



www.walkwithweb.org

ONBOARDING FORM

Instructions:

1. This form outlines the onboarding details of an/a employee/student/volunteer at partnering/client research groups or companies, who will be working for Walk With Web Inc.
2. This form request services, accounts etc. and outline responsibilities of the partnering organizations.

Primary Employment Details:

Your Full Name	Contact (Personal Email/Phone)	Primary Employer Details (Name/Email)
Position Title	Department/Organization	Manager (Name/Email)
Contract Start Date	Contract End Date	Schedule (Hours of Work) - Total

(Please attach a copy of the signed contract along with this form for processing)

Walk With Web Details:

Job Position Title	Department	Supervisor/Manager
Start Date	Schedule (Hours of Work) - WWW	Location/Environment
Replacement for:	Termination Date:	Additional Notes or Comments:
<input type="checkbox"/> New Position <input type="checkbox"/> Continued Position		



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Position Details and Responsibilities:

Payroll/Salaries will be paid by the partner organization and not through Walk With Web. Relevant documents will need to be supplemented with this form.

Copyright and Intellectual Property rights of all work is owned by the Project Directors unless specified in a written agreement or contract.

I hereby confirm that I have read this document carefully and understand the details of my job position. I confirm that I will respect policies and working terms of both Walk With Web Inc. and partnering organization.

[PRINT NAME]

Signature

Date

APPROVALS:

Employer [PRINT NAME]	Signature	Authorized Representative Walk With Web Inc. [PRINT NAME]	Signature
Designation, Affiliation	Date	Department	Date

FOR HUMAN RESOURCES USE ONLY

Received date:	Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No
Processing date:	Filed: <input type="checkbox"/> Yes <input type="checkbox"/> No