

Waiver of Electronic Statement of Earnings and Leave

TO: Albuquerque Service Center – Human Capital Management, Pay Staff, Mailstop 311

*(Print or Type your name - first, middle, last and SSN legibly below)**

FROM:

SSN:

SUBJECT: Request for Waiver of Electronic Statement of Earnings and Leave

I am requesting a waiver to the USDA policy mandating paperless distribution of my bi-weekly Statement of Earnings and Leave (SEL). I am requesting this waiver because it would create a hardship for me, for the following reason(s).

Justification Statement (Required):

I understand that if my request is approved, my SEL will be mailed to the same address where my statement is currently mailed. I also understand that it is my responsibility to notify this office if I make a change to my current address or if, in the future, I elect the paperless SEL.

If you have any questions, please call the ASC-HCM Contact Center at 1-877-372-7248, press 2.

Employee Signature: _____ Date: _____

Home Unit: _____ Office Phone Number: _____

Work email address (if available): _____

Approved: _____ Date: _____

Disapproved: _____ Date: _____

Reason for Disapproval:

* Please ensure that your name is typed and printed legibly above. If we cannot read your name, your request cannot be reviewed or processed. **No faxes will be accepted.**