

THE OREGON WRITING PROJECT  
WILLAMETTE UNIVERSITY



## Inservice Timesheet

Name: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

\_\_\_\_\_

Social Security Number (for payment purposes) \_\_\_\_\_

*The OWP pays at a rate of \$\_\_\_ for contact time at the Inservice site.  
Time incurred planning, in collaboration with peers, and setting-up/cleaning-up is not covered  
under this pay agreement. If you have questions please contact Angela Obery.  
(503-315-8292 or aobery@willamette.edu)*

Inservice Presentation Location: \_\_\_\_\_

Date of Inservice Work: \_\_\_\_\_

Contact Schedule \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Number of Contact Hours \_\_\_\_\_

**Signature** \_\_\_\_\_

*Please return by mail to:*

**Angela Obery**  
**Willamette University, School of Education**  
**900 State St.**  
**Salem, OR 97301**

*This portion for OWP office use:*

Account # _____	Amount Paid _____
_____	
Budget Officer Signature _____	Date _____
_____	