

# Summer Research Form For Use by 9-Month Faculty Only

UNM ID: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

Name: \_\_\_\_\_  
Last, First

Dept. Contact: \_\_\_\_\_

Dept: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Org Code: \_\_\_\_\_

Position Number: FTR

**Description of Work to be Performed:**

	Base Salary*	Academic Year	Monthly Rate (Base Salary/9 mos)
Rate 1		2015/2016	
Rate 2		2016/2017	

\*Base salary is total salary given on the academic year contract, including Special Administrative Components, that was approved at the time the summer research payment was approved. 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

Maximum Allowable Payment Schedule		
May	0.545 Rate 1	
June	Rate 1	
July	Rate 2	
August	0.455 Rate 2	
Total for 2016 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 2016			
June 2016			
July 2016			
August 2016			

### 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)