



## 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:

1. Describe the impact/risk of not filling this position. (Provide the data.)

2. Briefly describe the duties associated with this position.

3. Are there any unique circumstances that must be fulfilled with this position?  Yes  No If Yes, explain.

4. Additional justification relative to this request.

<b>DIRECTOR COMMENTS</b>	<b>EXECUTIVE LEADERSHIP</b>	
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
	Signature:	