**Please note:** these documents are provided in Word format for your convenience – for easier completion of fillable fields, minor formatting changes (such as the addition of a company logo), or additions about company-specific policies. Employers are responsible for any edits, revisions, additions, or deletions they make to these forms. The Department of Family and Medical Leave (DFML) disclaims any responsibility for modifications made to these forms and cannot guarantee that a form that has been modified from this original version will be compliant.

# **Effective Rates: 2024**

*For employers with fewer than 25 employees*

|  |  |  |
| --- | --- | --- |
| **Family Leave Contribution** | **Medical Leave Contribution** | **Total Contribution Amount** |
| **.18%** | **.28%** | **.46%** |

Employers are responsible for sending contributions to the DFML for all employees. In 2024, the total contribution amount is 00.88% of wages.

For small employers (with fewer than 25 **covered workers**) the effective family and medical leave contribution is 00.46% of earnings. Small employers are responsible for remitting the funds withheld from their employees’ paycheck but do not need to contribute to either the family or medical leave. If they elect to pay all or some of the covered individuals’ share, they may do so, but are under no obligation to contribute.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medical Leave** | Total Required Contribution: .28% | | | | | |
|  |  |  | will contribute | **\_\_\_%** | of the medical leave contribution |
|  | (Employer Name) | and the remaining | **\_\_\_%** | will be deducted from your earnings |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Family Leave** | Total Required Contribution: .18% | | | | | |
|  |  |  | will contribute | **\_\_\_%** | of the family leave contribution |
|  | (Employer Name) | and the remaining | **\_\_\_%** | will be deducted from your earnings |