

## STAFF REHIRE & ANNUAL RENEWAL REQUEST

Church Name: \_\_\_\_\_

Lead Pastor: \_\_\_\_\_

Church Year: \_\_\_\_\_

Date: \_\_\_\_\_

NAME	TITLE	PAID/VOLUNTEER	HOURS PER WEEK

Please email to [rmahaffey@swonaz.org](mailto:rmahaffey@swonaz.org) or mail to SWO District Office, 7943 Tylersville Road, West Chester, OH 45069.

R:District/Staff Renewals/Staff Rehire & Renewal Request