



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 they will be employed on-campus with my department for 20 or more hours per week during summer 2024.

Please complete the following information:

G#: \_\_\_\_\_

First and Last Name of Student: \_\_\_\_\_

Hours working per week: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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Office Use Only:

Approved

Denied

Director of Residential Life: \_\_\_\_\_

Date: \_\_\_\_\_