



How do I take paid family leave to care for a family member with a serious health condition?

Paid Family and Medical Leave, or PFML, is a benefit program for Massachusetts employees offered by the Commonwealth. If you have a family member with a serious health condition, PFML lets you take paid family leave to care for them.

If you have a family member with a [serious health condition](#), you may be eligible to apply for paid family leave.

Length of benefit

You can take up to 12 weeks of leave to care for a family member with a serious health condition.

However, if you took family leave to bond with a child and/or family leave to take care of family members who are active service members in the same benefit year, this will reduce the 12-week allotment.

For all types of leave, employees cannot exceed 26 weeks total in the benefit year.

Family member definitions

For the purposes of leave to care for a family member with a serious health condition, family members include:

- Your spouse or domestic partner
- Your children
- Your parents
- Your spouse or domestic partner's parents
- Your grandchildren
- Your grandparents
- Your siblings

Relationships include family members related to you through biology, adoption, fostering, legal guardianship, in loco parentis (in place of a parent), and/or step family.

Where your family member lives does not affect their eligibility. You can take paid family leave to care for a family member with a serious health condition no matter where they are.

Caring leave activities

When caring for a family member with a serious health condition, activities can include but are not limited to:

- Providing the daily living needs that the family member cannot perform due to their serious health condition, such as helping them get dressed or preparing meals.
- Providing transportation to the doctor or other facilities for appointments and treatment.
- Providing support for their serious mental health condition, such as taking them to therapy or medication appointments for major depression.
- Helping make arrangements for changes in care, such as a transfer to a nursing home.

Caring leave examples

You can take leave to care for a family member for a variety of situations. Examples include:

- If your mother is having a hip replacement and needs help getting to and from physical therapy, you can take reduced leave, and work fewer hours per day, or fewer days per week in order to help her.
- If your spouse is having surgery followed by extensive recuperation where they won't be able to shower without assistance, you can take up to 12 weeks of continuous leave to help them out.
- If your child is undergoing chemotherapy and has bouts of nausea, weakness, and pain, you can take intermittent leave when you need to care for them.

[Learn more](#) about continuous leave, reduced leave, and intermittent leave.



Required documents

For all family leave applications to care for a family member you will need to:

1. Notify your employer 30 days in advance if possible.
2. Complete an application online at paidleave.mass.gov or over the phone at (833) 344-7365.
3. Provide proof of your [identity](#).
4. Submit a Certification of Your Family Member's Serious Health Condition form filled out by your family member's health care provider.

You can download the form at: mass.gov/family-caring-form

Learn more at: mass.gov/family-leave-caring

To be approved for family leave to care for a family member, the Department of Family and Medical Leave will need to confirm your relationship to your family member and their serious health condition.

It is important that your family member's health care provider fill out the [Certification of Your Family Member's Serious Health Condition](#) form as completely as possible, especially:

- A statement that your family member has a serious health condition and any other relevant details about your family member's condition (questions 14, 15, 18). **This is the reason for your leave so make sure to have your family member discuss their medical condition with their health care provider. If this section is not filled out properly and completely, it could delay your leave approval.**
- When your family member's condition began (question 16)
- That you, the employee, are needed to care for the family member and what kinds of care might be needed (questions 19, 20)
- Information about how often and how long your family member needs you to care for them (questions 21-29)
- The name and address of your family member and their relationship to you (questions 8-11)

By signing the form, you are attesting that all information on the form is accurate.

Call the Contact Center at (833) 344-7365.

Ask your employer or visit mass.gov/dfml to learn more.

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