

**Benefits Department
Attn: Leave of Absence Administrator
Mattress Firm Inc.
5815 Gulf Freeway
Houston, TX 77023**

Facsimile Transmittal

To:	Leave of Absence Administrator	Fax:	888-882-5016
From:	Leave of Absence—Mattress Firm	Date:	
Employee Name:	_____	Pages:	
Employee Phone #:	_____	Physician Phone:	_____
Physician Name:	_____	Physician Fax:	_____

Please include a description of contents

Notes:

Contact the following for any questions:

Leaves@mattressfirm.com

713-343-3577 Phone

888-882-5016 Fax