

**UNITED STATES DEPARTMENT OF AGRICULTURE  
MARKETING AND REGULATORY PROGRAMS  
AGRICULTURAL MARKETING SERVICE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
GRAIN INSPECTION, PACKERS AND STOCKYARDS  
ADMINISTRATION**

**STATEMENT OF EARNINGS AND LEAVE (SEL)  
WAIVER REQUEST FORM  
(OR CANCELLATION)**

USDA discontinued automatic mailing of a printed biweekly Statement of Earnings and Leave (SEL) to all employees, and now advises employees to access their SEL electronically through the National Finance Center's Employee Personal Page at <https://www.nfc.usda.gov>. Under certain circumstances, an employee may request a waiver and continue to receive the SEL by mail. See MRP Directive 4501.1 for more details. Use this form to: (1) request a waiver to have your SEL mailed to your home address (Complete Parts I, II, and III.) **OR** (2) cancel a waiver that is already in effect. By canceling the waiver, you will stop receiving a mailed SEL. (Complete Parts I and IV).

**Privacy Act Statement**

*General: The Statement of Earnings and Leave (SEL) Waiver Request Form collects information from USDA Marketing and Regulatory Program employees. Purpose and Use: The information requested on this form will be used by USDA Animal and Plant Health Inspection Service (APHIS), Human Resources Operations (HRO), to process your request regarding receipt of your biweekly Earnings and Leave Statement. Processed records will be maintained by HRO for 6 years and afterwards destroyed. Authority: Section 301 of Title 5, United States Code, authorizes the collection of this information. Effects of Nondisclosure: Furnishing your social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your request.*

**Part I: EMPLOYEE INFORMATION**

Last Name, First Name, MI			SSN
Agency	Program/Division	Duty Station	Office Phone Number

**Part II: REQUEST FOR WAIVER OF ELECTRONIC SEL**

I am requesting a waiver to the USDA policy mandating paperless distribution of my biweekly SEL. I am requesting this waiver because:

I understand that if my request is approved, my SEL will be mailed to my current address in the NFC personnel/payroll system. I also understand that it is my responsibility to cancel this waiver if, in the future, I voluntarily elect the paperless SEL; or, if later, I have ready access to a computer with internet access at my worksite.

Employee's Signature	Date
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**Part III. SUPERVISOR'S DECISION ON WAIVER REQUEST**

Approved  Disapproved Reason(s) for Disapproval:

Supervisor's Printed Name	Signature	Date	Office Phone Number
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**SUPERVISOR:** Please give a copy of the signed waiver request to the employee. Send approved waivers to the Human Resources Division (HRD), Leave and Compensation Team, as indicated below.

**Part IV: WAIVER CANCELLATION  
(TO STOP RECEIVING YOUR SEL BY MAIL)**

I hereby request that the National Finance Center stop mailing my SEL. In the future, I will access my SEL electronically.

Employee's Signature	Date
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SUBMIT **APPROVED** WAIVER AND WAIVER CANCELLATION BY FAX OR MAIL TO:

**USDA, APHIS, HRD, LEAVE AND COMPENSATION TEAM**  
FAX: 612-336-3544  
MAIL: BUTLER SQUARE, 5th FLOOR, 100 NORTH 6th STREET, MINNEAPOLIS, MN 55403-1588