

SLH

CP

SMSC

Sunset

CFUS

SLSCC

WH

7 Oaks

Anesthesiologist**Arrival**

1st Case

Broken Time

Last case

Depart

Start

Start

Stop

Total

Stop

DATE; 10/3/22

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

Stop

**Last Case
Stop****Depart****Early out
SICK****Full Time**

<i>Aromando-Williams, Karen</i>							
<i>Barton, Jared</i>							
<i>Benigno, Chris</i>							
<i>Campbell, Karen</i>							
<i>Drury, Bridget</i>							
<i>Ford, Janna</i>	OFF						
<i>Goodman, Blaine</i>							
<i>Graul, Dan</i>							
<i>Kinder, Robert</i>							
<i>Kirkpatrick, Orisia</i>							
<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>Henkelman, Kari</i>							
<i>Ortwerth, Charles</i>							
<i>Wallace, Kelley</i>							
<i>Wootten, Amy</i>							

Per Diem (4HR Minimum)

ANESTHESIOLOGIST		
EARLY OUT		
REQUESTS		

(ANESTHESIOLOGIST SIGNATURE)