



Missouri Western State University
4525 Downs Drive, St. Joseph MO 64507
www.missouriwestern.edu

Office of Residential Life
816.383.7100

EMPLOYMENT VERIFICATION FOR SUMMER HOUSING

I (print name) _____ verify that I will be supervising the following student and that s/he will be employed on-campus with my department for 25 or more hours per week during summer 2017.

Please complete the following information:

G#: _____

First and Last Name of Student: _____

Hours working per week: _____

Signature: _____

Date: _____

Department: _____

Contact Number: _____

Office Use Only:

Approved

Denied

Director of Residential Life: _____

Date: _____