**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 25 or more employees*

|  |  |  |
| --- | --- | --- |
| **Family Leave Contribution** | **Medical Leave Contribution** | **Total Contribution Amount** |
| **.18%** | **.70%** | **.88%** |

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

Under the law, employers are responsible for a minimum of 60% of the medical leave contribution (.42% of wages) but are permitted to deduct from employees’ wages up to 40% of the medical leave contribution (.28% of wages) and up to 100% of the family leave contribution (.18% of wages).

|  |  |
| --- | --- |
| **Medical Leave** | Total Required Contribution: .70% |
|  |  |  | 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 |