

DECISION WRITING

Hours Tracking Sheet

***Denote Required Field**

This form is used to:

1. Record hours spent on decision writing for reimbursement purposes.
2. Submit one form per decision, whenever possible.

***First Name:**

***Last Name:**

***Committee Name:**

***Submission Date**

#	*Date (YYYY/MM/DD)	*Description of Work Performed	*File#	*Hours Worked
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL HOURS				

SIGNATURE

X

The individually identifiable information on this form is collected by CPSA under the authority of the Health Professions Act. It is used only for the purpose of payment of expenses and/or an honorarium and will not be disclosed to anyone other than the claimant or their legal representative. This financial form will be retained in compliance with federal government regulations and then securely disposed.