



**Town of Norwood
Personnel Board
Document #D-103
Reclassification Request Form**

Date of Request: ____ / ____ / ____ Name of Incumbent: _____
Department: _____ Department Head: _____
Incumbent Position Classification Title: _____
Current Grade: ____ Step: ____ Years & Months Incumbent in current position: ____ Yrs. ____ Mo.
Who is requesting this reclassification? ☐ Employee ☐ Union ☐ Dept. Head ☐ Appt. Authority
Incumbent Date of Hire: ____ / ____ / ____

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

1. Is the current position description accurate? Yes ☐ No ☐
➤ If No, you must submit an updated Position Description with this form indicating the changes.
2. How long have you/this individual been doing the changed work? ____ Years ____ Months
3. Is there another position description in the Town of Norwood classification system that you believe more accurately describes the duties and responsibilities? Yes ☐ No ☐
➤ If Yes, what Position Classification is that? _____
4. Have you/this individual been assigned by your/the Supervisor or Department Head to perform these additional or different duties to which you claim you have been performing? Yes ☐ No ☐

***Disclaimer: Job descriptions do not delineate every aspect of a job but, may cover the related tasks.**

B. Organizational Information: [To be completed by Department Head]

1. Have there been any organizational changes that affected this position in the last six months: retirements, terminations, layoffs, new responsibilities, etc.? Yes ☐ No ☐
➤ If Yes, please detail: _____

2. Does the organization chart of your unit still reflect the current structure? Yes ☐ No ☐
➤ If No, please submit a revised chart by working with the HR Director, as there is a standard template.

C. Department Head Comments: [If additional space is needed, please attach a separate sheet]

Dept. Head Signature: _____ Print Name: _____

D. Point Factor Rating: [To be completed by the Personnel Board with assistance from the HR Director]1. Are the 12 factors rated accurately? Yes ☐ No ☐

➤ If No, in what way do they differ from the current rating?

2. Should more or less weight be given to any factor? [Please list each factor]

F. Personnel Board Hearing & Decision:

Date completed form received by Human Resources Department [sections A thru C]: ____ / ____ / ____

Date of Personnel Board meeting in which a decision was made: ____ / ____ / ____

Decision: ☐ Fully Granted ☐ Partially Granted ☐ Denied

If Granted, indicate the new Classification Title, Grade, and Step. The effective date is the date the reclassification request was filed with the Human Resources Department.

New Classification Title: _____

Grade: _____ Step: _____ Effective Date: ____ / ____ / ____

PB Member Signature [Chair or Asst. Chair] _____

HR Director Signature _____

Print Name_____
Print Name**G. Notice shall be sent to the appealing Requester, Department Head, Appointing Authority, Board of Selectmen, and Finance Commission within 75 days of the close of the hearing:**

| Group | Name | Date Sent |
|-------------------------|-------|-----------|
| Employee - | _____ | _____ |
| Department Head - | _____ | _____ |
| Appointing Authority - | _____ | _____ |
| Board of Selectmen - | _____ | _____ |
| Finance Commission - | _____ | _____ |
| Union, if appropriate - | _____ | _____ |