

EARNED SICK TIME

Notice of Employee Rights

Who Qualifies?

All employees in Massachusetts can earn sick time.

This includes full-time, part-time, temporary, and seasonal employees.

How is it Earned?

- Employees earn 1 hour of sick time for every 30 hours they work.
- Employees can earn and use up to **40 hours per year**
- Employees with unused earned sick time at the end of the year can rollover up to 40 hours.
- Employees begin earning sick time on their first day of work and may begin using earned sick time after 90 days

Can an Employer Have A Different Policy?

Yes. Employers may have their own sick leave or paid time off policy, so long as employees can use at least the same amount of time, for the same reasons, and with the same job protections as under the Earned Sick Time Law.

Job Protection

- An employee cannot be disciplined, penalized, or retaliated against for exercising their rights under the law.
- For example, employers may not assign disciplinary points to covered absences, take work hours away from an employee for calling out, or fire an employee to asserting sick leave rights.

Will it be Paid?

- If an employer has 11 or more employees, sick time must be paid.
- For employers with fewer than 11 employees, sick time may be unpaid.
- Paid sick time must be paid on the same schedule and at the same rate as regular wages.

When Can it be Used?

- An employee can use sick time when the employee or the employee's child, spouse, parent, or spouse's parent is sick or has a routine medical appointment. It can be used to address the effects of domestic violence on the employee or their child. An employee can use sick time after pregnancy loss or failed assisted reproduction, adoption, or surrogacy.
- Employees may be required to use at least one hour of sick time when absent for part of a shift.
- Using sick time for other purposes is not allowed and may result in an employee being disciplined.

Notice and Verification

- Employees must notify their employer before they use sick time, except in a emergency.
- Employers may decide how the employees notify the employer of an absence.
- An employer generally may not require a doctor's note unless the employee is absent more than 3 days in a row or uses sick time during their last two weeks of employment.

Do You Have Questions?

Call the Fair Labor Division at 617-727-3465

Visit www.mass.gov/ago/earnedsicktime



Commonwealth of Massachusetts
Office of the Attorney General
English - December 2024

**The Attorney General enforces the Earned Sick Time Law and regulations.
It is unlawful to violate any provision of the Earned Sick Time Law.**

Violations of any provision of the Earned Sick time law, M.G.L. c. 149, § 148C, or these regulations, 940 CMR 33.00 shall be subject to paragraphs (1), (2), (4), (6) and (7) of subsection (b) of M.G.L. c. 149, §27C and to §150.

**This notice is intended to inform.
Full text of the law and regulations are available at
www.mass.gov/ago/earnedsicktime**

FAIR EMPLOYMENT IN MASSACHUSETTS

Applicants to and employees of private employers with 6 or more employees*, state and local governments, employment agencies and labor organizations are protected under Massachusetts General Laws Chapter 151B from discrimination on the following bases:

RACE, COLOR, RELIGION, DISABILITY, NATIONAL ORIGIN, AGE, SEX, PREGNANCY AND PREGNANCY-RELATED CONDITIONS, GENDER IDENTITY, SEXUAL ORIENTATION, GENETIC INFORMATION, ANCESTRY, MILITARY SERVICE

M.G.L. c. 151B protects applicants and employees from discrimination in hiring, promotion, discharge, compensation, benefits, training, classification and other aspects of employment on the basis of race, color, religion, disability, national origin (including unlawful language proficiency requirements), age (if you are 40 years old or older), sex, pregnancy or a condition related to pregnancy, gender identity, sexual orientation, genetic information, ancestry, and military service. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose an undue hardship.

HARASSMENT

Sexual harassment includes sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when (a) submission to or rejection of such advances, requests or conduct is made explicitly or implicitly a term or condition of employment or as a basis for employment decisions; (b) such advances, requests or conduct have the purpose or effect of unreasonably interfering with a person's work performance by creating an intimidating, hostile, humiliating or sexually offensive work environment. ***The law also prohibits harassment based on the protected classes set forth above.***

PREGNANCY

The Pregnant Workers Fairness Act prohibits employment discrimination on the basis of pregnancy and pregnancy-related conditions, such as lactation or the need to express breast milk for a nursing child, and describes employers' obligations to employees that are pregnant or lactating and the protections these employees are entitled to receive.

PARENTAL LEAVE

The law requires employers to grant an employee who has completed an initial probationary period and has given two (2) weeks' notice of the anticipated date of departure and the employee's intention to return, at least eight (8) weeks of paid or unpaid leave for the purpose of childbirth, adoption of a child under 18, or adoption of a child under 23 years old if the child has a mental or physical disability.

DISABILITY

M.G.L. c. 151B prohibits discrimination the basis of disability, a record of disability or perceived disability, in hiring, promotion, discharge, compensation, benefits,

training, classification and other aspects of employment. Disability discrimination may include failing to reasonably accommodate an otherwise qualified person with a disability.

RETALIATION

It is illegal to retaliate against any person because s/he has opposed any discriminatory practices or because s/he has filed a complaint, testified, or assisted in any proceeding before the Commission. It is also illegal to aid, abet, incite, compel or coerce any act forbidden under M.G.L. c. 151B, or attempt to do so.

DOMESTIC WORKERS

M.G.L. c. 151B prohibits discrimination and harassment against certain domestic workers where the employer has one (1) or more employee.* While some exclusions apply, domestic workers generally include individuals paid to perform work of a domestic nature within a household on a regular basis, such as housekeeping, housecleaning, nanny services, and/or caretaking. Employers are prohibited from engaging in sexual harassment and harassment and/or discrimination based on the protected classes described above, i.e. race, color, etc. Domestic workers are also entitled to parental leave.

CRIMINAL HISTORY INQUIRIES

The law prohibits employers from asking applicants on an initial employment application for any criminal background information unless an exemption by statute or regulation exists.

MENTAL HEALTH FACILITY ADMISSION INQUIRIES

Employers may not refuse to hire or terminate an employee for failing to furnish information regarding his/her admission to a facility for the care and treatment of mentally ill persons. An employment application may not seek information about an applicant's admission to such a facility.

IF YOU HAVE BEEN DISCRIMINATED AGAINST

If you feel you have been harassed or discriminated against, you should immediately file a charge of discrimination with the **Massachusetts Commission Against Discrimination**, www.mcad.gov, at one of the offices below. **An agreement with your employer to arbitrate your discrimination claim(s) does not bar you from filing a charge of discrimination.**

Boston Office: 1 Ashburton Pl., Suite 601, Boston, MA 02108 – P: 617-994-6000 F: 617-994-6024
Springfield Office: 436 Dwight St., Room 220, Springfield, MA 01103 – P: 413-739-2145 F: 413-784-1056
For more information, please see our website: www.mass.gov/mcad/



Notice of Benefits Available Under M.G.L. Chapter 175M

Paid Family and Medical Leave (PFML)

Available Leave

Covered individuals may be entitled to family and medical leave for the following reasons:

- up to 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work.
- up to 12 weeks of paid family leave in a benefit year related to the birth, adoption, or foster care placement of a child, to care for a family member with a serious health condition, or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces.
- up to 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member with a serious health condition.

Covered individuals are eligible for no more than 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.

Benefits

To fund PFML benefits, employers may deduct payroll contributions of up to 0.46% (adjusted annually) from a covered individual's wages or other earnings. A covered individual's average weekly earnings will determine his or her benefit amount, for a maximum weekly benefit of up to \$1,170.64 (adjusted annually).

Who is a Covered Individual Under the Law?

Generally, a worker qualifies as a covered individual eligible for PFML benefits if they are:

- covered by unemployment insurance in Massachusetts and paid wages by a Massachusetts employer; or
- a self-employed individual who resides and works in Massachusetts and chooses to opt-in to the program; and
- has earned at least 30 times the expected benefit and at least \$6,300 (adjusted annually) in the last four completed quarters preceding the application for benefits.

Job Protection

Generally, an employee who has taken paid family or medical leave must be restored to the employee's previous position or to an equal position, with the same status, pay, employment benefits, length-of-service credit, and seniority as of the date of leave.

These job protections do not apply to former employees, independent contractors, or self-employed individuals.

Health Insurance

Employers must provide for, contribute to, or otherwise maintain the employee's employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if the employee had continued working continuously for the duration of such leave.

Private Plans

If an employer offers employees paid family leave, medical leave, or both, with benefits that are at least as generous as those provided under the law, the employer may apply for an exemption from paying the contributions. Employees continue to be protected from discrimination and retaliation under the law even when an employer opts to provide paid leave benefits through a private plan.

Name of Private Insurer: _____ Private plan is for: ☐ Medical ☐ Family ☐ Both

Address: _____ Phone: _____

City, State & Zip Code: _____ Website: _____

No Retaliation or Discrimination

- It is unlawful for an employer to discriminate or retaliate against an employee for exercising any right to which s/he is entitled under the law.
- An employee or former employee who is discriminated or retaliated against for exercising rights under the law may, not more than three years after the violation occurs, institute a civil action in the superior court, and may be entitled to damages of as much as three times his or her lost wages.

If you have questions or concerns about your PFML rights, call:

(833) 344-7365 or visit: <https://www.mass.gov/DFML>

This notice must be posted in a conspicuous place on the employer's premises.

**2025 Poster
Revised 10/2024**



Massachusetts Commission Against Discrimination

NOTICE: PARENTAL LEAVE IN MASSACHUSETTS

Issued: May 17, 2023

PURSUANT TO M.G.L. C. 151B, § 4(11A) AND C. 149, § 105D EVERY EMPLOYEE AND DOMESTIC WORKER IS ENTITLED AS A MATTER OF LAW TO AT LEAST EIGHT WEEKS PARENTAL LEAVE FOR THE PURPOSE OF GIVING BIRTH OR ADOPTION OF A CHILD.

EMPLOYEES ARE ELIGIBLE IF THEY COMPLY WITH THE FOLLOWING CONDITIONS:

1. THE EMPLOYEE IS EMPLOYED ON A FULL-TIME BASIS;
2. THE EMPLOYEE HAS COMPLETED AN INITIAL PROBATIONARY PERIOD SET BY THE EMPLOYER WHICH DOES NOT EXCEED THREE MONTHS OR, IN THE EVENT THE EMPLOYER DOES NOT UTILIZE A PROBATIONARY PERIOD FOR THE POSITION IN QUESTION, HAS BEEN EMPLOYED FULL TIME FOR AT LEAST THREE CONSECUTIVE MONTHS; AND,
3. GIVES TWO WEEKS' NOTICE OF THE ANTICIPATED DEPARTURE DATE AND NOTICE THAT THEY INTEND TO RETURN TO THE JOB, OR PROVIDE NOTICE AS SOON AS IS PRACTICABLE IF THE DELAY IS FOR REASONS BEYOND THE INDIVIDUAL'S CONTROL.

DOMESTIC WORKERS MUST PROVIDE TWO WEEKS' NOTICE BUT ARE NOT REQUIRED TO BE FULL TIME OR COMPLETE AN INITIAL PROBATIONARY PERIOD.

BOTH EMPLOYEES AND DOMESTIC WORKERS ARE ENTITLED TO RETURN TO THE SAME OR A SIMILAR POSITION WITHOUT LOSS OF EMPLOYMENT BENEFITS FOR WHICH THEY WERE ELIGIBLE ON THE DATE THE LEAVE COMMENCED, IF THEY TERMINATE PARENTAL LEAVE WITHIN EIGHT WEEKS. THE GUARANTEE OF A SAME OR SIMILAR POSITION IS SUBJECT TO CERTAIN EXCEPTIONS SPECIFIED IN M.G.L. C. 149, § 105D.

ACCRUED SICK LEAVE BENEFITS SHALL BE PROVIDED FOR PARENTAL LEAVE PURPOSES UNDER THE SAME TERMS AND CONDITIONS WHICH APPLY TO OTHER TEMPORARY MEDICAL DISABILITIES. ANY EMPLOYER POLICY OR COLLECTIVE BARGAINING AGREEMENT WHICH PROVIDES FOR GREATER OR ADDITIONAL BENEFITS THAN THOSE OUTLINED IN THIS NOTICE SHALL CONTINUE TO APPLY.

IF THE EMPLOYER PROVIDES PARENTAL LEAVE FOR LONGER THAN EIGHT WEEKS, THE EMPLOYER SHALL NOT DENY THE EMPLOYEE OR DOMESTIC WORKER THE RIGHT TO RETURN TO WORK UNLESS THE EMPLOYER CLEARLY INFORMS THE EMPLOYEE OR DOMESTIC WORKER, IN WRITING, PRIOR TO THE COMMENCEMENT OF LEAVE AND PRIOR TO ANY SUBSEQUENT EXTENSION OF LEAVE THAT TAKING LONGER THAN EIGHT WEEKS OF LEAVE SHALL RESULT IN THE DENIAL OF REINSTATEMENT OR THE LOSS OF OTHER RIGHTS AND BENEFITS.



RIGHT TO KNOW WORKPLACE NOTICE

The **RIGHT TO KNOW LAW, Chapter 111F** of the Massachusetts General Laws, provides rights to Public Sector employees* regarding the communication of information on toxic and hazardous substances. These rights include:

WORKPLACE NOTICE- A notice must be posted in a central location in the workplace informing employees of their rights under the law. The notice must be in the English language. In workplaces where employees' first language is other than English, the notice must be posted in that language.

TRAINING- Employers must provide an annual training program to employees who work with toxic or hazardous substances. New employees must receive training within thirty days from date of hire. The training program must be conducted by a competent person and may be in the form of verbal and/or written instruction. At a minimum, training must include an explanation of employee rights, information on how to read an MSDS, the specific hazards of the chemicals used, handled or stored in the workplace, the type of personal protective equipment to be worn, and information on labeling of hazardous substances. This training must be done with pay during the employee's normal work shift or work hours. The employer must maintain a record of this training.

MATERIAL SAFETY DATA SHEET (MSDS)- The Material Safety Data Sheet is the document that provides information on each toxic or hazardous substance used or stored in the workplace. An employee or his or her designated representative has the right to obtain and examine the MSDS for any toxic or hazardous substance to which the employee "is, has been, or may be", exposed, if the employee's request is made to the employer in writing. After four working days from the date the request is made, an employee can refuse to work with the substance under two circumstances:

1. The employer fails to: (a) furnish the employee with the MSDS and (b) furnish the employee with proof that the employer has exercised diligent effort to obtain the MSDS, either through the manufacturer or through the Commissioner of the Division of Occupational Safety, or,
2. The MSDS provided by the employer is incomplete or outdated.

LABELING- All containers in the workplace of more than five pounds or more than one gallon, containing toxic or hazardous substances, must be labeled with the chemical name of the substance. Containers of mixtures must be labeled with the chemical name of each toxic or hazardous constituent when the constituents comprise one percent or more of the mixture. Containers must also be labeled with the appropriate National Fire Prevention Association (NFPA) symbol if available. Labels must be clear, prominent, in English and weather resistant. There are some exceptions to the labeling requirements for containers which are labeled in accordance with certain Federal laws.

NON-DISCRIMINATION- An employee who believes he or she has been discharged, disciplined, or in any other manner discriminated against by an employer for exercising rights granted under the Law, has one hundred eighty days following the violation of the Law or following the date on which he or she obtained knowledge that a violation occurred, to file a complaint with the Commissioner of the Division of Occupational Safety. A copy of the complaint must be sent to the employer at the same time by certified mail.

NOTE- The employee rights listed above are further defined in Chapter 111F of the Massachusetts General Laws and the Code of Massachusetts Regulations 454 CMR 21.00. Copies of the law and regulation can be obtained at the Statehouse Bookstore (617-727-2834).

All Right-to Know Inquiries should be addressed to:
Department of Labor Standards
19 Staniford Street, 2nd Floor
Boston, MA 02114
Tel.: 617-626-6975

*Private sector employees in Massachusetts are covered by a similar regulation, the Hazard Communication Standard (29 CFR 1910.1200), enforced by the Federal Occupational Safety and Health Administration (OSHA 617-565-9860).

Sexual Harassment at work does not have to be tolerated. It's Illegal.

If you are being sexually harassed, report it immediately to your supervisor or contact:

Sexual Harassment Officer

You can file a Complaint of Discrimination with the MA Commission Against Discrimination (MCAD) at one of the following locations:

Boston Headquarters
1 Ashburton Place, Ste. 601, Boston, MA 02108
Phone: 617-994-6000 Fax: 617-994-6024

Springfield
436 Dwight Street, Rm. 220, Springfield, MA 01103
Phone: 413-739-2145 Fax: 413-784-1056





YOUR RIGHTS UNDER THE MASSACHUSETTS TEMPORARY WORKERS RIGHT TO KNOW LAW

Staffing agencies must provide you with basic information about your job.

The law requires staffing agencies to give you a written notice with basic information about any job to which they are sending you. This is called a **Job Order**. You have a right to tell the staffing agency how you want them to give you the **Job Order**, such as by email, mail, or if you want to pick it up in person. Staffing agencies **MUST** give you at least this information:

- the name, address and telephone number of the: (i) staffing agency; (ii) the workers compensation carrier; (iii) the work site employer; and (iv) the department (DLS).
- a job description and whether the position will require any special clothing, equipment, training, or licenses;
- the pay day, hourly rate of pay, and whether overtime pay may occur;
- the start date, daily starting time and anticipated end time, and if known, expected duration of employment;
- whether any transportation or meals shall be provided by the staffing agency or work site employer;
- any charges to the employee or worker;
- whether the work site location is on strike or lockout; and
- a multilingual statement that the job order contains important information concerning the work, employment, engagement, work assignment, or job.

The staffing agency can give you job information over the telephone, but it **MUST** send you the information in writing **BEFORE** the end of the first pay period.

If your job assignment changes, the staffing agency **MUST** tell you about these changes as soon as it knows about them.

If the staffing agency does not provide you with a job order and you'd like to make a complaint against the staffing agency, please call the Department of Labor Standards at **(617) 626-6969**. The staffing agency cannot fire you or give you a worse job because you complained.

If you are being placed in a professional position or as a secretary or administrative assistant, the staffing agency does NOT have to provide you with a job order.

Staffing agencies and work site employers cannot charge you fees for:

- registering with the staffing agency;
- giving you a job assignment;
- drug tests, bank cards, debit cards, vouchers, or money orders;
- performing a Massachusetts criminal offender record information (CORI) check;
- transportation services, if use of the service is required; if use of the transportation service is voluntary, the fee may not exceed 3% of daily wages or actual costs, whichever is less;
- any item or service, including transportation, that would cause you to earn less than the Massachusetts minimum wage;
- a staffing agency or worksite employer cannot make you buy something from them unless you want to purchase it;
- Distinct from the Temporary Worker Right to Know Law, the Massachusetts Wage Act generally prohibits any agreement in which an employee becomes responsible for the employer's ordinary business costs and expenses. As a result, no wage deduction is permitted unless its purpose is primarily for the employee's benefit (such that the expense has substantial value to the employee and could be freely used by him independent of the job performed).

Staffing Agencies **MUST** refund your reasonable transportation costs if they send you to a job that does not exist.

This does not include the transportation costs of being sent to a worksite for a job interview.

Staffing agencies cannot:

- knowingly give you false, fraudulent, or misleading information;
- force you to go to an assignment that you do not want to go to;
- keep your property and refuse to return it to you;
- keep illegal fees that they charged to you;
- fire you or give you a worse job because you exercised your rights under this law;
- send you to a job assignment to perform work that is illegal;
- send a minor to a job assignment when that minor should be in school;
- send you to a job assignment where a special license is required if you do not have that license.

For further information about the Temporary Workers Right to Know Law or to make a complaint, call the Department of Labor Standards at (617) 626-6969, or visit mass.gov/dols/epsap. This law is administered by the Department of Labor Standards (DLS) and enforced by the Office of the Attorney General's Fair Labor Division. The law applies to "staffing agencies" (i.e., temporary agencies) as defined by the law.

Workplace Notice: This workplace notice complies with the provisions of Massachusetts General Law Chapter 149, Section 159C, which requires that staffing agencies post it in a place where job applicants and workers may easily view it.



MASSACHUSETTS DEPARTMENT OF UNEMPLOYMENT ASSISTANCE

Information about Employees' Unemployment Insurance Coverage

Employer's name

Employer's DUA ID Number

Employer's Address

Employees of this business or organization are covered by Unemployment Insurance (UI), a program financed entirely by Massachusetts employers. No deductions are made from your salary to cover the cost of your Unemployment Insurance benefits.

If you lose your job, you may be entitled to collect Unemployment Insurance. Outlined below is the information you need in order to apply for Unemployment Insurance (UI) benefits. Before you file, your employer will give you a copy of the pamphlet: *How to Apply for Unemployment Insurance Benefits*, provided by the Massachusetts Department of Unemployment Assistance (DUA).

You must be in the United States, its territories, or Canada when filing a claim or certifying for weekly UI benefits.

There are two ways to apply for UI Benefits:



Apply by using UI Online

UI Online is a secure, easy-to-use, self-service system. You can apply for benefits, reopen an existing claim, request weekly benefit payments, check your claim status, sign up for direct deposit, update your address, and even file an appeal online. To apply for benefits using UI Online, visit mass.gov/dua, and select **UI Online for Claimants**, and complete the required information to submit your application.



Apply by calling the TeleClaim Center

Unemployment Insurance services are available by phone. You can apply for Unemployment Insurance benefits, reopen a current claim, obtain up-to-date information on the status of your claim and benefit payment, resolve problems, and sign up for direct deposit, all by phone. To apply for benefits by phone, call the TeleClaim Center at 1 (877) 626-6800. You will be asked to enter your Social Security Number and the year you were born. You will then be connected to an agent who will take the information necessary to file your claim.

This document contains important information. Please have it translated immediately.

В данном документе содержится важная информация. Вам необходимо срочно сделать перевод документа.

Este documento contiene información importante. Por favor, consiga una traducción inmediatamente.

Tài liệu này có chứa thông tin quan trọng. Vui lòng dịch tài liệu này ngay.

Questo documento contiene informazioni importanti. La preghiamo di tradurlo immediatamente.

Este documento contém informações importantes. Por favor, traduzi-lo imediatamente.

Docikman sa gen enfòmasyon enpòtan. Tanpri fè yon moun tradwi l touswit.

본 문서에는 중요한 정보가 포함되어 있습니다. 본 문서를 즉시 번역하도록 하십시오.

ເອກະສານສະບັບນີ້ ບັນຈຸຂໍ້ມູນສໍາຄັນ.

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សូមបកប្រែឯកសារនេះ

Ce document contient des informations importantes. Veuillez le faire traduire au plus tôt.

此文件含有重要信息。請立即找人翻譯。

تحتوي هذه الوثيقة على معلومات هامة. يرجى ترجمتها فوراً.

IMPORTANT: Massachusetts General Law, Chapter 151A, Section 62A requires that this notice be displayed at each site operated by an employer, in a conspicuous place, where it is accessible to all employees. It must include the name and mailing address of the employer, and the identification number assigned to the employer by the Department of Unemployment Assistance.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. For hearing-impaired relay services, call 711.

Massachusetts Wage & Hour Laws



**Massachusetts
Attorney General
Bessie Dewar**



Fair Labor Hotline
(617) 727-3465
TTY (617) 727-4765



www.mass.gov/ago/fairlabor

State law requires all employers to post this notice at the workplace in a location where it can easily be read.
M.G.L. Chapter 151, Section 16;
454 C.M.R. 27.07(1)

Minimum Wage

M.G.L. Chapter 151, Sections 1, 2, 2A, and 7

Beginning January 1, 2023, the minimum wage in Massachusetts is \$15/hour. In Massachusetts, all workers are presumed to be employees. The minimum wage applies to **all** employees, except:

- agricultural workers (\$8.00 per hour is the minimum wage for most agricultural workers),
- members of a religious order,
- workers being trained in certain educational, nonprofit, or religious organizations, and
- outside salespeople.

Tips

M.G.L. Chapter 149, Section 152A; M.G.L. Chapter 151, Section 7

Beginning January 1, 2023, the service rate in Massachusetts is \$6.75/hour. The hourly “service rate” applies to workers who provide services to customers and who make more than \$20 a month in tips. The average hourly tips, plus the hourly service rate paid to the worker must add up to the minimum wage per each shift. Employers, owners and employees with managerial or supervisory responsibilities on a given day must never take any of your tips. Tips and service charges listed on a bill must be given only to wait staff, service bartenders, or other service employees. Tip pooling is allowed only for wait staff, service bartenders, and other service employees.

Overtime

M.G.L. Chapter 151, Sections 1A and 1B

Generally, employees who work more than 40 hours in any week must be paid overtime. Overtime pay is at least 1.5 x the regular rate of pay for each hour worked over 40 hours in a week.

For some employees who get paid the “service rate,” the overtime rate is 1.5 x the basic minimum wage, *not* the service rate.

Exception: Under state law, some jobs and workplaces are exempt from overtime. For a complete list of overtime exemptions, visit www.mass.gov/ago/fairlabor or call the Attorney General's Fair Labor Division at (617) 727-3465.

Payment of Wages

M.G.L. Chapter 149, Section 148; 454 C.M.R. 27.02

The law says when, what, and how employees must be paid. An employee's pay (or wages) includes payment for all hours worked, including tips, earned vacation pay, promised holiday pay, and earned commissions that are definitely determined, due and payable.

Hourly employees must be paid every week or every other week (bi-weekly). The deadline to pay is 6 or 7 days after the pay period ends, depending on how many days an employee worked during one calendar week.

Employees who *quit* must be paid in full on the next regular payday or by the first Saturday after they quit (if there is no regular payday). Employees who are *fired* or *laid off* must be paid in full on their last day of work.

Paystub Information

M.G.L. Chapter 149, Section 148

All employees must get a statement, at no cost, with their pay that says the name of the employer and employee, the date of payment (month, day, and year), the number of hours worked during the pay period, the hourly rate, and all deductions or increases made during the pay period.

Pay Deductions

M.G.L. Chapter 149, Section 148; 454 C.M.R. 27.05

An employer cannot deduct money from an employee's pay unless the law allows it (such as state and federal income taxes), or the employee asked for a deduction to be made for the employee's own benefit (such as to put money aside in the employee's savings account).

An employer cannot take money from an employee's pay for the employer's ordinary business costs (for example: supplies, materials or tools needed for the employee's job). An employer who requires an employee to buy or rent a uniform must refund the actual costs to the employee.

The law also puts limits on when and how much money an employer can take from an employee's pay for housing and meals the employer gives to the employee.

Hours Worked

454 C.M.R. 27.02

Hours worked or “working time” includes all time that an employee must be on duty at the employer's worksite or other location, and works before or after the normal shift to complete the work.

Meal Breaks

M.G.L. Chapter 149, Sections 100 and 101

Most employees who work more than 6 hours must get a 30-minute meal break. During their meal break, employees must be free of all duties and free to leave the workplace. If, at the request of the employer, an employee agrees to work or stay at the workplace during the meal break, the employee must get paid for that time.

Payroll Records

M.G.L. Chapter 151, Section 15

Payroll records must include the employee's name, address, job/occupation, amount paid each pay period, and hours worked (each day and week).

Employers must keep payroll records for 3 years. Employees have the right to see their own payroll records at reasonable times and places.

Employees Under 18 – Child Labor

M.G.L. Chapter 149, Sections 56 –105

All employers in Massachusetts must follow state and federal laws for employees who are under 18 (minors). These laws say *when*, *where*, and *how long* minors may work. They also say what kinds of work or tasks minors must NOT do.

Work Permits Required - Most workers under 18 must obtain a work permit. Employers must keep their minor workers' work permits on file at the worksite. To get a work permit, the minor must apply to the superintendent of the school district where the minor lives or goes to school. To learn more about getting a work permit, contact the Department of Labor Standards at (617) 626-6975, or www.mass.gov/dols.

Dangerous Jobs & Tasks Minors Must Not Do

Age	Must Not	
16 & 17	<ul style="list-style-type: none">• Drive most motor vehicles or forklifts• Work at a job that requires that he employee have or use a firearm• Use, clean or repair certain kinds of power-driven machines	<ul style="list-style-type: none">• Handle, serve, or sell alcoholic beverages• Work 30 or more feet off of the ground
14 & 15	<ul style="list-style-type: none">• Cook (except on electric or gas grills that do not have open flames), operate frylators, rotisseries, NEICO broilers, or pressure cookers• Operate, clean or repair power-driven food slicers, grinders, choppers, processors, cutters, and mixers	<ul style="list-style-type: none">• Work in freezers or meat coolers• Perform any baking activities• Work in or near factories, construction sites, manufacturing plants, mechanized workplaces, garages, tunnels, or other risky workplaces
Under 14	<ul style="list-style-type: none">• Minors under 14 cannot work in Massachusetts in most cases.	

These are just some examples of tasks prohibited under both state and federal law. **For a complete list** of prohibited jobs for minors, contact the Attorney General's Fair Labor Division: (617) 727-3465 • www.mass.gov/ago/youthemployment. Or contact the U.S. Department of Labor: (617) 624-6700 • www.youth.dol.gov

Sick Leave

M.G.L. Chapter 149, Section 148C

Most employees have the right to earn 1 hour of sick leave for every 30 hours they work, and they may earn and take up to 40 hours of sick leave a year. Employees begin accruing sick time on their first day of work. Employees must have access to their sick leave 90 days after starting work.

Eligible employees may use their sick leave if they or their child, spouse, parent, or spouse's parent is sick, injured, or has a routine medical appointment. They may also use sick leave for themselves or their child to address the effects of domestic violence.

Unless it is an emergency, employees must notify the employer before using sick leave.

Employees who miss more than 3 days in a row may need to provide their employer a doctor's note.

Paid Sick Leave

Employers with 11 or more employees *must* provide paid sick leave. Employers with fewer than 11 employees must provide sick leave; however, it does not need to be paid.

Employers Must Not Discriminate

M.G.L. Chapter 149, Section 105A; M.G.L. Chapter 151B, Section 4

Subject to certain limited exceptions, employers must not pay one employee less for doing the same or comparable work as another employee of a different gender.

They must not discriminate in hiring, pay or other compensation, or other terms of employment based on a person's:

- Race or color
- Religion, national origin, or ancestry
- Sex (including pregnancy)
- Military service
- Sexual orientation or gender identity or expression
- Genetic information or disability
- Age

Small Necessities Leave

M.G.L. Chapter 149, Section 52D

In some cases, employees have the right to take up to 24 hours unpaid leave every 12 months for their:

- child's school activities,
- child's doctor or dentist appointment, or
- elderly relative's doctor or dentist appointments, or other appointments.

Employees are eligible for this leave if the employer has at least 50 employees and the employee has:

- been employed for at least 12 months by the employer and
- worked at least 1,250 hours for the employer during the previous 12-month period.

Reporting Pay

454 C.M.R. 27.04(1)

Most employees must be paid for 3 hours at no less than minimum wage if the employee is scheduled to work 3 or more hours, and reports to work on time, and is not given the expected hours of work.

Rights of Temporary Workers

M.G.L. Chapter 149, Section 159C

To learn about rights of temporary workers and employees hired through staffing agencies, call: 617-626-6970 or go to: www.mass.gov/dols.

Rights of Domestic Workers

M.G.L. Chapter 149, Section 190

To learn about additional rights for workers who provide housekeeping, cleaning, childcare, cooking, home management, elder care, or similar services in a household, go to www.mass.gov/ago/DW.

Public Works and Public Construction Workers

M.G.L. Chapter 149, Section 26-27H

Workers who work on public construction projects and certain other public work must be paid the prevailing wage, a minimum rate set by the Department of Labor Standards based on the type of work performed.

Domestic Violence Leave

M.G.L. Chapter 149, Section 52E

Employees who are victims, or whose family members are victims, of domestic violence, sexual assault, stalking or kidnapping have the right to 15 days of leave for related needs, such as health care, counseling, and victims services; safe housing; care and custody of their children; and legal help, protective orders, and going to court.

The leave can be paid or unpaid depending on the employer's policy. This law applies to employers with 50 or more employees.

Employees Have the Right to Sue

M.G.L. Chapter 149, Section 150; M.G.L. Chapter 151, Sections 1B and 20

Employees have the right to sue their employer for most violations of wage and hour laws.

Employees may sue as an individual or they may sue their employer as a group if they have similar complaints. Employees who win their case will receive back pay, triple damages, attorneys' fees, and court costs.

Important! There are strict deadlines for starting a lawsuit. For most cases, the deadline is 3 years after the violation.

Employers Must Not Retaliate

M.G.L. Chapter 149, Section 148A; M.G.L. Chapter 151, Section 19

It is against the law for an employer to punish or discriminate against an employee for making a complaint or trying to enforce the rights explained in this poster.

The laws explained in this poster apply to all workers, regardless of immigration status, including undocumented workers. If an employer reports or threatens to report a worker to immigration authorities because the worker complained about a violation of rights, the employer can be prosecuted and/or subject to civil penalties.

Time & Schedule Restrictions for Minors

Age	Must not work	At any time:
16 & 17	At night , from 10 p.m. to 6 a.m. (or past 10:15 if the employer stops serving customers at 10 p.m.) <i>Exception:</i> On non-school nights, may work until 11:30 p.m. or until midnight, if working at a restaurant or racetrack.	<ul style="list-style-type: none">• More than 9 hours per day• More than 48 hours per week• More than 6 days per week
14 & 15	At night , from 7 p.m. to 7 a.m. <i>Exception:</i> In summer (July 1 – Labor Day), may work until 9 p.m. During the School Year: * <ul style="list-style-type: none">• During school hours• More than 3 hours on any school day• More than 18 hours during any week• More than 8 hours on any weekend or holiday	When school is not in session: <ul style="list-style-type: none">• More than 8 hours on any day• More than 40 hours per week• More than 6 days per week

**Exception:* For school-approved career or experience-building jobs, students may be allowed to work during the school day, up to 23 hours a week.

Adult Supervision Required After 8 p.m. - After 8 p.m., all minors must be directly supervised by an adult who is located in the workplace and is reasonably accessible. *Exception: Adult supervision is not required for minors working at a kiosk or stand in a common area of an enclosed shopping mall that has security from 8 p.m. until the mall closes.*

📞 Contact the Attorney General's Fair Labor Division: (617) 727-3465 – www.mass.gov/ago/fairlabor



NOTICE TO EMPLOYEES

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF INDUSTRIAL ACCIDENTS



IF YOU ARE INJURED ON THE JOB:

- **Immediately notify your employer that you have been injured.**

Employer HR/Workers' Compensation Contact

Phone Number

- **Tell the medical provider that you have been injured at work and give the information below:**

Insurance Carrier

Address

Phone Number

Employer

Address

-
- **If the employer fails to report the injury to the insurer, the employee may file an Employee's Claim (Form 110).**
 - **Additional information regarding your rights and eligibility for benefits pursuant the Workers' Compensation law may be obtained by contacting the Department of Industrial Accidents at 617.727.4900 or visiting www.mass.gov/dia.**

IF MEDICAL TREATMENT IS NEEDED:

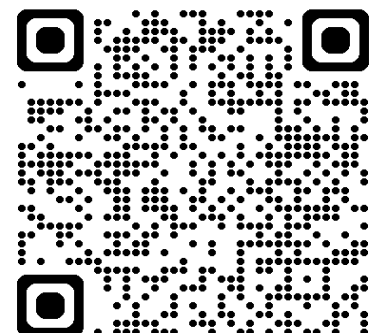
Injured workers may select their own medical provider. Medical treatment costs that are reasonable, necessary, and related to the work injury will be paid by the above-named insurer.

If medical facility information is provided below, the above-named insurer has a preferred provider arrangement and the insurer has arranged for your initial treatment at:

Medical Facility:

Address:

Phone Number:





Massachusetts Workplace Safety and Health Protection for Public Employees

Massachusetts General Law Chapter 149, §§ 6 and 6-1/2 provide job safety and health protection for state, municipal and county workers through the promotion of safe and healthful work conditions. In addition, 454 CMR 25 directly extends OSHA regulations to executive branch state agencies.

- Employers:** Employers are required to provide procedures, equipment and training to prevent work-related injuries and illnesses.
- Employees:** Employees are required to comply with the policies and procedures established in their workplace to reduce work-related injuries and illnesses.
- Inspection:** The Department of Labor Standards (“DLS”) may conduct an on-site inspection to evaluate workplace conditions and make recommendations for the prevention of work-related injuries and illnesses. See “Inspection Summary” at www.mass.gov/dols/wshp.
- Enforcement:** DLS may issue a Written Warning which contains an Order to Correct when an inspection reveals a condition which could cause a work-related injury or illness. DLS may issue a Civil Citation with Civil Penalty in circumstances when the employer repeatedly allows an unsafe condition to occur, the condition has already caused a serious work-related injury, or if the employer has ignored a previous Written Warning.
- Voluntary Assistance:** Public sector workplaces may request technical assistance by contacting DLS at 508-616-0461 or safepublicworkplace@state.ma.us. There are no written warnings or penalties issued for voluntary assistance.
- Complaints:** Public employees or their representatives may file a complaint about safety and health conditions at their workplace by contacting DLS at 508-616-0461 or safepublicworkplace@state.ma.us.
- Safety and Health Management:** Sample safety programs and technical bulletins are available at www.mass.gov/dols/wshp.

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.

25 or More Employees Notice- Instructions for Use

As a Massachusetts employer, you are required to inform your Massachusetts employees and covered contract workers about their rights and obligations under the Massachusetts Paid Family and Medical Leave (PFML) law. To do so, you may provide this form to your employees and covered contract workers. You may also create or use a different notice of your choosing as long as the notice you use provides the same information as required by law.

This form is for employers who have 25 or more Massachusetts employees and covered contract workers. If you have less than 25 Massachusetts employees and covered contract workers, please use the [Employer notice for a workforce with fewer than 25 covered individuals form](#). Likewise, if you engage with self-employed individuals who are *not* covered contract workers, you may provide them the [Employer notice to self-employed individuals for a workforce with fewer than 25 covered individuals form](#) to notify them of their option to elect coverage for themselves. These forms can be downloaded at mass.gov/dfml.

To use this form, first complete:

1. The chart on page 2 indicating whether you have an approved private plan;
2. The chart on page 5 indicating what percentage of the employee contribution will be deducted from your employees' wages, and what percentage (if any) you will pay;
3. The employer information chart on page 6;
4. The check boxes on page 2 indicating where employees can find information on your private plan, if any. (Check N/A if you are participating in the state Trust Fund.)

Once you have filled out these sections, provide pages 2-6 of this form to your employees and covered contract workers for them to review and sign.

PAID FAMILY AND MEDICAL LEAVE NOTICE TO EMPLOYEES (25 or more Workers)

Please read this notice carefully. It contains important information about your rights, obligations, and eligibility under the Massachusetts Paid Family and Medical Leave (PFML) law. Please keep this notice for your records.

The Massachusetts PFML law provides most Massachusetts employees the right to paid family and medical leave. These rights are described further below and include both (1) job protection when the employee returns to work and (2) partial wage-replacement benefits while the employee is out of work. Employers can provide these benefits either by (1) participating in the PFML Trust Fund operated by the Massachusetts Department of Family and Medical Leave (the Department), or (2) providing an exempt private plan that offers benefits at least as generous as those available through the Department.

Regardless of whether your employer participates in the state Trust Fund or has a private plan, you will be entitled to certain benefits and protections. You may be required to make contributions to the Trust Fund or to fund your employer’s private plan, but only up to a certain amount. You will also need to tell your employer when you need leave, and you will need to file an application for benefits with the Department or through your employer’s private plan.

An employer may apply for an exemption from the medical leave contribution, family leave contribution, or both. Your employer must provide you information about the private plan and the application process. Your employer has made that information available:

- ☐ In the box below
- ☐ As an attachment to this Notice
- ☐ Other: _____
- ☐ N/A (Employer contributes to Trust Fund)

_____ (Employer Name)	<input type="checkbox"/> Does not have an approved private plan and is providing all leave benefits through the Department;
_____ (Private Plan Name)	<input type="checkbox"/> Has an approved private plan for both family and medical leave benefits;
_____ (Private Plan Phone Number)	<input type="checkbox"/> Has an approved private plan for family leave benefits only, and is providing medical leave benefits through the Department;
_____ (Private Plan Address)	<input type="checkbox"/> Has an approved private plan for medical leave benefits only and is providing family leave benefits through the Department.
_____ (Private Plan Website)	

I. Explanation of Benefits

Leave Allotments. Under the PFML Law, you may be entitled to up to:

- 12 weeks of paid family leave in a benefit year for the birth, adoption, or foster care placement of a child; to care for a family member with a serious health condition; or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces;
- 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work;
- 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member undergoing medical treatment or otherwise addressing consequences of a serious health condition relating to the family member's military service;
- 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.

A "benefit year" is the 12 months preceding the Sunday immediately before your leave begins.

Other Leaves. Any leave you take – paid or unpaid – for the same qualifying reasons listed above will count towards your amount of leave for that benefit year.

Eligibility. You will be eligible for leave and wage-replacement benefits if you meet the earnings test. You must have earned at least 30 times the expected benefit amount and [met the minimum earnings requirement established annually by the Department of Unemployment Assistance \(DUA\)](#), which is \$6,300 for 2025, during the last 4 completed calendar quarters. (This is the amount calculated in the "Wage Replacement Payments" section below.)

Wage Replacement Payments. When you take leave for any of the reasons described above, you will be eligible to apply to the Department or to your employer's private plan for wage replacement benefits. These benefits will be a proportion of your average weekly earnings. Your maximum potential benefit amount will be as follows:

- 80% of earnings up to 50% of the State Average Weekly Wage
- 50% of earnings above the State Average Weekly Wage
- In no event more than a maximum amount. For 2025, this maximum benefit amount is \$1,170.64. This amount will be adjusted annually based on increases in the State Average Weekly Wage.

Private plans may choose to provide higher benefits but may not provide lower amounts than what the Department would pay.

Concurrent Benefits Payments. If you receive benefits from other sources while you are also receiving benefits from the Department, the benefits you receive from the Department may be reduced. Certain types of other benefits will cause a one-for-one reduction in benefits you receive from the Department. This means that for each dollar you receive from these benefits, your benefit from the Department will decrease by a dollar. Benefits that will have this effect include:

- Workers' Compensation
- Unemployment Insurance
- Permanent Disability Policies or Programs
- Extended Illness Leave Bank Leave

Other forms of benefits will not reduce the benefits you receive from the Department unless you are receiving more than your average weekly wage in total benefits. Benefits that will have this effect include:

- Temporary Disability Policies or Programs (including both Short-Term Disability and Long-Term Disability)
- Employer-run Family and/or Medical Leave Policies or Programs

Topping off PFML benefit payments In general, employees may use their paid leave (sick time, vacation, or other PTO) to top off their PFML benefits up to a certain amount, but you will need to follow your employer’s policies regarding earning and using time off. Your employer’s PTO policy may not discriminate against you for exercising a right to which you are entitled under the PFML program (M.G.L. c 175M). For employees who choose to supplement their PFML benefits in this way, the combined weekly sum of PFML benefits and employer-provided paid leave benefits cannot exceed the employee’s Individual Average Weekly Wage (IAWW). Employers will be responsible for monitoring and ensuring that the combined weekly sum of employer-provided paid leave benefits and PFML benefits does not exceed an employee’s IAWW. Employers are also responsible for managing any payments made to an employee that exceed the employee’s IAWW. The Department is not involved in the repayment process for top off overages. This process is solely the responsibility of the employer and the employee.

II. Employee Rights and Protections

Job Protection. Generally, if you take family or medical leave, once you return to work, your employer must restore you to your previous position or to an equivalent position, with the same status, pay, employment benefits, length-of-service credit, and seniority as of the date you started your leave. This may not apply if your position was eliminated due to economic reasons unrelated to your use of leave.

Continuation of Health Insurance. Your employer must continue to provide for and contribute to your employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if you had continued working for the duration of such leave. Your employer may require you to continue to pay your portion of your health insurance premium on the same terms and conditions as before your leave.

No Retaliation. It is unlawful for any employer to discriminate or retaliate against you for exercising any right to which you are entitled under the paid family and medical leave law. An employee or former employee who is retaliated against for exercising rights under the law may, not more than three years after the violation occurs, institute a civil action in the superior court.

III. Contribution Amounts

To help fund paid leave benefits available under the PFML law, your employer may make a contribution, funded in part by a deduction from your wages, which will either be remitted to the Trust Fund or to the operator of your employer’s private plan. An employer who contributes to the Trust Fund will be required to contribute the following amounts:

Family Leave Contribution	Medical Leave Contribution	Total Contribution Amount
0.18% of earnings*	0.70% of earnings*	0.88% of earnings*

Because your employer has 25 or more covered workers, the total contribution amount is 0.88% 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) for a total of .46% of wages. Whether your employer has a private plan or participates in the state Trust Fund, your employer cannot deduct more than these percentages from your wages.

Your employer has elected to allocate the contribution amount as follows:

Medical Leave	Total Required Contribution: .70%*		
	<div><div></div><div>(Employer Name)</div></div> will contribute	___%	of the medical leave contribution
		___%	will be deducted from your earnings
	and the remaining		

Family Leave	Total Required Contribution: .18%*		
	<div><div></div><div>(Employer Name)</div></div> will contribute	___%	of the family leave contribution
		___%	will be deducted from your earnings
	and the remaining		

Please initial here to indicate that you understand that this percentage of your wages earned in a pay period will be deducted from your pay each pay period: _____

* The numbers provided are through 2025. These rates may be adjusted on an annual basis, effective January 1 of each calendar year.

IV. Notifying your Employer

BEFORE you take leave or apply for benefits, you MUST notify your employer that you need to take leave. You are required to provide at least 30 days’ notice of your need for leave. If 30 days’ notice is not possible due to circumstances beyond your control, you must provide notice as soon as practicable, and in any event, before you file any application for benefits.

When you notify your employer of your need for leave, you must provide the following information:

- 1. The anticipated start date of leave;
- 2. The anticipated length of the leave;
- 3. The expected date of return from leave;
- 4. Whether you will need intermittent leave (leave taken in separate blocks of two or more) or reduced leave (leave that involves a reduced schedule of fewer hours or days per week), and;

5. If you need intermittent or reduced leave schedule, the expected frequency of leave and expected duration of each instance of leave.

If any of this information changes, you must tell your employer as soon as you are aware of the change.

V. Submitting an application

To apply for PFML benefits, you will need the following information about your employer:

(Employer Name)

(Employer Street Address)

(Employer City, State, Zip)

(Federal Employer ID Number) (FEIN)

If your employer contributes to the Trust Fund, you must submit an application for benefits with the Department. You may submit this application in one of two ways:

1. You can create an account to apply online through the Department's Application Website at paidleave.mass.gov/login/
2. You can call the Department's Contact Center at (833) 344-7365 to complete an application over the phone.

Forms and application instructions are available on the Department's website at www.mass.gov/info-details/get-ready-to-apply-for-paid-family-and-medical-leave-pfml-benefits.

VI. For More Information

For more detailed information, please consult the Department's website: www.mass.gov/DFML. You may contact the Department of Family and Medical Leave at:

The Massachusetts Department of Family and Medical Leave
PO Box 838
Lawrence, MA 01842
Contact Center: (833) 344-7365

ACKNOWLEDGMENT

Your signature below acknowledges your receipt of the information above within 30 days from the start date of your employment.

Signature

Date

Name (Print)

Your signed acknowledgement will be retained by your employer. Please retain a copy for your own reference.

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 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.

Fewer than 25 Employees Notice- Instructions for Use

As a Massachusetts employer, you are required to inform your Massachusetts employees and covered contract workers about their rights and obligations under the Massachusetts Paid Family and Medical Leave (PFML) law. To do so, you may provide this form to your employees and covered contract workers. You may also create or use a different notice of your choosing as long as the notice you use provides the same information as required by law.

This form is for employers who have fewer than 25 Massachusetts employees and covered contract workers. If you have more than 25 Massachusetts employees and covered contract workers, please use the [Employer notice for a workforce with 25 or more covered individuals form](#). Likewise, if you engage with self-employed individuals who are *not* covered contract workers, you may provide them the [Employer notice to self-employed individuals for a workforce with 25 or more covered individuals form](#) to notify them of their option to elect coverage for themselves.

To use this form, first complete:

1. The chart on page 2 indicating whether you have an approved private plan;
2. The chart on page 5 indicating what percentage of the employee contribution will be deducted from your employees' wages, and what percentage (if any) you will pay;
3. The employer information chart on page 6;
4. The check boxes on page 2 indicating where employees can find information on your private plan, if any. (Check N/A if you are participating in the state Trust Fund.)

Once you have filled out these sections, provide pages 2-6 of this form to your employees and covered contract workers for them to review and sign.

PAID FAMILY AND MEDICAL LEAVE NOTICE TO EMPLOYEES (less than 25 Workers)

Please read this notice carefully. It contains important information about your rights, obligations, and eligibility under the Massachusetts Paid Family and Medical Leave law. Please keep this notice for your records.

The Massachusetts Paid Family and Medical Leave (PFML) law provides most Massachusetts employees the right to paid family and medical leave. These rights are described further below and include both (1) job protection when the employee returns to work and (2) partial wage-replacement benefits while the employee is out of work. Employers can provide these benefits either by (1) participating in the PFML Trust Fund operated by the Massachusetts Department of Family and Medical Leave (the Department), or (2) providing an exempt private plan that offers benefits at least as generous as those available through the Department.

Regardless of whether your employer participates in the state Trust Fund or has a private plan, you will be entitled to certain benefits and protections. You may be required to make contributions to the Trust Fund or to fund your employer’s private plan, but only up to a certain amount. You will also need to tell your employer when you need leave, and you will need to submit an application for benefits with the Department or through your employer’s private plan.

An employer may apply for an exemption from the medical leave contribution, family leave contribution, or both. Your employer must provide you information about the private plan and the application process. Your employer has elected to provide benefits as follows:

- ☐ In the box below
- ☐ As an attachment to this Notice
- ☐ Other: _____
- ☐ N/A (Employer contributes to Trust Fund)

_____ (Employer Name)	<input type="checkbox"/> Does not have an approved private plan and is providing all leave benefits through the Department;
_____ (Private Plan Name)	<input type="checkbox"/> Has an approved private plan for both family and medical leave benefits;
_____ (Private Plan Phone Number)	<input type="checkbox"/> Has an approved private plan for family leave benefits only, and is providing medical leave benefits through the Department;
_____ (Private Plan Address)	<input type="checkbox"/> Has an approved private plan for medical leave benefits only and is providing family leave benefits through the Department.
_____ (Private Plan Website)	

I. Explanation of Benefits

Leave Allotments. Under the PFML Law, you may be entitled to up to:

- 12 weeks of paid family leave in a benefit year for the birth, adoption, or foster care placement of a child; to care for a family member with a serious health condition; or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces;
- 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work;
- 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member undergoing medical treatment or otherwise addressing consequences of a serious health condition relating to the family member's military service;
- 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.

A "benefit year" is the 12 months preceding the Sunday immediately before your leave begins.

Other Leaves. Any leave you take – paid or unpaid – for the same qualifying reasons listed above will count towards your amount of leave for that benefit year.

Eligibility. You will be eligible for leave and wage-replacement benefits if you meet the earnings test. You must have earned at least 30 times the expected benefit amount and [met the minimum earnings requirement established annually by the Department of Unemployment Assistance \(DUA\)](#), which is \$6,300 for 2025, during the last 4 completed calendar quarters. (This is the amount calculated in the "Wage Replacement Payments" section below.)

Wage Replacement Payments. When you take leave for any of the reasons described above, you will be eligible to apply to the Department or to your employer's private plan for wage replacement benefits. These benefits will be a proportion of your average weekly earnings. Your maximum potential benefit amount will be as follows:

- 80% of earnings up to 50% of the State Average Weekly Wage
- 50% of earnings above the State Average Weekly Wage
- In no event more than a maximum amount. For 2025, this maximum benefit amount is \$1,170.64. This amount will be adjusted annually based on increases in the State Average Weekly Wage.

Private plans may choose to provide higher benefits but may not provide lower amounts than what the Department would pay.

Concurrent Benefits Payments. If you receive benefits from other sources while you are also receiving benefits from the Department, the benefits you receive from the Department may be reduced. Certain types of other benefits will cause a one-for-one reduction in benefits you receive from the Department. This means that for each dollar you receive from these benefits, your benefit from the Department will decrease by a dollar. Benefits that will have this effect include:

- Workers' Compensation
- Unemployment Insurance
- Permanent Disability Policies or Programs
- Extended Illness Leave Bank Leave

Other forms of benefits will not reduce the benefits you receive from the Department unless you are receiving more than your average weekly wage in total benefits. Benefits that will have this effect include:

- Temporary Disability Policies or Programs (including both Short-Term Disability and Long-Term Disability)
- Employer-run Family and/or Medical Leave Policies or Programs

Topping off PFML benefit payments. In general, employees may use their paid leave (sick time, vacation, or other PTO) to top off their PFML benefits up to a certain amount, but you will need to follow your employer's policies regarding earning and using time off. Your employer's PTO policy may not discriminate against you for exercising a right to which you are entitled under the PFML program (M.G.L. c 175M). For employees who choose to supplement their PFML benefits in this way, the combined weekly sum of PFML benefits and employer-provided paid leave benefits cannot exceed the employee's Individual Average Weekly Wage (IAWW). Employers will be responsible for monitoring and ensuring that the combined weekly sum of employer-provided paid leave benefits and PFML benefits does not exceed an employee's IAWW. Employers are also responsible for managing any payments made to an employee that exceed the employee's IAWW. The Department is not involved in the repayment process for top off overages. This process is solely the responsibility of the employer and the employee.

II. Employee Rights and Protections

Job Protection. Generally, if you take family or medical leave, once you return to work, your employer must restore you to your previous position or to an equivalent position, with the same status, pay, employment benefits, length-of-service credit, and seniority as of the date you started your leave. This may not apply if your position was eliminated due to economic reasons unrelated to your use of leave.

Continuation of Health Insurance. Your employer must continue to provide for and contribute to your employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if you had continued working for the duration of such leave. Your employer may require you to continue to pay your portion of your health insurance premium on the same terms and conditions as before your leave.

No Retaliation. It is unlawful for any employer to discriminate or retaliate against you for exercising any right to which you are entitled under the paid family and medical leave law. An employee or former employee who is retaliated against for exercising rights under the law may, not more than three years after the violation occurs, institute a civil action in the superior court.

III. Contribution Amounts

To help fund paid leave benefits available under the PFML law, your employer may make a deduction from your wages, which will either be remitted to the Trust Fund or to the operator of your employer's private plan. Whether your employer has a private plan or participates in the state Trust Fund, the deduction cannot exceed the following amounts:

Family Leave Contribution	Medical Leave Contribution	Total Contribution Amount
0.18% of earnings*	0.28% of earnings*	0.46% of earnings*

Because your employer has fewer than 25 covered workers, your employer is not required by law to make any additional contribution on your behalf. Employers may choose to cover some portion of your contribution amount (0.46%* of wages) but are not required to do so. Your employer has elected to allocate the contribution amount as follows:

Medical Leave	Total Required Contribution: .28%*		
	<div><div></div><div>(Employer Name)</div></div>	will contribute	___% of the medical leave contribution
		and the remaining	___% will be deducted from your earnings

Family Leave	Total Required Contribution: .18%*		
	<div><div></div><div>(Employer Name)</div></div>	will contribute	___% of the family leave contribution
		and the remaining	___% will be deducted from your earnings

Please initial here to indicate that you understand that this percentage of your wages earned in a pay period will be deducted from your pay each pay period: _____

* The numbers provided are through 2025. These rates may be adjusted on an annual basis, effective January 1 of each calendar year.

IV. Notifying your Employer

BEFORE you take leave or apply for benefits, you MUST notify your employer that you need to take leave. You are required to provide at least 30 days’ notice of your need for leave. If 30 days’ notice is not possible due to circumstances beyond your control, you must provide notice as soon as practicable, and in any event, before you file any application for benefits.

When you notify your employer of your need for leave, you must provide the following information:

- 1. The anticipated start date of leave;
- 2. The anticipated length of the leave;
- 3. The expected date of return from leave;
- 4. Whether you will need intermittent leave (leave taken in separate blocks of two or more) or reduced leave (leave that involves a reduced schedule of fewer hours or days per week), and;
- 5. If you need intermittent or reduced leave schedule, the expected frequency of leave and expected duration of each instance of leave.

If any of this information changes, you must tell your employer as soon as you are aware of the change.

V. Submitting an application

To apply for Paid Family and Medical Leave benefits, you will need the following information about your employer:

_____ (Employer Name)
_____ (Employer Street Address)
_____ (Employer City, State, Zip)
_____ (Federal Employer ID Number) (FEIN)

If your employer contributes to the Trust Fund, you must submit an application for benefits with the Department. You may file this application in one of two ways:

1. You can create an account to apply online through the Department's Application Website at paidleave.mass.gov/login/
2. You can call the Department's call center at (833) 344-7365 to complete an application over the phone.

Forms and application instructions are available on the Department's website at www.mass.gov/info-details/get-ready-to-apply-for-paid-family-and-medical-leave-pfml-benefits

VI. For More Information

For more detailed information, please consult the Department's website: www.mass.gov/DFML. You may contact the Department of Family and Medical Leave at:

The Massachusetts Department of Family and Medical Leave
PO Box 838
Lawrence, MA 01842
Contact Center: (833) 344-7365

ACKNOWLEDGMENT

Your signature below acknowledges your receipt of the information above within 30 days from the start date of your employment.

Signature

Date

Name (Print)

Your signed acknowledgement will be retained by your employer. Please retain a copy for your own reference.