Town of Norwood
Personnel Board and Human Resources Department

Documents/Forms Index

The following list of current Documents/Forms utilized are utilized as part of an approved policy adopted by the Personnel Board and implemented by the Human Resources Department or are part of an administrative procedure/process followed by the Personnel Board while completing their normal duties and responsibilities.

Doc #	# of Pages	Name of Document	Document Date	Associated w/ Policy #	Document/Policy Name
D-100	10	Personnel Definitions	09/17/2014	ALL	All Policies
D-101	4	Request to Hire Above Step 3	10/16/2008	#P-101	Hiring Policy
D-102	2	Appendix D - Classification Request Form	10/28/2008	#A-101	Administrative Procedures - PB Operating Policies and Procedures
D-103	2	Appendix E - Reclassification Appeal Form	10/28/2008		
D-104	3	Acting Assignment Pay Appeal Form	10/16/2013	#P-403	Acting Assignment Policy
D-105	2	Vacation Carry-over Request	10/17/2012	#P-302	Vacation Policy
D-106	1	Vacation/Sick/Floating Holiday Pay-out Request	03/16/2016	#P-302	Vacation Leave/Sick Leave/Holiday
D-107	1	Classification / Reclassification Request Decision Appeal	08/17/2016	#A-101	Administrative Procedures - PB Operating Policies and Procedures
D-108	2	CORI Consent Form	10/17/2014	#P-102	CORI Employment Policy
D-109	1	VUP Exemption	04/15/2009	#P-405	Vehicle Use Policy
D-111	4	Performance Award Nomination Form	09/15/2010	#P-501	Employee Performance Award Policy
D-112	1	Performance Awards Tracking Form	09/15/2010	#P-501	Employee Performance Award Policy
D-114	2	Accelerated Step Increase Request Form	03/02/2016	#P-411	Accelerated Step Increase Policy
D-115	2	Performance Agreement Template	11/16/2016	#P-411	Accelerated Step Increase Policy
D-116	1	Non-award Thank You Letter	09/15/2010	#P-501	Performance Recognition Policy
D-117	1	Performance Award Letter	09/15/2010	#P-501	Performance Recognition Policy

Doc #	# of Pages	Name of Document	Document Date	Associated w/ Policy #	Document/Policy Name
D-121	2	Recognition Award Recommendation Form	02/20/2013	#P-502	Employee Recognition Award Policy
D-122	1	Employee Recognition Tracking Form	02/20/2013	#P-502	Employee Recognition Award Policy
D-123	2	Personnel Records Removal / Correction Request	05/18/2011	#P-402	Personnel Records Policy
D-124	2	Personnel Records Review / Copy Request	05/18/2011	#P-402	Personnel Records Policy
D-126	2	Policy Acknowledgement – Non-Bargained-for	11/16/2016	ALL	All Policies
D-127	2	Policy Acknowledgement – Bargained-for	11/16/2016	ALL	All Policies
D-128	3	Appendix A – FLSA Exempt Test Process	01/08/2013	#A-103	Administrative Procedures - FLSA Exempt Test/Determination
D-129	1	2nd Employment Position Request	02/20/2013	#P-104	FLSA Policy
D-139-1	2	Unpaid Leave Request	08/06/2014	#P-311	Unpaid Leave Policy
D-139-2	2	Unpaid Leave Extension Request	08/06/2014	#P-311	Unpaid Leave Policy
D-140	1	Unpaid Leave Policy Clarification Request	10/19/2016	#P-311	Unpaid Leave Policy
D-142	2	Appendix A - Employee vs Independent. Contractor Determination	09/17/2014	#A-102	Administrative Procedures – Employee or Independent Contractor
D-145	1	Notice for Leave Request	09/17/2014	#P-312	Domestic Violence Leave Policy
D-146					
D-147	3	Schedule A - Seasonal / Temporary Compensation Schedule	02/17/2016	#P-103	Seasonal/Temporary Employment Policy
D-148					
D-149					
D-150	1	Civil Fingerprinting Consent Form	02/10/2015	BOS-1	Town CORI and Fingerprint Policy

Individuals should always check with the Human Resources Department prior to the use of any document to ensure you have the most current dated version.

TOWN OF NORWOOD
PERSONNEL BOARD
566 WASHINGTON STREET
NORWOOD MASSACHUSETTS 02062

Document #D-101
REQUEST TO HIRE ABOVE STEP 3

Please note: *This request shall be submitted by the Appointing Authority, not by the individual or Department Head. Attach resume and any other relevant documents you believe will assist the HR Director in its deliberation.*

Date of Request: ____/____/____ Appointing Authority: _____

Department: _____ Department Head: _____

Candidate Position Title: _____ Current FY Position Grade & Step: _____

What Step is the Appointing Authority requesting to hire the candidate? _____

Rational for the Request [information should be specific as possible, so the HR Director can appropriately review and evaluate pertinent issues and be consistent in application]

1. Please indicate numbers below:

_____ years of comparable private sector experience in the same or similar type of position

_____ years of comparable public sector experience in the same or similar type of position

---

2. Do you believe this specific candidate is critical to the success of the job that warrants additional starting salary compensation consideration? ____Yes ____No If Yes, please explain why? *[Feel free to add additional paper as necessary]*

_____

_____

_____

_____

_____

_____

_____

_____

_____

3. What other qualifications does the candidate posses (educational, work experience, budgetary, etc.) that you feel will benefit the Town during his/her service that warrants additional starting salary compensation consideration? *[Feel free to add additional paper as necessary.]*

By what date do you need the HR Director to make a decision? ____/____/____

Appointing Authority signature: _____

[Please print] _____ (Name) _____ (Position)

A signed and completed form must be submitted to the HR Department

---

Date received by the HR Department: ____/____/____

Reviewed by the HR Director: ____/____/____

The request is reviewed by the HR Director with input from the AA and PB to meet the requested AA date.

Decision of the HR Director: Grade _____ Step _____ *[The HR Director can either approve the requested Step, approve a lower Step, or deny the request.]*

Rationale: _____

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

_____(print name)

The HR Director shall notify the Appointing Authority and the Personnel Board of his/her decision by forwarding a copy of this completed form.

Please note, the decision of the HR Director is <u>not</u> a budgetary approval. If the approved Grade and Step equates to a dollar value that exceeds the budget amount for this position, then the Appointing Authority is required to obtain approval from the Finance Commission and/or Town Meeting.

Is the Appointing Authority appealing (wanting reconsideration)? ___No ___Yes *If Yes, there <u>must</u> be new and/or additional documentation or information for him/her to review that may impact the original decision.*

Please indicate by attaching separate pages, the information the HR Director should review as part of reconsideration.

Appointing Authority Signature _____ [Signature]

[Print Name] _____ Date: ____/____/____

Date received by the HR Department: ____/____/____

2nd Review by the HR Director on: ____/____/____

The request is reviewed by the HR Director with input from the AA and PB to meet the requested AA date.

Final Decision of the HR Director: Grade _____ Step _____ *[The HR Director can either approve the requested Step, approve a lower Step, or deny the request.]*

Rationale: _____

_____

_____

_____

_____

_____

_____

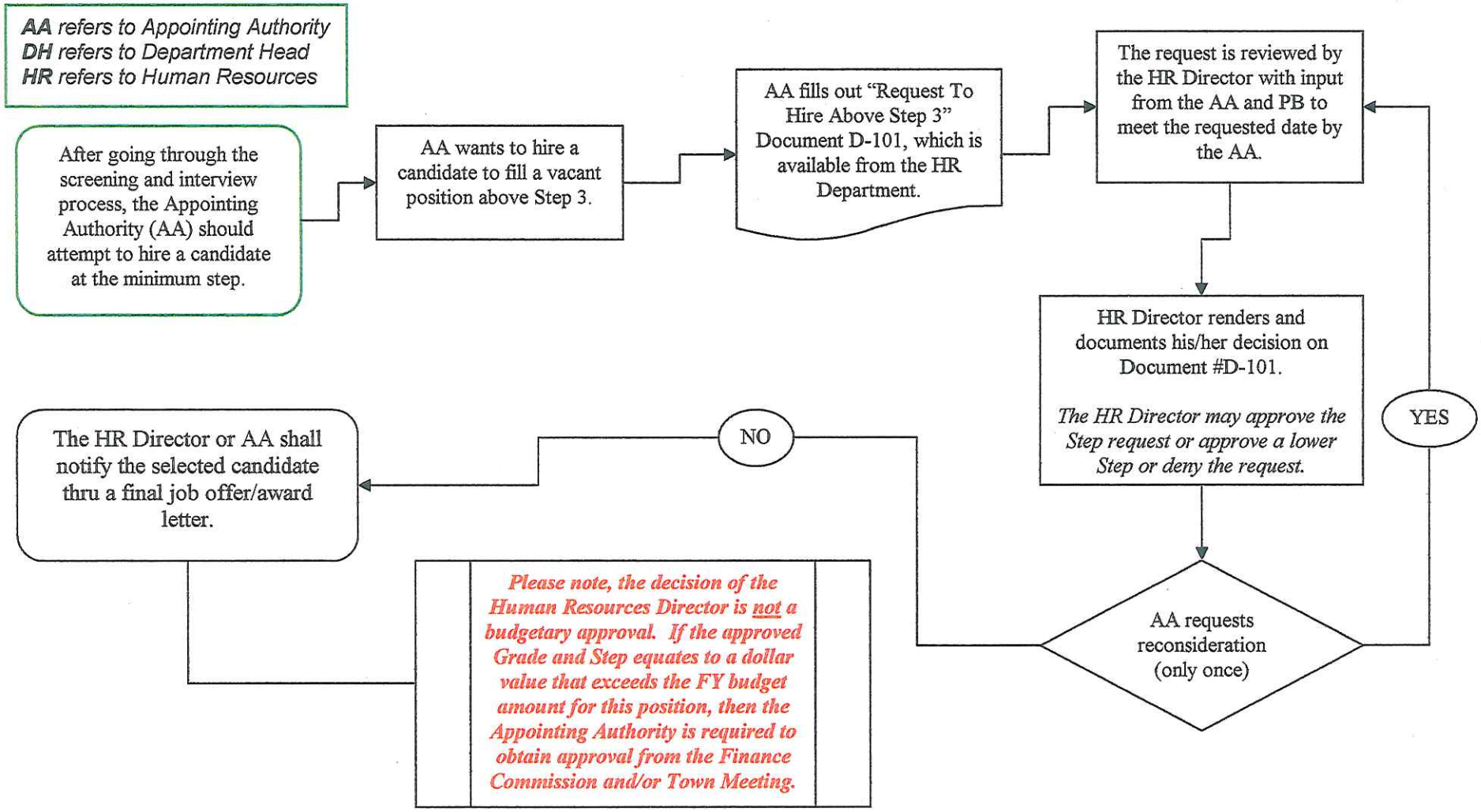
HR Director Signature: _____ Date: ____/____/____

_____(print name)

A copy of this completed and signed-off document shall be sent to the AA and Personnel Board.

TOWN OF NORWOOD
PERSONNEL BOARD
566 WASHINGTON STREET
NORWOOD MASSACHUSETTS 02062

Process for Requesting to Hire a Candidate Above Step 3



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 -		

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 -		

TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT

#D-104 - ACTING ASSIGNMENT PAY APPEAL FORM

SECTION A – Employee information and acting duties and responsibilities:

[To be completed by the individual or group making the appeal]

Employee Name: _____ Date: ____/____/____

Permanent Position Classification Title: _____

Permanent Grade: _____ Step: _____ Union Affl.: _____

Department: _____ Department Head: _____

Supervisor: _____

When were you appointed to the acting position? ____/____/____

What position were you appointed to? _____

What was the actual completion date of your acting assignment? ____/____/____ ☐ On-going

Why are you in an acting capacity? ☐ Position Vacancy ☐ Permanent employee was reassigned

☐ Permanent employee is on disability ☐ Permanent employee is on Vacation ☐ I do not know

☐ Other - _____

Do you have documentation that indicates your acting position and what you were/are being asked to complete above your current permanent position description? ☐ Yes ☐ No

If Yes, please be sure to attach the documentation to this appeal form.

Have you read and understand the Town's Acting Assignment Policy? ☐ Yes ☐ No

---

Below, please indicate the specifics of the duties and responsibilities that you believe are above your current position duties and responsibilities that you have been performing while on an acting assignment. (Please give as much information as possible. You may attach separate sheets as necessary.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Employee Signature: _____

[Upon completion, please forward completed/signed form to the Personnel Board Chair thru the HR Department]

Date Received by the PB/HR Department: ____/____/____ By: _____ (initials)

Date Sent to Department Head: ____/____/____ By: _____ (initials)

SECTION B - Organizational Information: ***[To be completed by the Department Head]***

The above named employee has made an appeal to the Personnel Board requesting additional compensation due to his/her belief they have been in an acting position for more than fifteen (15) consecutive work days. As part of our review, we ask that you review Sections A above and provide any information you believe will be helpful to the Personnel Board in this Section.

Was the employee put in an acting assignment that required him/her to perform duties and responsibilities above their permanent classification? ☐ Yes ☐ No

If yes, please answer the following. If no, please skip down to the bottom of Section B, sign, and forward.

What date was the employee put into an acting assignment? ____/____/____

Was documentation provided to the employee that outlined this acting assignment? ☐ Yes ☐ No

What was the actual completion date of the employee's acting assignment? ____/____/____ ☐ On-going

Why was this employee put in an acting position? _____

Have you read and understand the Town's ***Acting Assignment Policy***? ☐ Yes ☐ No

Why do you believe the employee should not be compensated for being in an acting assignment?

☐ Employee was not in an acting position longer then 15 consecutive work days.

☐ Employee was not assigned to perform a majority of the significant duties and responsibilities of a budgeted, higher paid position.

☐ Based on the ***Acting Assignment Policy***, Section 5.4, I dealt with this issue in the following manner:

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

Department Head Signature: _____ Date: ____/____/____

[Upon completion, please forward completed/signed form to the Personnel Board Chair thru the HR Department]

SECTION C - Personnel Board Decision:

Date completed form received by the PB/HR Department: ____/____/____

Date of meeting with any or all parties, if held: ____/____/____

Decision: ☐ Granted ☐ Denied

The following are the reasons for this decision: _____

If Granted, what are the number of days the employee shall receive additional compensation? _____ days.
The HR Director shall work with the Employee and Department Head in identifying the amount owed.

_____	_____
PB Chair or Vice-chair Signature	HR Director Signature
_____	_____
Print Name	Print Name

The decision of the Personnel Board is final.

A letter to the Employee with copies to the Department Head, Appointing Authority, and the Finance Commission shall be sent by the Personnel Board.

A copy of this completed form shall be filed with the Personnel Board, the Department Head and the employee's personnel file.

TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT

#D-105 - VACATION LEAVE CARRY-OVER EXCEPTION

SECTION A: ***[to be filled out by requesting employee]***

Employee Name: _____ (Print) Date: ____/____/____

Department: _____ Supervisor: _____

Based on my service date of ____/____/____ or the annual vacation days granted to me at hire, I am eligible for _____ days of vacation leave during the 20_____ calendar year. I have used _____ days and wish to carry-over _____ days.

I understand this request exceeds the 5 or 10 (circle which is applicable) day limit in the Town's Vacation Leave Policy [#P-302].

I also understand that any and all carry-over days approved must be used by June 30th of the next calendar year without exception or the days will be lost per Sections 5.10 and 6.4.b of the Vacation Leave Policy.

The reason(s) for my request is as follows: _____

_____

_____

_____

_____

_____

Employee Signature: _____ *[after signature, forward this request to your Supervisor for completion of section B. If the requesting employee is the Department Head or Town Manager, then sign and forward this form to the HR Director for completion of Section C]*

SECTION B: ***[to be filled out by the requesting employee's Supervisor]***

Date: ____/____/____ ☐ Recommend ☐ Do Not Recommend

Supervisor: _____ _____
Signature Print Name

If not recommending, please provide reason(s): _____

_____

_____

_____

_____

_____

[Supervisor shall forward this completed / signed request to the HR Department for completion of Section C.]

SECTION C: ***[to be reviewed / completed by the HR Department]***

The HR Department will validate the employee's service date and current calendar year vacation days before this request goes to the HR Director.

I have reviewed the information/data submitted by the Employee and Supervisor, and find it to be:

☐ Correct as shown ☐ Incorrect and I am providing the correct information below, which I have reviewed with the Employee and Supervisor.

- Employee Service Date is ____/____/____ and was granted _____ vacation days at hire
- Employee is eligible for _____ days of vacation leave during the _____ calendar year and wishes to carry-over _____ days of vacation leave into the next calendar year.

_____ _____ Date: ____/____/____

HR Department Signature Print Name

[HR Department shall forward this completed / signed request to the Department Head or Appointing Authority, if the requesting employee is a Department Head or Town Manager.]

SECTION D:

Date: ____/____/____ ☐ Approve ☐ Do Not Approve

Dept. Head or: _____ _____

Appt. Authority Signature Print Name

If not approving, please provide reason(s): _____

_____

_____

_____

_____

In accordance with the Town's Vacation Leave Policy, the Department Head's/Appointing Authority decision is final and the Employee and Supervisor shall be informed within 5 business days of this dated decision.

TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT

#D-106 PAY-OUT REQUEST

VACATION LEAVE / SICK LEAVE / FLOATING HOLIDAY / LONGEVITY

SECTION I: To Be Filled-out by Department Head or Appointing Authority

Employee Name: _____ (Print) ☐ Full-time (FT) ☐ Part-time (PT)

Department: _____ Grade: _____ Step: _____

☐ Resignation ☐ Termination ☐ Retirement ☐ Death Separation Date: ____/____/____

A: Vacation Pay-out

_____ (a) Unused approved carry-over vacation days

_____ (b) Current eligible unused calendar year days

_____ (c) Total vacation days to be paid (a plus b)

$_____ (d) Current Grade-Step daily rate of pay

$_____ (e) Total $ for Vacation Leave (c x d)

B: Sick Leave Pay-out

_____ (f) Unused sick leave days – *can't exceed 150*

$_____ (g) Current Grade-Step daily rate of pay

$_____ (h) Total $ for Sick Leave (f x g x 25%)

C: Floating Holiday

$_____ (i) daily rate

D: Longevity Pay-out

$_____(j) prorated eligible amount (Union)

[The current Grade-Step daily rate of pay is as of the date of separation.]

_____ _____ Date: ____/____/____

Department Head/Appointing Authority Print Name [submit to HR Director]

SECTION II: To Be Validated and Signed by the Human Resources Director

A: Vacation Pay-out

☐ **Concur** ☐ **Do Not Concur**-corrections below

_____ (a) Unused approved carry-over vacation days

_____ (b) Current eligible unused calendar year days

_____ (c) Total vacation days to be paid (a plus b)

$_____ (d) Current Grade-Step daily rate of pay

$_____ (e) Total $ for Vacation Leave (c x d)

B: Sick Leave Pay-out

☐ **Concur** ☐ **Do Not Concur**-corrections below:

_____ (f) Unused sick leave days – *can't exceed 150*

$_____ (g) Current Grade-Step daily rate of pay

$_____ (h) Total $ for Sick Leave (f x g x 25%)

C: Float Holiday ☐ **Concur** ☐ **Do Not Concur**

$_____ (i) daily rate

D: Longevity Pay-out ☐ **Concur** ☐ **Do Not Concur** **$_____(j) prorated eligible amount (Union)**

_____ _____ Date: ____/____/____

Human Resources Director signature Print Name [submit to Town Accountant]

SECTION III: To Be Reviewed and Signed by the Town Accountant

A: Vacation Leave information and amount ☐ Concur ☐ Do Not Concur

B: Sick Leave information and amount ☐ Concur ☐ Do Not Concur

C: Floating Holiday information and amount ☐ Concur ☐ Do Not Concur

D: Longevity information and amount (Union) ☐ Concur ☐ Do Not Concur

- *If all Concur boxes are marked, check the following box, sign, date and submit form to the Town Treasurer for processing under Section IV*

☐ I reviewed this request and concur with the amount to be paid and that there are sufficient funds available to make this payment. *(Form to be signed, dated and forwarded to the Town Treasurer for processing under Section IV.)*

- *If any of the Do Not Concur boxes are checked, provide an explanation below, then sign, date and return form back to the HR Director under Section II-R.)*

Explanation (required if do not concur):

_____

_____

_____

_____ _____ Date: ____/____/____

Town Accountant signature Print Name

SECTION II R: Revalidation by the HR Director ***[only required if TA does not concur in Section III]***

A: Vacation Payout

_____ (a) Unused approved carry-over vacation days

_____ (b) Current eligible unused calendar year days

_____ (c) Total vacation days to be paid (a plus b)

$_____ (d) Current Grade-Step daily rate of pay

$_____ (e) Total $ for Vacation Leave (c x d)

B: Sick Leave Pay-out

_____ (f) Unused sick leave days – *can't exceed 150*

$_____ (g) Current Grade-Step daily rate of pay

$_____ (h) Total $ for Sick Leave (f x g x 25%)

C: Floating Holiday

$_____ (i) Total $ for Floating Holiday

[The current Grade-Step daily rate of pay is as of the date of separation.]

_____ _____ Date: ____/____/____

Human Resources Director signature Print Name [submit to Town Accountant]

SECTION III R: To Be Reviewed and Signed by the Town Accountant ***[only required if HR Director had to re-validate in Section II R.]***

A: Vacation Leave information and amount	☐ Concur	☐ Do Not Concur
B: Sick Leave information and amount	☐ Concur	☐ Do Not Concur
C: Floating Holiday information and amount	☐ Concur	☐ Do Not Concur
D: Longevity information and amount (Union)	☐ Concur	☐ Do Not Concur

☐ I reviewed this request and concur with the amount to be paid and that there are sufficient funds available to make this payment. *(Form to be signed, dated and forwarded to the Town Treasurer for processing under Section IV.)*

_____ _____ Date: ____/____/____

Town Accountant signature Print Name

SECTION IV: To Be Acknowledged by the Town Treasurer that the form has been received and payment is being processed

_____ _____ Date: ____/____/____

Town Treasurer signature Print Name

The original fully signed form shall be returned to the HR Director, who shall ensure a copy is placed in the employee's personnel file. Payroll shall also be provided a copy and others to be disseminated as needed.

POLICY REFERENCES: Vacation Leave #P-302 - Sick Leave #P-304 – Holiday Leave #P-308 – Longevity #P-503

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: _____

_____

_____

_____

_____

_____ _____ Title: _____

Appointing Authority Signature Print Name

[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:

_____

_____

_____

_____ _____ Date: ____/____/____

HR Director Signature Print Name

[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.]

TOWN OF NORWOOD
MASSACHUSETTS
566 WASHINGTON ST., NORWOOD MASSACHUSETTS 02062
PHONE 781-762-1240 FAX 781-278-3000

Document #D-108
CORI CONSENT FORM

_____ is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, CORI submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

_____ to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY;

the _____ may conduct subsequent CORI checks within a year of the date this Consent Form was signed by me provided, however, that _____ _____ must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ SIGNATURE

____/____/20____ DATE

SUBJECT INFORMATION: (PLEASE PRINT):

Last Name	First Name	Middle Name	Suffix

Maiden Name (or other name(s) by which you have been known)

_____/_____/20_____ Date of Birth

Place of Birth (city/town – state)

Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name

Father's Full Name

Current and Former Addresses:

Street Number & Name	City/Town	State	Zipcode

Street Number & Name	City/Town	State	Zipcode

The above information was verified by reviewing the following form(s) of government-issued identification:

_____

_____

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

_____

Signature of Verifying Employee

Town of Norwood

#D-109 - Vehicle Use Policy Exemption Form

Employees seeking an exemption from provisions of the Town's ***Vehicle Use Policy*** must submit this form to their Department Head for review, and then to the General Manager or Fire Chief in case of Fire Department employees, who may authorize limited exemptions to this policy under documented mitigating circumstances and in accordance with allowed policy exemptions **[see Section 6.3.c]**. This form also gets noted by the Human Resources Director and placed in the employee's personnel file.

Employee Name: _____ _____ _____
FIRST LAST M.I.

Department: _____ Title: _____

List specific policy sections for exemption consideration and indicate why needed (attach add'l paper if reqd):

_____

_____

_____

_____

Employee Signature: _____ Date: ____/____/____

☐ Concur w/Request ☐ Do Not Concur w/Request (please explain below)

_____

_____

_____

_____

Reviewed: _____ _____ Date: ____/____/____
Department Head Signature Print Name

☐ Exemption Request Approved ☐ Exemption Request Disapproved (please explain below)

_____

_____

_____

_____

_____ _____ Date: ____/____/____
Appointing Authority Signature Print Name

Noted by HR Director and form placed into employee's personnel file.

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

TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT

Document #D-111

PERFORMANCE AWARD NOMINATION FORM

Nominator fills out Sections A and B

SECTION A – Nomination Information (please print) *[attach additional paper if needed]*

Nominator: _____ Dept.: _____ Title: _____

_____ Dept.: _____ Title: _____

Name of employee(s) being nominated for recognition and award consideration:

Employee: _____ Dept.: _____ Title: _____

_____ Dept.: _____ Title: _____

_____ Dept.: _____ Title: _____

_____ Dept.: _____ Title: _____

SECTION B – Nature of Activity *[attach additional paper/data/information as necessary]*

1. Please describe what the individual(s) was/were asked or volunteered to do for this activity that warrants consideration of an award.

_____

_____

_____

_____

_____

_____

2. Please describe the outcome/result of the activity(ies) that warrants consideration of an award.

_____

_____

_____

_____

_____

_____

The above indicated and attached information should be considered for a performance award, as the individual or team has complied with the intent of the program.

Signed: _____ Date: ____/____/____ Title: _____

SECTION C – Award Concurrence *[To be filled out by the Dept. Head or Appointing Authority]*

I have read all the included information as part of this submission and make the following recommendation:

1. ☐ **I Do Not Concur** for the following reason(s) *[please be specific as to your reasoning, particularly expanding on the Significant Achievement issue, whenever possible.]*:

_____

_____

_____

_____

_____

_____

2. ☐ **I Concur and Support** this nomination and believe each individual listed should be granted a performance award that recognizes their significant accomplishment.

   I recommend that the Personnel Board/Board of Selectmen consider the following form of award in recognizing the above listed employee(s) *[please put an 'X' next to a. or b. below (not both)]:*

   a. ☐ Monetary award of $_____.00 [may not exceed $1,000]; or,

   b. ☐ Days off (comp time) - ____ (1 or 2 days off)

Signed: _____ Date: ____/____/____ Title: _____
[Department Head/Appointing Authority signature]

If Department Head or Appointing Authority does not concur, this form and all attached/associated documents must be returned to the individual who signed Section B.

If concurring with this submission, this form and all attached/associated documents shall be forwarded to the Human Resources Department for logging, tracking and completeness.

If the Board of Selectmen is the Nominator (Section A) and is recommending the award(s), the Personnel Board Chairman, in conjunction with the HR Director, shall make the final determination in Section F.

SECTION D1 – Human Resources *[to be reviewed by the HR Department as it relates to appropriate signature, tracking, and completeness in accordance with the established policy]*

Date Received: ____/____/____ Tracking Number: 20____-_____

Is this form properly signed, names listed correctly, and sufficient information provided for the Personnel Board to review and make a recommendation as to whether a performance award should be granted?

☐ Yes ☐ No If No and cannot be easily corrected, indicate what is missing and return this form and all documents to the individual who signed Section C for updating and resubmission.

Date returned to Department Head or Appointing Authority: ____/____/____

Missing or clarifying information needed: _____

_____

_____

Signed: _____ Date: ____/____/____

SECTION D2 – Human Resources Director

I have reviewed this resubmitted PANF and concur it is complete. This form and all attached documents shall be forwarded to the Personnel Board for review and final recommendation to the Board of Selectmen.

Signed: _____ Date: ____/____/____
Human Resources Director

SECTION E - Award Recommendation *[to be completed by the Personnel Board)*

The Personnel Board has carefully reviewed all the submitted information regarding this nomination and makes the following recommendation *(check as appropriate)*:

_____ While the accomplishment is very good, it does not meet the standards set forth in the policy. Thank you letters shall be sent to each employee with a copy provided to his/her Department Head.

_____ The submitted nomination is being recommended to receive the following performance award *[if recommending an award, only one may be checked and fill in a recommendation award]*:

☐ A monetary award of $_____.00 to each nominated employee listed [may not exceed $1,000]; or,

☐ _____ 1 or 2 days comp time-off - must be used within 90 days and scheduled with Supervisor

_____ _____
For the Personnel Board (signature) Print Name

_____ Date: ____/____/____
Title [Chair or Vice-Chair]

SECTION E1 - Award Recommendation reconsideration if resubmitted by the Board of Selectmen

The Personnel Board has re-reviewed all the submitted information regarding the Board of Selectmen reconsideration request and makes the following recommendation *(check as appropriate)*:

_____ While the accomplishment is very good, it does not meet the standards set forth in the policy. Thank you letters shall be sent to each employee with a copy to their Department Head or Appointing Authority.

_____ The submitted nomination is being recommended to receive the following performance award *[if recommending an award, only one may be checked and fill in a recommendation award]*:

☐ A monetary award of $_____.00 to each nominated employee listed [may not exceed $1,000]; or,

☐ ____ 1 or 2 days comp time off – must be used within 90 days and scheduled with Supervisor

_____ _____
For the Personnel Board (signature) Print Name

_____ Date: ____/____/____
Title [Chair or Vice-chair]

SECTION F - Award Determination *[to be completed by the Board of Selectmen)*

If the Board of Selectmen is the Nominator (Section A) and is recommending an award, the Personnel Board Chairman in conjunction with the HR Director shall make the final determination in this Section.

Date Received: _____/_____/_____

The Board of Selectmen (or PB Chair & HR Director) has reviewed the recommendation(s) and all submitted information/documents regarding this nomination and makes the following decision:

_____ Approve of the recommendation(s) by the Personnel Board. This form and any attached documentation shall be returned to the Human Resources Department for appropriate processing and filing. *[An award letter shall be sent by the HR Department to each employee, with a copy provided to his/her Department Head, Appointing Authority, and the employee's personnel file. The HR Director shall forward the appropriate documentation to the Town Account for immediate processing.]*

_____ Would like reconsideration of the award being recommended to: _____
[This form and all attached documents shall be returned to the Personnel Board]

_____ Disapprove of and deny the recommendation. *[This form and all attached documents shall be sent to the HR Department. Thank you letters shall be sent to each employee with a copy to the Department Head.]*

_____ _____
For the Board of Selectmen or Personnel Board (signature) Print Name

_____ Date: _____/_____/_____
Title [Chair or Vice-Chair]

SECTION F1 – Award Determination *[to be completed by the Board of Selectmen upon resubmission]*

Date received: _____/_____/_____

The Board of Selectmen has reviewed the resubmitted recommendation(s) of the Personnel Board and all submitted information regarding this nomination and makes the following decision:

_____ Approve of the resubmitted recommendation(s) by the Personnel Board. This form and any attached documentation shall be returned to the Human Resources department for appropriate processing and proper filing. *[An award letter shall be sent to each employee with a copy provided to their Department Head, Appointing Authority, and the employee's personnel file. The HR Director shall forward the appropriate documentation to the Town Account for immediate processing.]*

_____ Disapprove of and deny the recommendation. Thank you letters shall be sent to each employee with a copy provided to his/her Department Head. *[Thank you letters shall be sent to each employee by the HR Department with a copy provided to the employee's Department Head.]*

_____ _____
For the Board of Selectmen or Personnel Board (signature) Print Name

_____ Date: _____/_____/_____
Title [Chair or Vice-chair]

TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT

#D-112 - PERFORMANCE AWARDS TRACKING REPORT

FY ENDING JUNE 30, 20____

						Award **			If Yes - what	
Date Received	Tracking #	Nominator(s)	Nominatees	Department	Date Reviewed	Yes	Type	No	$ Value	Comp Time
/ /20	20 -				/ /20					
/ /20	20 -				/ /20					
/ /20	20 -				/ /20					
/ /20	20 -				/ /20					
/ /20	20 -				/ /20					
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/ /20	20 -				/ /20					
/ /20	20 -				/ /20					
/ /20	20 -				/ /20					
							TOTALS		$ -	0.00

Award Types

A - Short-term Financial Savings B - Long-term Financial Savings C - Permanent Process Improvement

TOWN OF NORWOOD
PERSONNEL BOARD

#D-114 - REQUEST FOR ACCELERATED STEP INCREASE

Please note: *This request shall be submitted by the Appointing Authority, not by the individual or Department Head and submitted to the HR Director for review, input and feedback.*

SECTION I - Appointing Authority Input

Date of Request: ____/____/____ Appointing Authority: _____

Department: _____ Department Head: _____

Employee Name: _____

Position Title: _____ Current Position Grade & Step: ____/____

What Step is the Appointing Authority requesting the employee be accelerated to? _____

What is the date in which the current employee was put in the Grade indicated above? ____/____/____

Rational for the Request

- Information should be specific as possible, so the Human Resources Director can appropriately review and evaluate pertinent issues and be consistent in application, before reporting back to the Appointing Authority.
- Accelerated Step increases can be considered if the request is based on performance. A copy of the signed Performance Agreement (PA), as outlined in section 6 of this policy, must be submitted with this request. Performance Agreements must have been agreed to by the Appointing Authority and the employee a minimum of 12 months in advance of consideration.

Appointing Authority signature: _____

[Once signed, please forward all documents for review to the Human Resources Director]

SECTION II – Human Resources Review

Date received by the HR Department: _____/_____/_____

Is there a signed copy of a Performance Agreement attached with this request? _____Yes _____No

If No, please inform the Appointing Authority individual who signed this form that it is required in order for this request to move forward. Please date stamp documents to be sure a timeline can be tracked.

In your review of Section 6.4 of this policy and the submitted documents, have all other aspects of required documentation been met? _____Yes _____No

If No, please explain: _____

_____

_____

_____

_____

_____

_____

HR Director Signature: _____

Print Name: _____ Date: _____/_____/_____

[Once all documentation has been provided, please return to the Appointing Authority]

A copy of this completed and signed-off document shall be placed in the employee's personnel file. The Appointing Authority must also ensure the employee is provided a copy of this document and the signed Performance Agreement.

TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT

DATE: _____/_____/_____

_____

_____

_____

RE: Performance Award Nomination

Dear _____:

The Human Resources Department is in receipt of a Performance Award Nomination Form submitted on your behalf for the efforts you contributed in the performance of your job that was associated with:

_____

_____

While the Town very much appreciates and values your effort, it has been determined that the activity performed and end result achieved does not meet the 'Significant Achievement" threshold of the Town's Recognition Policy.

Please accept our sincere thanks for your efforts.

A copy of this letter will be placed in your personnel file and forwarded to your Department Head.

If you have any questions, please feel free to contact my office on 781-762-1240, x178.

Sincerely,

_____, Director
Human Resources Department

cc: _____ *(Department Head)*

TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT

DATE: _____/_____/_____

_____

_____

_____

RE: Performance Award Nomination

Dear _____:

The Human Resources Department is in receipt of a Performance Award Nomination Form submitted on your behalf for the efforts you contributed in the performance of your job that was associated with:

_____

_____

On behalf of the Town, please accept our congratulations for performing and participating in the activity described and achieving the results you did. The Town of Norwood takes pride in all of its employees and wants to recognize the instances where ideas and effort translate into significant Town savings.

Please accept this letter as acknowledgement that the Board of Selectmen has approved the following award:

☐ A monetary award of $_____

☐ _____ 1 or 2 days compensatory time-off
[schedule with Supervisor and use within 90 days]

A copy of this letter will be placed in your personnel file and forwarded to your Department Head, Appointing Authority and Town Accountant. The Human Resources Department will ensure the processing of the award in a timely fashion.

If you have any questions, please feel free to contact my office on 781-762-1240, x178.

Sincerely,

_____, Director
Human Resources Department

cc: _____ *(Department Head)*

_____ *(Appointing Authority)*

_____ *(Town Accountant w/appropriate forms for processing)*

TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT

Document #D-121

RECOGNITION AWARD RECOMMENDATION FORM

Nominator fills out Sections A and B

SECTION A – Nomination Information (please print) *[attach additional paper/documents, if needed]*

Nominator:_____ Dept.: _____ Title: _____

Name of employee(s) being nominated for recognition and award consideration:

Employee: _____ Dept.: _____ Title: _____

_____ Dept.: _____ Title: _____

_____ Dept.: _____ Title: _____

SECTION B – What Did the Employee Do? *[attach additional paper/documents, if needed]*

Please indicate what the employee did that warrants consideration of an employee recognition award.

_____

_____

_____

Signed: _____ Date: ____/____/____ Title: _____

[If Nominator is the Department Head, he/she shall sign and forward document(s) directly to the Town Manager]

SECTION C – Recognition Concurrence *[To be filled out by the Dept. Head, if he/she is not the Nominator]*

I have read all the included information as part of this submission and make the following recommendation:

☐ **I Do Not Concur** for the following reason(s) *[please be specific as to your reasoning]*:

_____

_____

_____

☐ **I Concur and Recommend** this nomination.

Signed: _____ Date: ____/____/____ Title: _____
[Department Head signature]

If Department Head does not concur, this form and all attached/associated documents must be returned to the individual who signed Section B.

If concurring with this submission, this form and all attached/associated documents shall be forwarded to the Town Manager for logging and tracking.

SECTION D - Recognition Determination *[to be completed by the Town Manager]*

Date Received: ____/____/____ Tracking #: 20____ - ____
[year] [#]

The Town Manager has reviewed the recommendation and makes the following decision:

☐ I Concur and Approve this recommendation and will be giving the following to each indicated/recommended employee. *[A certificate of appreciation, along with the appropriate recognition, shall be given to the employee(s) listed in Section A.]*

_____

_____

☐ I Do Not Concur and Disapprove of this recommendation. *[This form and all attached documents shall be returned to the appropriate Department Head]*

_____	_____	____/____/____
Town Manager (signature)	Print Name	Date

TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT

#D-122 - EMPLOYEE RECOGNITION AWARD TRACKING REPORT

[To Be Maintained By The Town Manager's Office]

FY ENDING JUNE 30, 20____

							Recognition		If Yes - what	
#'s	Date Received	Tracking #	Nominator	Nominee	Department	Date Reviewed	Yes	No	Item Given	$ Value
1	/ /20	20 -				/ /20				
2	/ /20	20 -				/ /20				
3	/ /20	20 -				/ /20				
4	/ /20	20 -				/ /20				
5	/ /20	20 -				/ /20				
6	/ /20	20 -				/ /20				
7	/ /20	20 -				/ /20				
8	/ /20	20 -				/ /20				
9	/ /20	20 -				/ /20				
10	/ /20	20 -				/ /20				
11	/ /20	20 -				/ /20				
12	/ /20	20 -				/ /20				
13	/ /20	20 -				/ /20				
14	/ /20	20 -				/ /20				
15	/ /20	20 -				/ /20				
16	/ /20	20 -				/ /20				
17	/ /20	20 -				/ /20				
18	/ /20	20 -				/ /20				
19	/ /20	20 -				/ /20				
20	/ /20	20 -				/ /20				
21	/ /20	20 -				/ /20				
22	/ /20	20 -				/ /20				
23	/ /20	20 -				/ /20				
24	/ /20	20 -				/ /20				
										$ -

TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT

Document #D-123

PERSONNEL RECORDS REMOVAL / CORRECTION REQUEST

Removal/Correction Request By: ☐ **Employee** ☐ **Appointing Authority [AA]**

Employee: I, _____, an employee of the _____ department in the Town of Norwood, request that the following document/information be removed or corrected within my personnel file:

AA: I, _____, Chairperson/designee of the _____ Appointing Authority, do hereby request that the following document(s)/information be removed or corrected from the personnel file of employee: _____.

Please indicate what document(s) or information is/are to be removed or corrected: _____

_____

_____

Per the governing Town of Norwood Personnel Records Policy #402, there must be clear and compelling reasons to remove or correct personnel file information. Please indicate here what the reason(s) is/are:

_____

_____

_____

_____ _____ _____

Employee/AA Signature Print Name Date

[This signed form shall be sent to the AA if signed by the Employee or to HR if signed by the AA]

AA review and comments, if the request is from the Employee, is required before being sent to HR:

☐ I support the Employee's request ☐ I would deny the Employee's request

Reason(s) for support or denial: _____

_____

_____

_____ _____ _____

AA Signature Print Name Date

[This signed form shall be sent to HR Department]

Received by the Human Resources Department:

_____ _____ _____

HR Employee Signature Print Name Date

HR Director Review:

I have reviewed the above request and make the following determination:

☐ I concur that the following document(s) / information shall be removed from the employee's personnel file:

_____

_____

☐ I do not concur that the above requested document(s) / information be removed from the employee's personnel file and here is/are my reason(s):

_____

_____

_____	_____	_____
HR Director Signature	Print Name	Date

A copy of this signed form shall be sent to the requesting individual indicated in the top section of this document.

Appeal by Employee / Appointing Authority

I, _____, named as a Requester at the top of this document, appeal the decision of the HR Director and request the following action by the Personnel Board: _____

_____

_____

Please provide any additional reasons for this request: _____

_____

_____

_____	_____	_____
Employee/AA Signature	Print Name	Date

Review by the Personnel Board

The PB has reviewed this appeal from the above named Requestor and makes the following determination:

☐ This appeal was considered during a PB meeting held on _____ and we concur that the following document(s) / information shall be removed from the employee's personnel file:

_____

_____

_____

☐ This appeal was considered during a PB meeting held on _____ and we do not concur that the above requested document(s) / information is to be removed from the employee's personnel file.

_____	_____	_____
PB Chairman or Vice-Chairman	Print Name	Date

The decision of the Personnel Board is final. A copy of this signed document shall be sent to the Requestor and the HR Director for further action, if any.

TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT

Document #D-124
PERSONNEL RECORDS ACCESS/COPY REQUEST

SECTION I - Records Review Request

I, _____, an employee of the _____ department in the Town of Norwood, request that I [or my attorney/union representative named _____] be given an opportunity to review my official personnel record. I understand that this review will take place in the Human Resources office during normal business hours in the presence of the HR Director or his/her designee.

_____ _____ _____
Employee Signature Print Name Date

Received by the Human Resources Department:

_____ _____ _____
HR Employee Signature Print Name Date

The agreed upon review date has been set for: _____

Review Date of ____/____/____ completed. Employee Initials _____ HR Employee Initials _____

SECTION II - Records Copy Request

I, _____, an employee of the _____ department in the Town of Norwood, request that I be given a copy of all documents in my official personnel record.

_____ _____ _____
Employee Signature Print Name Date

Received by the Human Resources Department:

_____ _____ _____
Employee Signature Print Name Date

Date a copy of the employee personnel file was provided to the employee: ____/____/____

_____ _____
HR Employee Signature Print Name

TOWN OF NORWOOD
566 Washington Street
Norwood, MA 02062

#D-126 – Personnel Policy Acknowledgement
Non-Bargained-For Employees

The following listed policies have been provided to you for review. If you have any questions, please ask a representative of the Human Resources Department. The Town strives to provide employees and customers with an environment that is safe, flexible, fair, culturally appropriate, friendly and professional. The Town reserves the right to change, add to or delete any part of any policy, at any time, as it deems appropriate after an appropriate public hearing is held. The Town reserves the right to waive or vary any term of these policies, as it deems appropriate at any time in order to achieve its desired goals.

If changes are made to these policies, the Town will notify employees as soon as possible after the appropriate public hearing is held. Changes which are required by law will be effective with or without notice to employees.

These policies do not, and may not be construed to create a contract with any employee.

Policy#	Policy Name	Policy#	Policy Name
P-101	Hiring	P-311	Unpaid Leave
P-102	CORI Employment	P-312	Domestic Violence Leave
P-103	Seasonal/Temporary Employment	P-401	IT Resources and Use
P-104	Fair Labor Standards Act (FLSA)	P-402	Personnel Records
P-201	EEO	P-403	Acting Assignment
P-202	Policy Against Harassment	P-404	Alcohol and Drug
P-301	Family and Medical leave	P-405	Vehicle Use
P-302	Vacation Leave	P-406	Professional Conduct
P-303	Americans with Disabilities	P-407	Workplace Violence Prevention
P-304	Paid Sick Leave	P-409	Workplace Smoke-free
P-305	Military Leave	P-410	Social Media
P-307	Bereavement Leave	P-411	Accelerated Step Increase
P-308	Holiday Leave	P-501	Employee Performance Award
P-309	Civic Duty Leave	P-502	Employee Recognition Award
P-310	Personal Leave	P-503	Longevity

Employee Acknowledgement:

I acknowledge that I have received and read the above listed Town personnel policies. *Please be advised that if you refuse to acknowledge receipt of these policies by signing below, your refusal will be documented and you are still obligated to follow and comply with these policies.*

_____
Employee Name [please print]

_____ Date: ____/____/____
Employee Signature

For Human Resources' Use:

☐ Employee _____ [print name] was unwilling to sign this document.

_____ (HR Initials) ____/____/____

TOWN OF NORWOOD
566 Washington Street
Norwood, MA 02062

#D-127 – Personnel Policy Acknowledgement
Bargained-For Employees

The following listed policies have been provided to you for review. If you have any questions, please ask a representative of the Human Resources Department. The Town strives to provide employees and customers with an environment that is safe, flexible, fair, culturally appropriate, friendly and professional. The Town reserves the right to change, add to or delete any part of any policy, at any time, as it deems appropriate after an appropriate public hearing is held. The Town reserves the right to waive or vary any term of these policies, as it deems appropriate at any time in order to achieve its desired goals.

If changes are made to these policies, the Town will notify employees as soon as possible after the appropriate public hearing is held. Changes which are required by law will be effective with or without notice to employees.

These policies do not, and may not be construed to create a contract with any employee.

Policy#	Policy Name	Policy#	Policy Name
P-101	Hiring	P-311	Unpaid Leave
P-102	CORI Employment	P-312	Domestic Violence Leave
P-103	Seasonal/Temporary Employment	P-401	IT Resources and Use
P-104	Fair Labor Standards Act (FLSA)	P-402	Personnel Records
P-201	EEO	P-403	Acting Assignment
P-202	Policy Against Harassment	P-404	Alcohol and Drug
P-301	Family and Medical leave	P-405	Vehicle Use
P-303	Americans with Disabilities	P-406	Professional Conduct
P-305	Military Leave	P-407	Workplace Violence Prevention
P-307	Bereavement Leave	P-409	Workplace Smoke-free
P-308	Holiday Leave	P-410	Social Media
P-309	Civic Duty Leave	P-501	Employee Performance Award
P-310	Personal Leave	P-502	Employee Recognition Award

Employee Acknowledgement:

I acknowledge that I have received and read the above listed Town personnel policies. *Please be advised that if you refuse to acknowledge receipt of these policies by signing below, your refusal will be documented and you are still obligated to follow and comply with these policies.*

_____
Employee Name [please print]

_____ Date: ____/____/____
Employee Signature

For Human Resources' Use:

☐ Employee _____ [print name] was unwilling to sign this document.

_____ (HR Initials) ____/____/____

TOWN OF NORWOOD

FAIR LABOR STANDARDS ACT (FLSA)
EXEMPT TEST PROCESS

The following outlines the process utilized by the Personnel Board and the Human Resources Department in determining whether a position is Exempt or Non-exempt from FLSA requirements related to overtime..

Federal law provides that employees may be exempt from the minimum wage and overtime pay provisions of the FLSA in any one of these general categories: EXECUTIVE, ADMINISTRATIVE, PROFESSIONAL, COMPUTER EMPLOYEE, OUTSIDE SALES OR HIGHLY COMPENSATED EMPLOYEE.

Generally, there are two requirements in order for an employee to qualify as being EXEMPT under one of these categories: 1) the employee's primary duty must be the performance of the duties of the Exempt category; and 2) the employee must be paid a weekly salary of at least $455 and on a on a salary basis.

INSTRUCTIONS – If the employee's weekly salary (paid on a salary basis) meets the salary test of $455 or hourly rate, where applicable, please answer the following questions as needed to determine whether the primary duties of the employee's position are Exempt or Non-Exempt under one of the following categories:

TEST A - EXECUTIVE
To be considered as an EXEMPT executive employee, an employee must be paid a weekly salary of $455 or above; have primary duties which consist of management of a company or customarily recognized department or subdivision, regularly supervise and direct two or more full-time employees or their equivalent, and must have authority to hire or fire other employees or to make suggestions that are given particular weight.

1. Does the employee's primary duty consist of managing a department or subdivision, which has a permanent status and continuing function?

   ☐ YES ☐ NO

2. Does the employee customarily and regularly direct the work of two (2) or more full time employees?

   ☐ YES ☐ NO

3. Does the employee have the authority to hire and fire employees or are the employee's recommendations regarding hiring and firing and advancement (such as reclassifications and promotions) given particular weight?

   ☐ YES ☐ NO

4. Does an employee make their own decision about when to perform duties not listed above while still remaining responsible for the success or failure of business operations?

   ☐ YES ☐ NO

TEST B - ADMINISTRATIVE
To be considered as an EXEMPT administrative employee, an employee must be paid a weekly salary of $455 or above; the employee's primary duty is to perform office or non-manual work directly related to the management policies or general business operations of the employer or the employer's customers; and

performs duties that require the exercise of discretion and independent judgment with respect to matters of significance.

1. Does the employee perform work that is directly related to assisting with the running of the business or act as advisors or consultants to their employer's clients or customers?

   ☐ YES ☐ NO

2. Does the employee customarily and regularly exercise discretion and independent judgment with respect to matters of significance?

   ☐ YES ☐ NO

TEST C - PROFESSIONAL

To be considered as an EXEMPT professional employee, an employee must be paid a weekly salary of $455 or above; have primary duties requiring advanced knowledge in a field of science or learning requiring a course of specialized intellectual instruction and require the exercise of discretion and judgment, or; consist of work requiring invention, imagination or talent in a recognized field of artistic or creative endeavor.

1. Does the employee's primary duty consist of work requiring knowledge of an advanced type in a field of science or learning acquired by a prolonged course of specialized intellectual instruction as distinguished from a general academic education?

   ☐ YES ☐ NO

2. Is the employee's work predominantly intellectual and varied in character rather than routine mental, manual, mechanical or physical work?

   ☐ YES ☐ NO

3. Does the employee's work require the use of creativity, invention, or imagination in a recognized field of artistic endeavor?

   ☐ YES ☐ NO

TEST D - COMPUTER EMPLOYEE

To qualify for the computer employee exemption, the employee must be compensated **either** on a salary or fee basis at a rate not less than $455 per week **or**, if compensated on an hourly basis, at a rate not less than $27.63 an hour; and the employee must be employed as a computer systems analyst, computer programmer, software engineer or other similarly skilled worker in the computer field performing the duties as described in the Part 541 Regulations.

1. Does the employee's primary duty consist of performing computer systems analyst, computer programmer, software engineer or other similarly skilled worker in the computer field as described in the Part 541 Regulations?

   ☐ YES ☐ NO

TEST E - OUTSIDE SALES EMPLOYEE

To qualify for the outside sales employee exemption, the employee's primary duty must be making sales (as defined in the FLSA), or obtaining orders or contracts for services or for the use of facilities for which a consideration will be paid by the client or customer; and the employee must be customarily and regularly engaged away from the employer's place or places of business.

1. Does the employee's primary duty consist of obtaining orders or contracts for services or for the use of facilities for which a consideration will be paid by the client or customer; and

☐ YES ☐ NO

2. Is the employee customarily and regularly engaged away from the employer's place or places of business in making these sales?

☐ YES ☐ NO

TEST F - HIGHLY COMPENSATED EMPLOYEES

Highly compensated employees performing office or non-manual work and paid total annual compensation of $100,000 or more (which must include at least $455 per week paid on a salary or fee basis) are exempt from the FLSA if they customarily and regularly perform at least one of the duties of an exempt executive, administrative or professional employee as described above.

1. Was the employee paid total annual compensation of $100,000 or more (which must include at least $455 per week paid on a salary or fee basis)?

☐ YES ☐ NO

2. Does the employee customarily and regularly perform at least one of the duties of an exempt executive, administrative or professional employee as described above?

☐ YES ☐ NO

Participating Personnel Board Members:

	Print Name	Initials	Date Completed	E or N	Chair	Vice Chair	Member
1.	_____	_____	__/__/__	_____	☐	☐	☐
2.	_____	_____	__/__/__	_____	☐	☐	☐
3.	_____	_____	__/__/__	_____	☐	☐	☐
4.	_____	_____	__/__/__	_____	☐	☐	☐
5.	_____	_____	__/__/__	_____	☐	☐	☐

For a position to be labeled Exempt, one item within one of the applicable tests must be a YES.

If Exempt, indicate which TEST(S) & Question(s) was/were a YES: TEST _____ Q # _____

TEST _____ Q # _____ TEST _____ Q # _____ TEST _____ Q # _____

Town Counsel input? ☐ No ☐ Yes (noted differences) ☐ Yes (no noted differences)

Letter to Appointing Authority and Department Head sent on: _____/_____/_____

PB Chair / Vice-chair Signature: _____

PB Chair / Vice-chair Print Name: _____

This originally completed document, or a copy, shall be placed in either the position folder and/or the employee's personnel file, for public records purpose by the HR Department.

TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT
566 WASHINGTON STREET
NORWOOD MASSACHUSETTS 02062

Document #D-129

2nd EMPLOYMENT POSITION REQUEST

Before Completing this Form, Please Read the Following:
This request shall be submitted by the Appointing Authority, not by the individual. Attach any and all relevant documents you believe will assist the HR Director in a review of this request.

Under our policy and as a general rule, an employee of the Town of Norwood will not be permitted to work in more than one position for the Town. Under the Fair labor Standards Act, the general rule is that all time worked by an employee for the Town in any position and/or combination of positions must be and will be combined to determine if the employee works overtime.

In general, there will be three instances where an employee may be permitted to work in more than one position for the Town:

1. *Special Exception where the wage calculation determined by the HR Director is in line with the approved budget of the requesting department and the status of an Exempt position will not be jeopardized. This includes full-time Exempt school employees trying to work a 2nd general government Non-exempt position.*
2. *The employee's work in both/all positions will not exceed 40 hours in a workweek; and,*
3. *The employee's second position will meet the Regulatory definition of Occasional or Sporadic work in a different capacity, as described in 29 CFR 553.30. For work to be occasionally or sporadic work in a different capacity, the work must be performed on a part-time basis for the Town, in a different capacity from the employee's regular employment, and also meet the regulatory definition of being infrequent, irregular, or occurring in scattered instances.*

Town Employee Name: _____

Current Town Full-time Position Title: _____

Is the current full-time position classified as "Exempt" or "Non-exempt"? _____

Current Position Appointing Authority: _

What is the current hourly rate of pay based on 35, 37 ½ or 40 hour work week? $_____

What is the 2nd Town position being applied for: _____

Applied Position Appointing Authority: _____

Is this 2nd position considered: Sporadic/Occasional_____ Other Regular Work_____
[Please 'X' only the most appropriate]

- Sporadic/Occasional – work is to be infrequent, irregular, or occurring in scattered instances.

How many hours per week will this employee be working in this 2nd Town position: _____

For how long will the 2nd position exist? _____

Does the 2nd position have regular hours? _____ If Yes, what are the regular hours: _____

What is the Appointing Authority requesting to pay and how often: _____

AA Signature: _____ Date: ____/____/____

A signed and completed form must be submitted to the HR Department

Received by the HR Department: ____/____/____

I have reviewed the above request and:

_____ The named individual cannot to be hired in this requested position due to the ramifications of the applicable FLSA and/or Massachusetts Wage and Hour law requirements; or,

_____ The named individual can be hired for the requested position based on the following:

Position is classified as: "Exempt" _____ "Non-exempt" _____

Approved pay rate (if General Government position): $_____ per _____

_____ Other – the named individual is approved/disapproved for this position because of - _____

_____

_____

_____

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

_____(print name)

The HR Director shall notify the indicated Appointing Authority (AA) and the Personnel Board (PB) of this decision by forwarding a copy of this signed/completed form to: _____ of the AA and _____ of the PB.

This signed or approved document does not and may not be construed to create a contract with any employee.

Please note, the decision of the HR Director is <u>not</u> a budgetary approval. It is the responsibility of the appropriate Appointing Authority to obtain the necessary funding approval.

TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT

#D-139-1 – UNPAID LEAVE REQUEST

[This form is to be utilized for the first 12 consecutive weeks of a request]

SECTION I: To Be Filled-out by Requesting Employee

Employee Name: _____ (Print) Date: ____/____/____

Title: _____ Department Head: ☐ Yes ☐ No

Department: _____ ☐ Full-time employee ☐ Part-time employee

Request: _____ continuous work days Requested start of Unpaid Leave: ____/____/____

Do you have Vacation Leave available? ☐ No ☐ Yes – if Yes, how many days available: _____

☐ I am requesting an Unpaid Leave due to the death of a family relative - _____, but I am in my 90-day introductory period of employment w/o leave benefits. (father, mother, etc.)

Other reason for request: _____

_____

_____

_____

_____

I understand that during my unpaid leave of absence, I do not accrue time related to my vacation and sick leave benefits and that I should consult with the Retirement Board regarding any affect this unpaid leave may have on my pension benefits. I will consult HR regarding the premium payments (Town and me) of health and dental insurance, if the unpaid leave is longer than 2 continuous work weeks – Section 5.1.e of the policy.

Requesting Employee Signature: _____ ***[send signed form to Dept. Head]***

If requesting employee is a Department Head, please submit this signed form to the appropriate Appointing Authority for completing Section III.

SECTION II: To Be Reviewed by the Department Head

I have reviewed the above request and make the following comments/recommendations:

☐ I concur that the indicated reason(s) for this request is/are consistent with the intention of the Town's Unpaid Leave Policy and I provide my concurrence for the requested unpaid leave.

☐ I do not concur that the indicated reason(s) for this request are consistent with the intention of the Town's Unpaid Leave Policy, nor meets the needs of the business and I recommend disapproval of this request.

_____

_____

_____

_____

_____ _____ Date: ____/____/____

Department Head Signature Print Name

Department Head should forward this signed form to the appropriate Appointing Authority for consideration.

SECTION III: To Be Reviewed and Acted Upon by the Appointing Authority

As the Appointing Authority, I/we have reviewed the above employee Unpaid Personal Leave request and make the following decision:

☐ Approved as submitted; ☐ Approved with the following conditions*: _____

_____

_____

_____

_____

☐ Disapproved – please explain: _____

_____

_____

_____

_____

_____ _____ Date: ____/____/____

Appointing Authority Signature Print Name [If Approved, forward to the HR Director]
[If Disapproved, return to Dept. Head]

SECTION IV: To Be Reviewed and Acted Upon by the Human Resources Director

As the Human Resources Director, I have reviewed the above employee Unpaid Personal Leave request and make the following decision:

☐ Approved as submitted and approved by the Appointing Authority;

☐ Approved with the following conditions*: _____

_____

_____

_____

☐ Disapproved – reason(s):_____

_____

_____

_____

_____

_____ _____ Date: ____/____/____

Human Resources Director Signature Print Name

***Any indicated condition(s) shall not be in conflict with the current approved Town Unpaid Leave Policy. For non-Bereavement request, also indicate how the position will be covered during the leave duration.**

The originally signed form shall be placed within the employee's personnel file and a copy provided to the requesting Employee, the Department Head and Appointing Authority.

Approved: 08/06/2014

TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT

#D-139-2 – UNPAID LEAVE EXTENSION REQUEST

If the employee is requesting an Unpaid Leave for a period longer than 12 consecutive weeks, he/she must fill out the following and submit as appropriate, after receiving approval for the 1st 12 weeks. You must attach a copy of the initially approved Unpaid Leave Request Form #D-139-1.

SECTION V: To Be Filled-out by Requesting Employee

Request: _____ continuous work days Requested end of Unpaid Leave: ____/____/____

Reason for leave extension:_____

_____

_____

_____

_____

Requesting Employee Signature: _____ ***[send signed form to Dept. Head]***

If requesting employee is a Department Head, please submit this signed form to the appropriate Appointing Authority for completing Section III.

SECTION VI: To Be Reviewed by the Department Head

I have reviewed the above request and make the following comments/recommendations:

☐ I concur that the indicated reason(s) for this unpaid leave extension request.

☐ I do not concur that the indicated reason(s) for this unpaid leave extension request.

_____

_____

_____

_____ _____ Date: ____/____/____

Department Head Signature Print Name

Department Head should forward this signed form to the appropriate Appointing Authority for consideration.

SECTION VII: To Be Reviewed and Acted Upon by the Appointing Authority

As the Appointing Authority, I/we have reviewed the above employee Unpaid Personal Leave extension request and make the following decision:

☐ Approved as submitted; ☐ Approved with the following conditions*: _____

_____

_____

_____

☐ Disapproved – please explain: _____

_____

_____

_____

_____ _____ Date: ____/____/____

Appointing Authority Signature | Print Name | [If Approved, forward to the HR Director] [If Disapproved, return to Dept. Head]

SECTION VIII: To Be Reviewed and Acted Upon by the Human Resources Director

As the Human Resources Director, I have reviewed the above employee Unpaid Personal Leave request and make the following decision:

☐ Approved as submitted and approved by the Appointing Authority;

☐ Approved with the following conditions*: _____

_____

_____

_____

☐ Disapproved – reason(s):_____

_____

_____

_____

_____ _____ Date: ____/____/____

Human Resources Director Signature | Print Name

***Any indicated condition(s) shall not be in conflict with the current approved Town Unpaid Leave Policy. Approval comments should also indicate how the position will be covered during the leave duration.**

The originally signed form shall be placed within the employee's personnel file and a copy provided to the requesting Employee, the Department Head and Appointing Authority.

TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT

#D-139-3 – UNPAID LEAVE POLICY CLARIFICATION REQUEST

If the Department Head, Appointing Authority or Human Resources Director requests a policy interpretation or to understand policy intent or needs a decision on an acceptable Extraordinary Circumstance not listed in the policy, he/she must complete and submit the following.

SECTION I: To Be Filled-out by requesting individual

Name: _____ (Print) Date: ____/____/____

Title: _____ Dept./Board: _____

What is the nature of your policy clarification? ☐ Interpretation ☐ Intent ☐ Definition

Please indicate the specific question or clarification needed: _____

_____

_____

_____

_____

_____

Requesting Individual Signature: _____ ***[send form to Personnel Board]***

The Personnel Board, having met on _____, has reviewed the above stated issue and provides the following clarification for use in assisting those in need to better understand the Unpaid Leave Policy.

_____

_____

_____

_____

_____

_____

Please note that this information is not a decision on whether to grant or deny the unpaid leave request. That decision is to be made by the appropriate Appointing Authority and the HR Director.

_____ _____ Date: ____/____/____

PB Chairman or Vice-chair Signature Print Name

Document was sent to _____ on ____/____/____

Copies of this document shall be sent to all parties involved with this unpaid leave request.

Employee or Independent Contractor Determination

Date Reviewed by Personnel Board: _____/_____/_____

Position under review: _____

Department: _____ Dept. Head: _____

Based on a legal advisory issued by the Attorney General's Fair Labor Division on M.G.L. c. 149, s. 148B 2008/1, the Personnel Board is using the following criteria (The Three Prong Test), issued within the Attorney General's advisory to determine if the above referenced position is classified as either an Employee (E) or a contractor (C).

Prong One: Freedom from Control

Prong one of M.G.L. c. 149, s. 148B provides that the individual must be "free from control and direction in connection with the performance of the service, both under his contract for the performance of service and in fact" in order for the individual to be an independent contractor. In *Commissioner of the Division of Unemployment Assistance v. Town Taxi of Cape Cod*, 68 Mass. App. Ct. 426, 434 (2007), the Court noted in interpreting the nearly identical language of prong one of M.G.L. c. 151A, s. 2 that:

> The first part of the test examines the degree of control and direction retained by the employing entity over the services performed. The burden is upon the employer to demonstrate that the services at issue are performed free from its control or direction. The test is not so narrow as to require that a worker be entirely free from direction and control from outside forces.

Prong one of the test includes a determination of the employer's actual control and direction of the individual. See M.G.L. c. 149, s. 148B (using the phrase "in fact"). An employment contract or job description indicating that an individual is free from supervisory direction or control is insufficient by itself to classify an individual as an independent contractor under the Law. To be free from an employer's direction and control, a worker's activities and duties should actually be carried out with minimal instruction. For example, an independent contractor completes the job using his or her own approach with little direction and dictates the hours that he or she will work on the job.

☐ Employee ☐ Independent Contractor

Prong Two: Service Outside the Usual Course of the Employer's Business

Prong two of M.G.L. c. 149, s. 148B(a)(2) provides that the service the individual performs must be "outside the usual course of business of the employer" in order for the individual to not be classified as an employee. Prior to the 2004 amendment, the employer could alternatively demonstrate that the work was performed "outside of all places of the business of the enterprise." The Law does not define "usual course of business" and Massachusetts courts have had limited opportunities to do so. In *Athol Daily News v. Division of Employment and Training*, 439 Mass. 171, 179 (2003), the Court found that newspaper carriers were performing the "usual course of business" of the newspaper relying on the employer's own definition of its business. In *American Zurich v. Dept. of Industrial Accidents*, 2006 WL 2205085, *4 (Mass. Super. 2006), Judge Paul Troy noted that "a worker whose services form a regular and continuing part of the employer's business" and "whose method of operation is not such an independent business" through which workers' compensation costs can be channeled, "should be found to be an employee." *Id.* Yet, "if the worker is performing services that are part of an independent, separate, and distinct business from that of the employer," prong two is not implicated.

☐ Employee ☐ Independent Contractor

Prong Three: Independent Trade, Occupation, Profession or Business

Prong three provides that the individual "is customarily engaged in an independently established trade, occupation, profession or business of the same nature as that involved in the service performed" in order for the individual to be classified other than as an employee. M.G.L. c. 149, s. 148B(a)(3). "Under the third prong, the court is to consider whether the service in question could be viewed as an independent trade or business because the worker is capable of performing the service to anyone wishing to avail themselves of the service or, conversely, whether the nature of the business compels the worker to depend on a single employer for the continuation of the services." *Coverall v. Division of Unemployment Assistance*, 447 Mass. 852, 857-58 (2006) (interpreting prong three of M.G.L. c. 151A, s. 2). The court went on to note in *Coverall*:

> Although the court can consider whether a worker is capable of performing the service to anyone wishing to avail themselves of the services, the court may also consider whether the nature of the business ompels the worker to depend on a single employer for the continuation of the services [citation omitted]. In this regard, we determine whether the worker is wearing the hat of the employee of the employing company, or is wearing the hat of his own independent enterprise.

☐ Employee ☐ Independent Contractor

Issues Deemed Irrelevant

An employer's failure to withhold taxes, contribute to unemployment compensation, or provide worker's compensation is not considered when analyzing whether an employee has been appropriately classified as an employee. M.G.L. c. 149, s. 148B(b). Hence, an employer's belief that a worker should be an independent contractor has no relevance in determining whether there has been violation of the Law. Similarly, the Law deems irrelevant the status of a worker as a "sole proprietor or partnership," for the purpose of obtaining worker's compensation insurance. M.G.L. c. 149, s. 148B(c).

Participating Personnel Board Members:

	Print Name	Initials	Date Completed	E or C	Chair	Vice Chair	Member
1.	_____	_____	___/___/___	_____	☐	☐	☐
2.	_____	_____	___/___/___	_____	☐	☐	☐
3.	_____	_____	___/___/___	_____	☐	☐	☐
4.	_____	_____	___/___/___	_____	☐	☐	☐
5.	_____	_____	___/___/___	_____	☐	☐	☐

For a position to be labeled an Indep. Contractor (C), all 3 prongs must pass as Indep. Contractor (C).

Does review need to be sent to Town Counsel: ☐ Yes (noted differences) ☐ No

Letter to Department Head sent on: ___/___/___

PB Chair / Vice-chair Signature: _____

PB Chair / Vice-chair Print Name: _____

This originally completed document, or a copy, shall be placed in either the position folder and/or the employee's personnel file, for public records purpose by the HR department.

TOWN OF NORWOOD
HUMAN RESOURCES DEPARTMENT

#D-145 – NOTICE OF NEED FOR LEAVE

[Temporary Form]

This form shall be filled out and filed with the HR Director only.

SECTION I:

Employee Name: _____ (Print) Date: ____/____/____

Title: _____ Department: _____

Requested start of Leave: ____/____/____

Have you used all Vacation, Personal, and Sick Leave available to you? ☐ Yes ☐ No

If No, please note that this policy requires you to have used all available paid leave before you may request an unpaid domestic violence leave. If you have used all available paid time off available to you, please continue.

☐ I am the victim of domestic violence resulting in this request

☐ Family Member _____ [list type not name] was the victim of domestic violence

Requesting Employee Signature: _____ ***[send signed form to HR]***

SECTION II: To Be Reviewed and Acted Upon by the HR Director

As the Human Resources Director, I have reviewed the above employee's unpaid Domestic Violence Leave request and make the following decision:

☐ Approved as submitted ☐ Disapproved – please explain: _____

_____

_____

_____

_____

_____ _____ Date: ____/____/____

HR Director Signature Print Name

The originally signed form shall be placed within the employee's personnel file and kept confidential, per Section 5.4.d of this Domestic Violence Leave policy.

TOWN OF NORWOOD
PERSONNEL BOARD

3-Year Hourly Rate Chart covering the period from January 2015 through December 2017

Document #147 - SCHEDULE A – SEASONAL/TEMPORARY COMPENSATION SCHEDULE

Departments	Position Types/Titles	2015	2016	2017	
ALL	Office Help [see note 4]	$12.00 - $16.00	$13.00 - $17.00	$14.00 - $18.00	
ALL	Front Desk Help [see note 4]	$10.00 - $12.00	$11.00 - $13.00	$12.00 - $14.00	
ALL	Boards/Commission Clerical Help [see note 4]		$17.00 - $20.00	$17.00 - $21.00	Typically night time work.
Airport	Working Intern	$10.00 - $12.00	$11.00 - $13.00	$12.00 - $14.00	
DPW - Cemetery	Summer Laborer'	$10.00 - $11.00	$11.00 - $12.00	$11.00 - $12.00	
Light Department	**Asst. Engineer [S00] – Coop Students on 6-month rotation**	**See Note 3 - 2015 Max**	**See Note 3 2016 Max**	**See Note 3 2017 Max**	
	Sophomore 1st Term	$17.45	$17.89	$18.33	
	Sophomore 2nd Term	$18.16	$18.61	$19.08	
	Middler 1st Term	$18.91	$19.39	$19.87	
	Middler 2nd term	$19.70	$20.19	$20.69	
	Junior 1st Term	$20.35	$20.86	$21.38	
	Junior 2nd Term	$22.41	$22.97	$23.54	
	Senior 1st Term	$22.86	$23.43	$24.01	
	Senior 2nd Term	$24.21	$24.82	$25.44	

Recreation Department	*School Year / Year Round Instructors*	Years of Verifiable Work Experience					
		0-4 Years' Experience	5-9 Years' Experience	10-14 Years' Experience	15-19 Years' Experience	20-24 Years' Experience	25+ years
2015	HS Assistant Instructor	$9.00 - $10.00					
2016	HS Assistant Instructor	$10.00 - $11.00					
2017	HS Assistant Instructor	$11.00 - $12.00					
2015	Assistant Instructor	$10.00 - $12.00	$11.00 - $14.00	$13.00 - $16.00	$15.00 - $18.00	$17.00 - $20.00	
2016	Assistant Instructor	$11.00 - $13.00	$12.00 - $15.00	$14.00 - $17.00	$16.00 - $19.00	$18.00 - $21.00	
2017	Assistant Instructor	$12.00 - $14.00	$13.00 - $16.00	$15.00 - $18.00	$17.00 - $20.00	$19.00 - $22.00	

All Above Indicated Positions Are Non-Exempt For FLSA Purposes

Recreation Department	*School Year / Year Round Instructors*	0-4 Years' Experience	5-9 Years' Experience	10-14 Years' Experience	15-19 Years' Experience	20-24 Years' Experience	25+ years
	Program Coordinator	$15.00 - $20.00	$20.00 - $25.00	$25.00 - $30.00	$30.00 - $35.00	$35.00 - $40.00	
	Instructor w/o Degree	$18.00 - $22.00	$20.00 - $24.00	$22.00 - $26.00	$24.00 - $28.00	$26.00 - $30.00	$28.00 - $32.00
	Instructor w/Degree	$24.00 - $28.00	$28.00 - $32.00	$32.00 - $36.00	$36.00 - $38.00	$38.00 - $40.00	$40.00 - $42.00
	Group Exercise Instructor	$20.00 - $24.00	$24.00 - $28.00	$28.00 - $32.00	$32.00 - $36.00	$36.00 - $38.00	$38.00 - $40.00
2015	Recreation Leader	$ 9.00 - $10.00	$ 9.00 - $11.00				
2016	Recreation Leader	$10.00 - $11.00	$10.00 - $12.00				
2017	Recreation Leader	$11.00 - $12.00	$11.00 - $13.00				

Recreation Department	*Seasonal Position*	Hourly Pay Rates Based On Years Working with the Town of Norwood					
		Year 1	Year 2	Year 3	Year 4	Year 5	After Year 5
2015	Counselor / Aquatic Maint.	$ 9.00 - $10.00	$ 9.25 - $10.50	$ 9.50 - $11.00	$ 9.75 - $11.50	$10.00 - $12.00	$10.25 - $13.00
2016	Counselor / Aquatic Maint.	$10.00 - $11.00	$10.25 - $11.50	$10.50 - $12.00	$10.75 - $12.50	$11.00 - $13.00	$11.25 - $14.00
2017	Counselor / Aquatic Maint.	$11.00 - $12.00	$11.25 - $12.50	$11.50 - $13.00	$11.75 - $13.50	$12.00 - $14.00	$12.25 - $15.00
2015	Life Guard	$ 9.00 - $10.00	$ 9.50 - $11.50	$10.00 - $12.00	$10.50 - $12.50	$11.00 - $13.00	$12.00 - $14.00
2016	Life Guard	$10.00 - $11.00	$10.50 - $12.50	$11.00 - $13.00	$11.50 - $13.50	$12.00 - $14.00	$13.00 - $15.00
2017	Life Guard	$11.00 - $12.00	$11.50 - $13.50	$12.00 - $14.00	$12.50 - $14.50	$13.00 - $15.00	$14.00 - $16.00
2015	Water Safety Instructor	$10.00 - $12.00	$10.50 - $12.50	$11.00 - $13.00	$11.50 - $13.50	$12.00 - $14.00	$13.00 - $15.00
2016	Water Safety Instructor	$11.00 - $13.00	$11.50 - $13.50	$12.00 - $14.00	$12.50 - $14.50	$13.00 - $15.00	$14.00 - $16.00
2017	Water Safety Instructor	$12.00 - $14.00	$12.50 - $14.50	$13.00 - $15.00	$13.50 - $15.50	$14.00 - $16.00	$15.00 - $17.00
2015	Site Supervisor-Camp Aquatic [note 5]	$13.00 - $16.00	$14.00 - $17.00	$15.00 - $18.00	$16.00 - $19.00	$17.00 - $20.00	$18.00 - $21.00
2016	Site Supervisor-Camp Aquatic [note 5]	$14.00 - $17.00	$15.00 - $18.00	$16.00 - $19.00	$17.00 - $20.00	$18.00 - $21.00	$19.00 - $22.00
2017	Site Supervisor-Camp Aquatic [note 5]	$15.00 - $18.00	$16.00 - $19.00	$17.00 - $20.00	$18.00 - $21.00	$21.00 - $24.00	$22.00 - $25.00
2015	Camp / Aquatic Director	$15.00 - $18.00	$17.00 - $20.00	$18.00 - $21.00	$19.00 - $22.00	$20.00 - $23.00	
2016	Camp / Aquatic Director	$16.00 - $19.00	$18.00 - $21.00	$19.00 - $22.00	$20.00 - $23.00	$21.00 - $24.00	
2017	Camp / Aquatic Director	$17.00 - $20.00	$19.00 - $22.00	$20.00 - $23.00	$21.00 - $24.00	$22.00 - $25.00	
Fire Department	Dispatcher (PS4)	Up to Step 8 of Grade PS4					

Library	Position	2015	2016	2017
	Page	$ 9.00 - $11.00	$10.00 - $12.00	$11.00 - $13.00
	Circulation Assistant	$11.00 - $14.00	$12.00 - $15.00	$13.00 - $16.00
	On-Call Custodian	$12.00 - $14.00	$12.50 - $14.50	$13.00 - $15.00
	Library Professional	$21.00 - $24.00	$21.00 - $24.00	$21.00 - $24.00

NOTES:

1. All Appointing Authorities need to be aware of FLSA requirements if consideration is to be made in hiring an existing Town employee [School or General Government]. The actual pay rate of an existing Town employee for any Seasonal/Temporary position may not be the rate indicated above, but rather a blend of rates. Per Section 5.2 of the Seasonal/Temporary Employment policy, the Human Resources Director must be consulted prior to any offer of a Seasonal/Temporary employment position to an existing Town employee.
2. Schedule A shall be published every 3 years by the Human Resources Department and Personnel Board. Per section 6.4.c of the Seasonal/Temporary Employment policy, updates/changes to any Schedule A rates will only occur if a Department Head submits proposed new rates with appropriate back-up on how the new rates were compiled. The proposed new rates and back-up material must be submitted to the Human Resources Department no later than December 1st of the year prior to when a new Schedule A is to be published. If no new rates are received, the Human Resources Department shall input the prior compensation rates into the new Schedule A. In special circumstances rate adjustments may take place prior to the 3-year end date, as determined by the Personnel Board.
3. Position S00 [Asst. Engineer within the Light Department] is a 'non-bargained for' position in the Light Department's Classification Plan and is subject to annual increases approved by the Board of Selectmen. The figures indicated above are approved through FY16 and proposed for 2017, which still requires approval from the Board of Selectmen, so that the actual rate to pay will be based on the Classification Plan adjustment made to position S00.
4. See Section 6.1.c of the Seasonal/Temporary Employment Policy.
5. Position must be a licensed teacher or equivalent.
6. All positions must have on file with the Human Resources Department a position description per the developed standard template available from the Human Resources Department.
7. The minimum wage in Massachusetts is $9.00/hour in 2015, $10.00/hour in 2016 and #11.00 in 2017. If the wage values change by law prior to the end of 2017, the indicated figures will be revised by the Personnel Board and/or the Human Resources Department accordingly or as needed, and an updated compensation schedule shall be issued.

TOWN OF NORWOOD
NORWOOD, MA 02062
781-440-5100

POLICE DEPARTMENT
WILLIAM G. BROOKS III
CHIEF OF POLICE

CIVIL FINGERPRINTING CONSENT FORM

I, _____ (PLEASE PRINT), consent to the collection of my fingerprints as part of the application process for the following license:

_____

I acknowledge and understand that my fingerprints will be searched against databases maintained by the Federal Bureau of Investigation.

_____ SIGNATURE

_____/_____/_____ DATE