

**Summer Research Form Use For by
9 Month Faculty Only**

Name: _____
 UNM ID: _____
 Rank/Title: _____
 Department: _____
 ORG: _____

Contact Name: _____
 Contact Phone: _____
 Eclass: _____
 Position Number: _____
 Suffix: _____

Description of Work to be Performed:

	Institutional Base Salary*	Academic Year	Monthly Rate (Base Salary/9 mos)
Rate 1		2021/2022	
Rate 2		2022/2023	

*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.

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.

Maximum Allowable Payment Schedule		
May	0.545 Rate 1	
June	Rate 1	
July	Rate 2	
August	0.455 Rate 2	
Total for 2022 Summer Research Period		

 Employee Signature Date

Requested Summer Research Payments

Period of Work	Payment Amount	FCSO Only Payroll ID/Date Processed	Payroll Only Date Paid
May 2022			
June 2022			
July 2022			
August 2022			

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

 Dean Date
 (Not required if submitted via EPAF)

 Financial Services (Restricted Only) Date
 (Not required if submitted via EPAF)