



Summer Session Administration Agreement For Academic Year Faculty Only

UNM ID: _____

Date Prepared: _____

Name: _____

Dept. Contact: _____

Dept: _____

Contact Phone: _____

OrgCode: _____

Position Number/Suffix: F9 _____



Administrative Duties:

Describe duties and salary:

Month	Payment Amount	Earn Code	Index	Account Code
May		203		200B
June		203		200B
July		203		200B
August		203		200B

I further certify that I have declared to the appropriate department administration all other summer compensation I may be receiving for research/instruction and/or administrative work, and that my total summer compensation for all sources will not exceed any policy limits on summer compensation, e.g., 1.25 FTE for instruction or 1.00 FTE for grant effort certification, etc.

I accept the assignment described above:

Faculty Member Date

Please sign the original and return to the Department of : _____

After consultation with appropriate University authorities, it has been determined that you hold a continuing Faculty appointment and thus are eligible to work during the summer session.

Department Chair Date
Signature not required if submitted via EPAF

Dean Date
Signature not required if submitted via EPAF

**Fiscal Year Faculty should NOT be paid via summer Session Instruction Form.*