

Cicero Yard
to
Auroil BD 40
Request Letter

Name: _____

Employee#: _____

Signature: _____

Date: _____

**This is my request to be
placed on Auroil BD 40
effective after my rest days.**

Fax to Crew Office @ 785-676-2957

Call to verify @ 785-676-2739

Make a copy of fax receipt
for your records and place
original receipt in SMART-TD mailbox