checkbox"/> New Position (new PIN)	Job Postings? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
<b>PIN HISTORY</b>			
Incumbent:			Date Vacated:
<b>JUSTIFICATION (Required)</b>			
Proposed Effective Date:			
<p>1. Describe the impact/risk of not filling this position. (Provide the data.)</p> <p>2. Briefly describe the duties associated with this position.</p> <p>3. Are there any unique circumstances that must be fulfilled with this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain.</p> <p>4. Additional justification relative to this request.</p>			
<b>DIRECTOR COMMENTS</b>		<b>EXECUTIVE LEADERSHIP</b>	
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
		Signature:	