

Events Management Conflict or Sub Form (circle one)

Your Name: _____ Date: _____

Sub Name: _____

Event: _____ Event Date: _____

Sub times From: _____ To: _____

Conflict Dates: _____

By signing below I recognize that all Conflicts must be submitted at least seven (7) days BEFORE the schedule is posted.

All Substitutions must be signed by the scheduled employee and the sub.

Signature _____ Date: _____

Sub Signature _____ Date: _____

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