Exhibit A
Actos MDL 2299
Common Benefit Time Report

Firm Name:
Reporting Period:
Certified By:
Date Submitted:

| Date | Detailed Description of Work Performed | Professional's Name | Professional Level (Drop Down) | Task Code (Drop Down) | Hours By 0.1 Increment | Billing Rate | Work Assigned By or Approved By (Drop Down) |
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| | INSERT ROWS ONLY ABOVE THIS LINE | | | | 0.00 | | |

On behalf of myself, my law firm and any of our attorneys and staff submitting common benefit time and expenses, we hereby certify that we have read and agree to be bound by the terms and conditions contained in Case Management Order: PSC's Management of Timekeeping, Cost Reimbursement, and Related Common Benefit Issues, and acknowledge and agree that the Court will have final, non-appealable authority regarding the award of fees, the allocation of those fees and awards for cost reimbursements, as well as any other matter addressed in said case management order, and expressly waive any right to appeal the Court's decisions regarding these issues.

**Signature:** _____ **Date:** _____

**Professional Level**
Senior Partner
Junior Partner
Senior Associate
Junior Associate
Law Clerk
Contract Attorney
Paralegal

**Task Code**
PEC Calls/Meeting
PSC Calls/Meeting
Lead/Liaison Duties
Administrative
Court Appearance
Discovery
Document Review
Depo: Prep/Take/Defend
Law/Briefing
Science
Experts/Consultants
Settlement
Trial Prep/Bellwether
Other/Misc.

**Lead Counsel**
Richard J. Arsenault
Paul J. Pennock
Patrick C. Morrow
Dawn M. Barrios
Stephanie O'Connor
Mark P. Robinson, Jr.