

Summer Research Form Use for 9 Month Faculty Only May and June Only

culty Name:						Contact Name:				
Faculty Banner ID:						Contact Phone:				
Rank/Title: Department:						eClass:				
						Position Number:				
Org:					Suffi	Suffix:				
Description of Work to be Don	former and a									
Description of Work to be Per	iormea:									
			Academic	Monthly Ra	te (Base	I request approval for the t	Collowing summ	er researcl	h I	
Pote 1 (May and June)	Institutional Base Salary* Acader Year 2024/2			Salary/9		I request approval for the following summer research. I certify that this work is in accordance with the summer				
*For the definition of Institutional Base Salary see:						research procedure and is allowable by the grant/contract				
https://oap.unm.edu/faculty/compensation/institutional-base-salary/index.html. Revisions to the						account indicated below. I have completed or will complete the work as indicated and understand that payment will be				
academic year contract will not result in revisions to summer research payments.						made after the period of work indicated below. I further				
						certify that I have declared	to the appropria	ate departi	ment	
		mum Allowable	Payment Sch	edule		administrators all other sur	_	-		
	May (10 Days)	0.625 Rate 1				receiving for [research/inswork], and that my total su				
June June						work], and that my total summer compensation from all sources will not exceed any policy limits on summer				
	(21 Days) Total for Ma	Rate 1				compensation, e.g., 1.25 F	TE.			
	2025 Resear									
						Employee Signature		Date		
				1.0						
	Requested Summer Resear						rch Payments FCSO Only Payroll Only			
	Period of Work May 2025		Payment	Amount	Pay	roll ID/Date Processed	Date Paid			
	Jun	e 2025								
			Pay Period	Labor D Pay Period	Distribution			Pay Period	Pay Period	
Index	Restricted?	Percentage	Start Date	End Date	Index	Restricted?	Percentage	Start Date	End Date	
Department Chair Date (Not required if submitted via EPAF)						Signature for Index if submitted via EPAF)	Date			
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Dean Date (Not required if submitted via EPAF)						ervices (Restricted Only) if submitted via EPAF)	Date			
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