



**Town of Norwood
Personnel Board
Document #D-102
Classification Request Form**

Date: ____ / ____ / ____ Appointing Authority: _____

Department: _____ Department Head: _____

Who is making this request? _____

A. Job Description Information: *[To be completed by the individual making the request]*

1. **Have you reviewed the position descriptions within the Town’s Classification Plan to see if there is one that meets your needs or closely resembles what you need?** Yes No

2. **If Yes, please indicate the title:** _____

- Be sure to attach a copy of the position description for review. Feel free to mark-up an existing position description to include the specifics you want considered.
- If No, it is your responsibility to work with the Human Resources Department in developing a position description that reflects the five categories used in the Town’s Point factor Evaluation System and to follow the position description template used in writing up a position description.

B. Organizational Information: *[To be completed by Appointing Authority or the Department Head]*

1. **Have you updated the organization chart on file with the Human Resources Department to correctly reflect the structure required to include the position you want rated?** Yes No

- If Yes, please attach a copy to this request.
- If No, please describe, as best you can, how the position fits into your organization. Feel free to include a marked up version of the org chart on file with the Human Resources Department.

2. **Is this request part of an organization restructure?** Yes No

- If Yes, please describe, as best you can, the nature of the reorganization.

C. Human Resources Department:

1. Has a Position Description been completed in accordance with the accepted standard adopted by the Personnel Board? Yes No

- If Yes, attach a draft as part of this submission to the Personnel Board.
- If No, please go back and have the Appointing Authority or Department Head work with you in developing a Position Description for review by the Personnel Board.

2. Has a salary survey been completed for this Position Description? Yes No

- If Yes, attach a copy of the pertinent survey documents as part of this submission to the Personnel Board.
- If No, one must be completed in order for the complete rating by the Personnel Board.

D. Personnel Board:

Date completed form received by the Human Resources Department: ____ / ____ / ____

Date of Personnel Board meeting in which Position Description presented: ____ / ____ / ____

Date of Personnel Board decision: ____ / ____ / ____

Classification Title: _____

Grade: _____ Min. Annual Salary (step 1): \$ _____

Max. Annual Salary (step 8): \$ _____

Rates are for what fiscal year? _____

PB Member Signature [Chair or Asst. Chair]

HR Director Signature

Print Name

Print Name

The Human Resources Department shall keep a copy of the final rating form on file for the created position, salary survey, and any other pertinent documents used by the Personnel Board in reaching their decision.

E. Notice shall be sent to the Appointing Authority, Department Head, and Finance Commission within 30 days of the PB vote.:

Group	Name	Date Sent
Appointing Authority -	_____	_____
Finance Commission -	_____	_____
Department Head -	_____	_____

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