SLH	CP	SMSC	Sunset	CFUS	SLSCC	WH	7 Oaks	
☐	☐	☐	☐	☐	☐	☐	☐	☐

Anesthesiologist	Arrival	1st Case Start	Broken Time Start	Broken Time Stop	Broken Time Total	Last case Stop	Depart
Date: 01-25-2021		Fax: 615 238-9653					

MONDAY Interval 1 *(07:00-16:00)* X 5 = _____ Admin Units _____

Interval 2 X 5 = _____ Total Units _____

	Arrival	1st Case Start	Broken Time Start	Broken Time Stop	Last Case Stop	Depart	Early out SICK
Full Time							
Aromando-Williams, Karen	OFF						
Barton,Jared							
Benigno, Chris							
Coggin, Marissa							
Drury, Bridget							
Ford, Janna							
Graul, Dan							
Halliburton,Bob							
Kinder, Robert	OFF						
Kirkpatrick, Orisia							
Lee, Heidi							
Menner, Susan							
Nolan, Amy							
O'Leary, Sarah							
Pachbhai,Manisha							
Schaberg, Jill							
Schaefer, Janet							
Sheffield, Sloan							
Zubiri, Elvit							
Per Diem (6HR Minimum)							
Wallace, Kelley	OFF						
Wootten, Amy	OFF						
Per Diem (4HR Minimum)							
Clyne, Kim	OFF						

ANESTHESIOLOGIST EARLY OUT REQUESTS		

(ANESTHESIOLOGIST SIGNATURE)

REVISED SUPERVISION SHEET blank form