

Military Leave of Absence Statement

Please submit a copy of the Military Orders or Military training schedule along with the completed Military Leave Statement 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 within two (2) days of receiving your Military Orders or updated Military Training Schedule.

Part A – Employee Information *(All information is Required):*

Employee Name: _____

Street Address: _____ City/State: _____ Zip Code: _____

Phone Number: _____ Alternate Phone Number: _____

Email (Personal): _____

Part B – Supervisor Information:

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

Part C1 – Military Leave Information *(If Leave will be shorter than 30 days, i.e. Training weekends):*

Please indicate your regularly scheduled days off: _____

****Note**** You must send an updated Statement if this changes. You must also provide updated Schedules, as you receive them.

Please indicate the dates of any scheduled Military activities:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Part C2— Extended Military Leave Information *(If Leave will be longer than 30 days):*

Beginning Date of Military Leave: _____ Expected Return Date: _____

Part D— Pay Information:

****NOTE**** Mattress Firm will reimburse the associate for the difference between military pay and the Associate’s base salary or draw for up to a maximum of two (2) weeks per year, provided that a Military pay stub is submitted.

Do you want Mattress Firm to apply your accrued Paid Time Off (vacation/sick time) while on leave? Yes No

Employee Signature: _____ Date: _____

DM/Supervisor Signature: _____ Date: _____