



**TOWN OF NORWOOD
NORWOOD PERSONNEL BOARD**

#D-107 – CLASSIFICATION/RECLASSIFICATION DECISION APPEAL

SECTION I: To Be Filled-out by Requesting Appointing Authority

Classification Decision Appeal Reclassification Decision Appeal

Department position is in: _____ (Print) Date: ____/____/____

Full-time position Part-time benefited position Part-time non-benefited position

Reason(s) for the appeal: _____

Appointing Authority Signature _____ Print Name _____ Title: _____

[Please submit this signed form to the Human Resources Department.]

SECTION II: To Be Reviewed by the Human Resources Director

Date Received: ____/____/____

Additional clarifying information the Personnel Board should be made aware of:

HR Director Signature _____ Print Name _____ Date: ____/____/____

[Please submit this signed form to the Personnel Board Chair for appropriate action by the full board.]

SECTION III: To Be Reviewed and Acted Upon by the Personnel Board

The Personnel Board reviewed this appeal makes the following decision:

Disapproved, the original decision remains
 Approved, the following update to the original decision is as follows - _____

Updated/Clarifying letter sent on ____/____/____

PB Chair or Vice-chair Signature _____ Print Name _____ Date _____

[This completed form shall be put in the HR Classification/Reclassification file of the employee or position.]