

**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.

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\_\_\_\_\_ **Please initial here if you are a Bristol Community College student currently enrolled in a minimum of 12 credits (full-time status).** By signing this form, you acknowledge that you are exempt from PFML payroll deduction while you remain in a full-time student status. You also agree to notify Human Resources if you drop below 12 credits at any point during your employment at Bristol Community College, at which point you would become subject to the payroll deduction.

**Effective Rates: 2019**

*For employers with 25 or more employees*

<b>Family Leave Contribution</b>	<b>Medical Leave Contribution</b>	<b>Total Contribution Amount</b>
<b>.13%</b>	<b>.62%</b>	<b>.75%</b>

On October 1, 2019, contributions to the Department of Family and Medical Leave (DFML) Employment Security Trust Fund will begin. An employer will be responsible for sending contributions to the DFML for all employees.

Currently, the total contribution amount is 00.75% of wages. Of that 00.75% total contribution amount, there is a split: 17.3% is a family leave contribution and 82.7% is a medical leave contribution.

Under the law, employers are responsible for a minimum of 60% of the medical leave contribution (.372% of wages), but are permitted to deduct from employees' wages up to 40% of the medical leave contribution (.248% of wages) and up to 100% of the family leave contribution (.13% of wages).

<b>Medical Leave</b>				
<b>Total Required Contribution: .62%</b>				
<b>Medical Leave</b>	Commonwealth of Massachusetts	will contribute	<u>  60  </u> %	of the medical leave contribution
	_____ (Employer Name)		and the remaining	<u>  40  </u> %

<b>Family Leave</b>				
<b>Total Required Contribution: .13%</b>				
<b>Family Leave</b>	Commonwealth of Massachusetts	will contribute	<u>  0  </u> %	of the family leave contribution
	_____ (Employer Name)		and the remaining	<u> 100 </u> %

Initial \_\_\_\_\_