

What is Paid Family and Medical Leave (PFML)?

PFML is a Commonwealth program designed to give Massachusetts employees the resources to manage their own [serious health condition](#), [the serious health condition of a family member](#), to manage the affairs of a family member on [active duty](#), or to [bond with a child](#).

Most Massachusetts employers must either participate in the state PFML plan or a private equivalent. If you are eligible, you can receive benefits for up to 26 weeks (combined family and medical leave) in a benefit year. PFML benefits are funded by contributions on every dollar of wages earned by an employee who is covered by the program.

Am I eligible for PFML?

You are covered by the PFML law if:

- ✓ You have a qualifying reason, for example a serious health condition that prevents you from working.
- ✓ You work in Massachusetts or for the Commonwealth of Massachusetts or its agencies. This includes employees working in Massachusetts, even if the employer is located in another state or country.
- ✓ You're a self-employed individual who receives a 1099-MISC tax form from a business that issues 1099-MISC tax forms to more than 50% of its workforce.
- ✓ You're a former employee who has been unemployed for 26 weeks or fewer.
- ✓ If you have earned at least \$6,300 (in 2025) or \$6,300 (in 2026) during the last 4 completed calendar quarters, and at least 30 times more than how much you are eligible to get each week in benefits, you meet the criteria. Use our [calculator](#) to see if you meet PFML's earnings requirement.
- ✓ Your employer doesn't have a DFML approved private paid leave plan that provides benefits that are equal to or greater than the state's coverage.
- ✓ Your type of employment is not exempt under PFML law, however you may be covered if your exempt employer has opted into the PFML program, or if you opted in as a self-employed individual.

If you are self-employed or a 1099-MISC contractor for a business that does not cover contractors for PFML because 1099-MISC employees make up less than 50% of the business's workforce, you can choose to opt-in to the PFML program. More information can be found [here](#).

Continue for more information >

What types of leave are available?



Bond with a child

(Family leave up to 12 weeks)

Leave to bond with the covered individual's child during:

- The first 12 months after the child's birth
- The first 12 months after the placement of the child for adoption or foster care



Care for a family member

(Family leave up to 12 weeks)

Leave to care for a family member with a serious health condition



Medical

(Medical leave up to 20 weeks)

Leave to care for an individual's own serious health condition



Active Duty

(Family leave up to 26 weeks)

Leave to:

- Manage the affairs of a family member on active duty or who has been notified of an impending order to active duty in the Armed Forces
- Care for a family member who is a covered service member who has been injured while on active duty

Leave schedules

When taking PFML, you can choose from three different leave schedules. You may be able to adjust your leave type if your needs change.

Continuous leave:

A single time period of consecutive, uninterrupted days

Reduced leave:

A consistent but reduced schedule for multiple weeks

Intermittent leave:

Multiple episodes of time off, which may be irregular or unexpected

Prepare to apply

As part of the application process, you will be asked to provide:

- The date you notified your employer that you need to take leave
- [Proof of ID](#)
- Your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)
- The reason why you are taking leave
- If applicable, information from your [health care provider](#) about the serious health condition you or your family member is experiencing
- Your employer's Federal Employer Identification Number (EIN)
- The date when you are planning to take leave, or when your leave started
- Your bank account information

Get started:

[Create a PFML account](#)