



POSITION JUSTIFICATION FORM

sok.positionjustification@service.ok.gov

Job Title:		PIN:	Date:
FILL/REFILL A POSITION			
<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:
JOB POSTING			
<input type="checkbox"/> Internal (State) <input type="checkbox"/> External <input type="checkbox"/> None		<input type="checkbox"/> 7 Days <input type="checkbox"/> 10 Days <input type="checkbox"/> 14 Days	
JUSTIFICATION (Required)			
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>			
DIRECTOR COMMENTS		EXECUTIVE LEADERSHIP	
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
		Signature:	