

# Staff Action Form

Thrive Community Church

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

Staff Name: \_\_\_\_\_

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

**Position Title:** \_\_\_\_\_

**Action:**

	Accepted Position		Changed Position		Other
	FMLA		Separation		

**Status**

	Serve		Paid
	Full-Time		Part-Time

**If Paid Position**

	Hourly		Salaried
Per Hr		Annual	

**Notes:**

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

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

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