

Summer Research Form

Use for 9 Month Faculty

July Only

Faculty Name:

Contact Name:

Faculty Banner ID:

Contact Phone:

Rank/Title

eClass

Department:

Position Number:

Org:

Suffix:

Description of Work to be Performed:

	Institutional Base Salary*	Academic Year	Monthly Rate (Base Salary/9 mos)
Rate (July and August)		2025/2026	

*For the definition of Institutional Base Salary see:
<https://oap.unm.edu/faculty/compensation/institutional-base-salary/index.html>. Revisions to the academic year contract will not result in revisions to summer research payments.

Maximum Allowable Payment Schedule		
July (23 Days)	Rate	
Total for July		

I request approval for the following summer research. I certify that this work is in accordance with the summer research procedure and is allowable by the grant/contract account indicated below. I have completed or will complete the work as indicated and understand that payment will be made after the period of work indicated below. I further certify that I have declared to the appropriate department administrators all other summer compensation I may be receiving for [research/instruction and/or administrative work], and that my total summer compensation from all sources will not exceed any policy limits on summer compensation, e.g., 1.25 FTE.

Employee Signature

Date

Requested Summer Research Payments

Period of Work	Payment Amount	FCSO Only Payroll ID/Date Processed	Payroll Only Date Paid
July 2025			

Labor Distribution

Index	Restricted?	Percentage	Pay Period Start Date	Pay Period End Date	Index	Restricted?	Percentage	Pay Period Start Date	Pay Period End Date

Department Chair

Date

(Not required if submitted via EPAF)

Authorized Signature for Index

Date

(Not required if submitted via EPAF)

Dean

Date

(Not required if submitted via EPAF)

Financial Services (Restricted Only)

Date

(Not required if submitted via EPAF)