

Personal Leave of Absence Request— *Non Family Medical Leave Act (FMLA)* Employee Statement

Personal Leave may be granted for Associates (up to 30 days) who wish to request time off for personal/medical reasons and who are not eligible for the Family Medical Leave act (FMLA). Please submit the completed Leave Request by scan/email to leaves@mattressfirm.com or by fax to (888) 882-5016. You may also mail the documents to the Benefits Department, 5815 Gulf Freeway, Houston, Texas 77023. This form is due to the Leave of Absence Administrator immediately.

Part A — Employee Information (All Information is Required)

Employee Full Name _____ Alternate Contact Name: _____

Street Address: _____ City & State: _____

Zip Code _____ Phone Number: _____ Alternate Contact Phone Number: _____

Email (Personal): _____ Preferred Method of Contact: Phone Email

Part B — Supervisor Information

DM/Supervisor's Name (Required): _____ Phone Number (Required): _____

Date you notified your DM/Supervisor of your leave (Required): _____

Part D — Paid Time Off (PTO) If Applicable (All Information is Required)

For Leave of Absences beginning 11/1/15 or later, Mattress Firm no longer requires Associates to use available PTO, while on leave. You can choose to use all available PTO for the applicable days off, or use none.

Do you want the Leave Administrator to payout unused PTO through your unpaid Leave of Absence, or until PTO is exhausted, whichever occurs first?:

Yes (available PTO will be applied)

No (No PTO will be applied)

****Note**** Please do not request PTO through your DM/Supervisor. This must be applied by the Leave Administrator, to ensure you are paid correctly.

Part D — Leave Information (All Information is Required)

Beginning Date of Leave: _____ Expected Return Date: _____

Reason for Leave:

Self (Medical) Care of Spouse Care of Child Care of Parent

Birth of Child Work Related (Worker's Comp) Other (Must Explain Below)

Detailed Reason for Leave: _____

Employee Signature: _____ Date: _____

DM/Supervisor Signature: _____ Date: _____