



Tracy Hardy
TYE Compensation Systems

BNSF Railway Company
PO Box 1738

DONATED LEAVE FORM

Topeka, KS 66601
920 SE Quincy Ave
Topeka, KS 66612
785 676-5109 Phone
785 676-5186 Fax
tracy.hardy@bnsf.com

Date: _____

Attn: Tracy

Please accept this as my request to transfer donated leave days to the specified individual due to Medical/Sick/Other Leave.

Donating to: _____
(Employee Name) (Employee ID Number)

Days Donated: _____
(How Many)

Type Donation: **Annual Leave (BLET)**

_____ Current Year

_____ Carry Over

Personal Leave (UTU)

_____ Current Year

_____ Carry Over

(Please Print)

Name: _____

Occupation: _____

Employee ID Number: _____

Fax request to fax number **785 or 8 676-5186**. If more than one employee, attach a cover list of the employees donating along with each Employee's Donated Days form keeping all documentation together.