

SLH
 CP
 SMSC
 Sunset
 CFUS
 SLSCC
 WH
 7 Oaks

| | | | | | | | |
|-------------------------|----------------|-------------------|--------------------|-------------|--------------|------------------|---------------|
| Anesthesiologist | Arrival | 1st Case | Broken Time | | | Last case | Depart |
| | | Start | Start | Stop | Total | Stop | |
| Date: 09-20-2021 | | 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 | | Last Case Stop | Depart | Early out SICK |
|-------------------------------|---------|----------------|-------------|------|----------------|--------|----------------|
| | | | Start | Stop | | | |
| Full Time | | | | | | | |
| Aromando-Williams, Karen | | | | | | | |
| Barton, Jared | | | | | | | |
| Benigno, Chris | | | | | | | |
| Bindra, Sheena | | | | | | | OUT BY 2:30PM |
| Coggin, Marissa | | | | | | | |
| Drury, Bridget | OFF | | | | | | |
| Ford, Janna | | | | | | | |
| Graul, Dan | | | | | | | |
| Halliburton, Bob | | | | | | | |
| Kinder, Robert | | | | | | | |
| Kirkpatrick, Orisia | | | | | | | |
| Menner, Susan | | | | | | | |
| Nolan, Amy | | | | | | | |
| O'Leary, Sarah | | | | | | | |
| Pachbhai, Manisha | | | | | | | |
| Schaberg, Jill | | | | | | | |
| Schaefer, Janet | OFF | | | | | | |
| Sheffield, Sloan | | | | | | | |
| Zubiri, Elvit | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Per Diem (6HR Minimum) | | | | | | | |
| Wallace, Kelley | OFF | | | | | | |
| Wooten, Amy | OFF | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Per Diem (4HR Minimum) | | | | | | | |
| Clyne, Kim | OFF | | | | | | |
| | | | | | | | |

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|---------------------------|--|
| ANESTHESIOLOGIST | |
| EARLY OUT REQUESTS | |

(ANESTHESIOLOGIST SIGNATURE)