

SLH

CP

SMSC

Sunset

CFUS

SLSCC

WH

7 Oaks

Anesthesiologist	Arrival	1st Case	Broken Time			Last case	Depart
		Start	Start	Stop	Total	Stop	
Date: Thursday, Oct 1, 2020		Fax: 615 238-9653					

Interval 1 (07:00-16:00)

X 5 = _____

Admin Units _____

Interval 2

X 5 = _____

Total Units _____

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

ANESTHESIOLOGIST

EARLY OUT

REQUESTS

(ANESTHESIOLOGIST SIGNATURE)