

**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)
<b>Rate 1</b>		2022/2023	
<b>Rate 2</b>		2023/2024	

\*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	0.591Rate 1	
June	Rate 1	
July	Rate 2	
August	0.409 Rate 2	
<b>Total for 2022 Summer Research Period</b>		

\_\_\_\_\_  
 Employee Signature Date

**Requested Summer Research Payments**

Period of Work	Payment Amount	FCSO Only Payroll ID/Date Processed	Payroll Only Date Paid
May 2023			
June 2023			
July 2023			
August 2023			

**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)