



IAS & HRCC

State Disability and Paid Family Medical Leave 2025

Updated April 2025

Below is a high-level summary of state disability and paid family medical leave programs. Additional details may be found in the [State Disability and Paid Family Medical Leave Instructional Guide](#). The information in this chart is not legal advice. Consult with your attorney if a question arises regarding the application of a particular law.

State	Employer Threshold	Employee Qualifications	Qualifying reasons	Covered Family Members	Contributions	Weekly Benefit Amount	Maximum Leave	Intermittent Leave	Waiting Period	Use of Other Accrued Leave	Private Plan	Job Protection
California – State Disability Insurance	\$100 paid in wages within last quarter	\$300 in earnings from which SDI deductions were withheld during base period	<ul style="list-style-type: none">Care for self, due to non work-related injury	N/A	Employee: 1.2% of taxable wages (no wage cap 2025) Employer: None Combined rate for SDI and PFL	Benefit calculator	52 weeks	Yes. See here .	Yes – 7 days	Employees can, but are not required, to use vacation, sick leave, PTO or employer short-term or long-term disability plans when receiving state disability insurance benefits to receive 100% of normal weekly salary. Other benefits can be used during the seven-day waiting period.	Yes. SDI and PFL together. See here .	No. FMLA or CFRA may provide job protection.
						Maximum weekly benefit amount (2025) = \$1,681						
California – Paid Family Leave	\$100 paid in wages within last quarter	\$300 in earnings from which SDI deductions were withheld during base period	<ul style="list-style-type: none">Family member's serious health condition (SHC)Bond with a new childMilitary-related qualifying exigency	<ul style="list-style-type: none">ChildParentParent-in-lawSpouseDomestic partnerGrandparentGrandchildSibling	Employee: 1.2% of taxable wages (no wage cap 2025) Employer: None Combined rate for SDI and PFL	Benefit calculator	8 weeks	Yes. See here .	None	Employer cannot require the use of vacation, PTO or sick leave before PFL. Employee may be able to take unused sick leave and receive PFL, but combined benefits cannot exceed 100% of regular earnings or PFL will be reduced by the amount of sick leave received.	Yes. SDI and PFL together. See here .	No. FMLA or CFRA may provide job protection.
						Maximum weekly benefit amount (2025) = \$1,681						
Colorado – Paid Family Medical Leave	One or more employees in CO	\$2,500 in wages within the last four calendar quarters	<ul style="list-style-type: none">Employee's or a family member's SHCBond with a new childQualifying exigencySafe leave	<ul style="list-style-type: none">ChildParentSpouseDomestic partnerGrandparentGrandchildSiblingParent, grandparent, grandchild or sibling of	Employee: 0.45% of an employee's wages up to \$176,100. Employers with 10 or more employees company-wide: employer contributes 0.45% of an employee's wages up to \$176,100.	Benefit calculator	12 weeks 4 additional weeks if employee has a SHC related to pregnancy or childbirth complications.	Yes. One hour or smaller if consistent with other leaves.	None	With mutual agreement in writing, employee may top- off PFML with accrued employer provided paid leave. Employer can require STD or LTD be taken concurrently. Review plan language regarding set-offs for PFML.	Yes. See private plan details	Yes, if employee has 180 days of employment prior to start of leave.
						Maximum weekly benefit amount (2025) = \$1,324.21						

State	Employer Threshold	Employee Qualifications	Qualifying reasons	Covered Family Members	Contributions	Weekly Benefit Amount	Maximum Leave	Intermittent Leave	Waiting Period	Use of Other Accrued Leave	Private Plan	Job Protection
				a spouse or domestic partner • Other individual with whom the employee has a significant personal bond	Employers with fewer than 10 employees company-wide: No employer contribution							
Connecticut – Paid Family Medical Leave	One or more employees in CT	\$2,325 in wages in the first four of the last five quarters. Currently employed (or within the past 12 weeks).	• Employee’s or a family member’s SHC • Bond with a new child • Donate an organ or bone marrow • Military-related qualifying exigency • Care for a family member who is a service member injured in the line of duty Qualifying reasons under the family violence victim leave law I	• Child • Parent • Spouse • Parent-in-law • Grandparent • Grandchild • Sibling • Other individual related by blood or affinity who is the equivalent of family	Employee: 0.50% of an employee’s wages up to \$176,100. Employer: none required	Benefit calculator Maximum weekly benefit amount (2025) = \$981	12 weeks 2 additional weeks if incapacitated during pregnancy 12-days for leave reasons related to family violence (included within 12-week maximum)	Yes. One hour minimum increment.	None	Employer may require or may permit an employee to use any sick or other accrued vacation or paid time off while on approved leave up to 100% of regular wages, provided that an employee who is taking leave covered by the CT FMLA is able to retain at least two weeks of accrued paid time off.	Yes.	No. CT FMLA, CT Family Violence Leave Act or FMLA may provide job protection.
Delaware – Paid Family Medical Leave Benefits payable 01/01/2026	Ten or more employees working primarily in DE within the past 12 months	1,250 hours worked within a 12-month period primarily at a DE worksite (at least 60% physically in DE)	• Employee’s or a family member’s SHC • Bond with a new child • Military-related exigency of employee’s family member	As defined by FMLA: • Child • Parent • Spouse	Begin 01/01/2025 An employer can pay all or a portion of the employee’s share; employees cannot be required to contribute more than 50% of the required contribution. Employers with 25 or more employees: contribution rate will equal 0.8% of wages for 2025 and 2026. Employers with 10-24 employees: the contribution rate will be 0.32% of wages during that same period.	Projected maximum weekly benefit amount (2026) = \$900	Employers with 10-24 employees in DE: Parental: 12 weeks in 12 months (absent an approved reduction to as few as 6 weeks) Employers with 25 or more employees in DE: Parental: 12 weeks in 12 months Family caregiving: one event up to six weeks in 24-months Medical: one event up to six weeks in 24-months NOTE: Family caregiving and medical leave taken together are limited to six weeks in any 24-month period.	FMLA rules apply	None	TBD	Yes	Yes
District of Columbia – Paid Family Medical Leave	One or more employees in the District	Employees who spend more than 50% of work time in the District for some or all of the 52 weeks preceding the need for leave	•Employee’s or a family member’s SHC •Bond with a new child •Prenatal Leave	• Child (broadly defined) • Parent (broadly defined) • Spouse • Domestic partner • Grandparent • Sibling	Employee: None Employer: 0.75% of employee’s wages (2025)	Benefit Calculator Maximum weekly benefit amount (2025) = \$1,153	12 weeks 2 additional weeks for prenatal leave (14-week max for birth mother)	Yes. Full day increments.	None	If employer permits, employer paid leave may be used to top-off benefits to 100% of regular wages. Fully insured STD cannot offset for DC PFML.	No	No. DC FMLA or FMLA may provide job protection.
Hawaii – Temporary disability insurance	One or more employees in Hawaii	Worked 14 weeks in HI and 20 hours/week; earned no less than \$400 in the 52 weeks before disability. Must be currently employed.	Employee’s non-work-related illness or injury (includes pregnancy and organ donation)	N/A	Employee: 0.5% weekly wages, up to \$7.21/week maximum withholding Employer: May pay full cost of TDI or share equally with employee so long as employee’s contribution does not exceed 0.5% of weekly wages	58% of employee’s average weekly wages rounded to the next higher dollar, Maximum weekly benefit amount (2025) = \$837	26 weeks	No	7-days (or per employer’s plan)	N/A	Yes	No. FMLA may provide job protection.
Maine – Paid Family Medical Leave	All employers except	Earned at least 6 times state average weekly	• Employee’s or a family member’s SHC •Bond with a new child	• Child (broadly defined) • Parent (broadly defined) • Spouse	Begin 01/01/2025 Premium amount may not exceed 1.0% of wages.	Maximum weekly benefit amount (2026): = TBD	Family: 12 weeks Medical: 12 weeks	Yes. Eight-hour minimum increment.	7 calendar days for medical leave benefits.	TBD	Yes..	Employees employed for at least 120

State	Employer Threshold	Employee Qualifications	Qualifying reasons	Covered Family Members	Contributions	Weekly Benefit Amount	Maximum Leave	Intermittent Leave	Waiting Period	Use of Other Accrued Leave	Private Plan	Job Protection
Benefits payable 05/01/2026	federal government	wage during base period (first 4 calendar quarters before benefit year)	<ul style="list-style-type: none">• Organ donation• Qualifying exigency• Care for family member who is a covered service member• Safe Leave	<ul style="list-style-type: none">•Domestic partner•Grandparent•Grandchild•Sibling•Designated individual having significant personal bond like a family relationship	Employers with 15 or more employees: may deduct up to 50% of premiums from employees' wages Employers with fewer than 15 employees: No employer contribution required.		Employee may not take more than 12 weeks, in the aggregate, of family and medical leave in the same benefit year.					days must be restored to the same or equivalent position with equivalent benefits, pay, and other employment terms and conditions.
Maryland - Paid Family Medical Leave Benefits payable 01/03/2028	One or more employees in Maryland	Worked 680 hours in Maryland the last 12 months	<ul style="list-style-type: none">• Employee's or family member's SHC• Bond with a new child• Military-related exigency	<ul style="list-style-type: none">•Child•Spouse•Domestic partner•Parent•Parent-in-law•Grandparent•Grandchild•Sibling	Expected to begin 1/01/2027 Employer with 15 or more employees: Total contribution is 0.90% up to social security wage base of \$168,600 Employee: 0.45% of an employee's wages up to \$168,600. Employer: 0.45% of an employee's wages up to \$168,600. Employer with fewer than 15 employees: Total contribution is 0.45% and is paid by the employee up to the social security wage base of \$168,600; there is no employer share.	Maximum weekly benefit amount (2026) = \$1,000	12 weeks [except that an employee can use 12 weeks for the employee's own SHC and 12 weeks to bond with a new child in the same application year]	Yes. Minimum 4-hour increment.	None	With mutual agreement, employee may top off PFML with accrued employer-provided paid leave.	Yes	Yes. Termination "for cause" only.
Massachusetts – Paid Family Medical Leave	Employers subject to unemployment insurance	Earned \$6,000 in the last four completed calendar quarters	<ul style="list-style-type: none">• Employee's or a family member's SHC• Bond with a new child• Military-related exigency• Care for a family member who is a service member injured in the line of duty	<ul style="list-style-type: none">•Child•Parent•Spouse•Parent-in-law•Grandparent•Grandchild•Sibling•Other individual related by blood or affinity who is the equivalent	Employer with 25 or more employees: Total contribution is 0.88% (medical 0.70%; family 0.18%) up to social security wage base of \$176,100 Employee: 0.46% of an employee's wages up to \$176,100. Employer: 0.42% of an employee's wages up to \$176,100. Employer with fewer than 25 employees: Total contribution is 0.46% and is paid by the employee; there is no employer share	Maximum weekly benefit amount (2025) = \$1,170.64	20 weeks: employee's own medical leave 12 weeks: baby bonding, care of a family member, military exigency leave 26 weeks: military caregiver leave and total for all leave reasons combined	Yes. Varies depending on the type of leave.	7-days (except bonding leave following birth recovery leave)	Employee can choose to top-off with employer provided paid leave.	Yes	Yes
Minnesota – Paid Family Medical Leave Benefits payable 01/01/2026	All employers except federal government	Earned at least 5.3% of state average annual wage over the last four completed calendar quarters	<ul style="list-style-type: none">• Employee's or a family member's SHC• Bond with a new child• Military-related exigency• Safety leave	<ul style="list-style-type: none">•Child (broadly defined)•Parent (broadly defined)•Spouse•Domestic partner•Grandparent•Grandchild•Sibling•Other individual with a relationship creating an expectation of care	Expected to begin 01/01/2026 Premium rates will be 0.88% of employee's taxable wages. Employers can deduct a maximum of 0.44% from employee wages and contribute the remaining 0.44%.	Benefits will vary based on weekly pay. The state will update this to include a benefit calculator.	12 weeks: medical leave or family leave for single qualifying event. 20 weeks: combined medical and family leave if employee has more than one qualifying event within same claim year	Yes. Minimum 8-hour increment; limited to 480 hours in one year.	None.	Employers cannot require employees to use accrued sick, vacation or PTO to substitute for PFML.	Yes	Yes
New Hampshire – Paid Family Medical Leave Voluntary program for private employers with a physical presence in the	All state employers.	All state employees. There are no employee qualifications for employees of a private employer;	<ul style="list-style-type: none">• Employee's SHC when STD does not apply, including childbirth• Family member's SHC• Bond with a new child• Military-related exigency• Military care giver leave	<ul style="list-style-type: none">•Child•Parent•Spouse•Domestic partner•Grandparent	State employees pay nothing. Private employers can choose to pay the full premium at no cost to employees or co-pay a portion. Premiums foremployees who opt-in are no more than \$5/week.	60% of average weekly wage (capped at the Social Security taxable wage max).	Employers have the option to offer six or 12 weeks of paid leave	Yes. 4-hour minimum increments	7-days for state employees and employer plans. 7-month elimination period for individual pool coverage.	Benefit coordination is based on employer policy, the NH statute, and rules of the MetLife Agreement	Yes	Yes, if an employer has 50 or more employees and sponsors a PFL plan

State	Employer Threshold	Employee Qualifications	Qualifying reasons	Covered Family Members	Contributions	Weekly Benefit Amount	Maximum Leave	Intermittent Leave	Waiting Period	Use of Other Accrued Leave	Private Plan	Job Protection
state and more than 50 employees overall		individual coverage is available if no employer plan			A tax credit is available for employers with a MetLife group plan.							
New Jersey – Temporary Disability Insurance	One or more employees; minimum payroll of \$1,000	Earned \$28300 in 20 calendar weeks during Base Year or \$14,200 in the base year	Care for self, due to non-work-related injury (including pregnancy and being a victim of domestic or sexual violence)	N/A	Employee: 0.23% of taxable wage base of \$165,400. Employer: Varies 0.10% to 0.75% of taxable wage base (\$43,300). employee.	Benefit calculator	26 weeks	Yes. Employer must agree to reduced schedule (up to 8-12 weeks).	7 days (None if disability lasts longer than 21 days)	Employers are not prohibited from requiring employees to use accrued PTO before claiming TDI if it is separate from NJ earned sick leave. Notify the Division if NJ TDI benefits will be supplemented to 100% of pay.	Yes	No. FMLA may provide job protection.
						Maximum weekly benefit amount (2025) = \$1,081						
New Jersey – Paid Family Leave	One or more employees; minimum payroll of \$1,000	Earned \$28300 in 20 calendar weeks during Base Year or \$14,200 in the base year	<ul style="list-style-type: none"> Family member’s SHC Bond with a new child Reasons related to domestic or sexual violence Care for a family member for reasons related to a communicable disease 	<ul style="list-style-type: none"> Child Parent Parent-in-law Spouse Domestic partner Civil union partner Grandparent Grandchild Sibling Any other blood relative Anyone with a close association like family 	Employee: 0.33% of taxable wage base up to wage base of \$165,400. Employer: None	Benefit calculator	12 weeks	Yes. Full day increments (up to 8 weeks).	None	Employees may choose to use accrued paid time off before receiving benefits, but it cannot be required. If accrued sick or vacation time is used, this does not reduce the PFL benefit; those days can be used in addition to claiming the maximum allowed PFL benefits.	Yes	No. FMLA may provide job protection.
						Maximum weekly benefit amount (2025) = \$1,081						
New York – Temporary Disability Insurance Benefits	One or more employees in NY state on each of 30 days in a calendar year.	Full- time employee who worked four consecutive weeks or part-time employee who worked 25 days	Care for self, due to non work-related injury	N/A	Employee: 0.5% of taxable wage with a maximum weekly contribution of \$0.60. Employer: Required to fund additional cost above employee maximum contribution limits.	Maximum weekly benefit amount (2025) = \$170	26 weeks	No	7-days	Nothing prohibits an employer from offering an employee the ability to top- off benefits.	Yes	No. FMLA or other state law may provide job protection.
New York – Paid Family Leave	One or more employees in NY state on each of 30 days in a calendar year.	Worked at least 26 consecutive workweeks or 175 workdays if working less than 20 hours/ week	<ul style="list-style-type: none"> Family member’s SHC Bond with a new child Military-related qualifying exigency 	<ul style="list-style-type: none"> Child Parent Parent-in-law Spouse Domestic partner Grandparent Grandchild Sibling 	Employee: 0.388% of SAWW (\$91,373.88). Employer: None	Benefit calculator	12 weeks	Yes. Full day increments	None	Employer may give employee the choice to top off benefits with accrued leave.	Yes	Yes
						Maximum weekly benefit amount (2025) = \$1,177.32						
Oregon – Paid Family Medical Leave	One or more employees in Oregon.	Earned at least \$1,000 in wages during the base year or alternate base year in Oregon.	<ul style="list-style-type: none"> Employee’s or a family member’s SHC Bond with a new child Safe leave related to domestic violence 	<ul style="list-style-type: none"> Child and stepchild Parent Parent-in-law Spouse Domestic partner Grandparent Grandchild Sibling or stepsibling Any individual related by blood or affinity with a close association equivalent to a family relationship 	Employee: 60% of the 1% contribution rate of taxable wage base up to wage base of \$176,100. Employer with 25 or more employees: employer share is 40% of the 1% contribution rate of taxable wage base up to wage base of \$176,100. Employer with fewer than 25 employees: None	Benefit calculator	12 weeks	Yes. Full day increments.	None.	Employees can use any accrued PSL, vacation, PTO or other paid leave offered by the employer while receiving PLO benefits. The employer can decide if employees can receive more than their full wage replacement when using these paid leave benefits with PLO. Employers can choose the order that employees use paid leave when more than one type of paid leave is available (e.g. vacation, PSL, PTO) subject to CBAs or other agreements.	Yes	Yes. If the employee has worked for the employer for 90 days. Employers with fewer than two employees have flexibility with reinstatement.
						Maximum weekly benefit amount: Effective 07/07/2024 = \$1,568.60						
Rhode Island – Temporary	One or more employees	Earns \$18,000 in base period wages or \$3,000	Non-job-related illness or injury including elective	N/A	Employee: 1.3% of the first \$89,200 in earnings (combined rate for TDI and TCI) (eff. 01/01/25)	4.62% of the wages paid in the highest quarter of the base period. As of	30 weeks Combined max of TDI/TCI in 52-weeks is 30 weeks.	Yes. Partial TDI may be	No, but benefit eligibility requires 7-days of	Employee may receive wages, sick or vacation pay, or employer provided	No	Yes

State	Employer Threshold	Employee Qualifications	Qualifying reasons	Covered Family Members	Contributions	Weekly Benefit Amount	Maximum Leave	Intermittent Leave	Waiting Period	Use of Other Accrued Leave	Private Plan	Job Protection
Disability Insurance	in Rhode Island.	in one of the base period quarters and total base period wages of at least 1.5 times the highest quarter earnings, and total base period earnings of at least \$6,000.	surgery, pregnancy, childbirth or related medical conditions.		Employer: None	07/01/2024, \$130 minimum; \$1,070 maximum (not including dependency allowance)		applicable with part-time work.	unemployment due to non work-related illness	disability benefits while receiving TDI if fully disabled. If working reduced hours and receiving partial TDI, all earnings are considered.		
Rhode Island – Temporary Caregiver Insurance	One or more employees in Rhode Island.	Earns \$18,000 in base period wages or \$3,000 in one of the base period quarters and total base period wages of at least 1.5 times the highest quarter earnings, and total base period earnings of at least \$6,000.	<ul style="list-style-type: none">Family member’s SHCBond with a new child	<ul style="list-style-type: none">ChildParentParent-in-lawSpouseDomestic partnerGrandparent	Employee: 1.3% of the first \$89,200 in earnings (combined rate for TDI and TCI) (eff. 01/01/25) Employer: None	4.62% of the wages paid in the highest quarter of the base period. As of 07/01/2024, \$130 minimum; \$1,070 maximum (not including dependency allowance)	7 weeks Combined max of TDI/TCI in 52-weeks is 30 weeks.	No	No	Not specified. RI TCI Employer Guide	No	Yes
Washington – Paid Family Medical Leave	All employers	Worked 820 hours in WA during the first four of the last five completed calendar quarters.	<ul style="list-style-type: none">Employee’s or family member’s SHCBond with a new childBereavement after the death of a child in certain circumstancesMilitary related qualifying exigency	<ul style="list-style-type: none">Child (and child’s spouse)ParentParent-in-lawSpouseRegistered domestic partnerGrandparentGrandchildSibling	Employee: 71.52% of the 0.92% contribution rate up to the wage rate base of \$176,100. Employer with 50 or more employees: 28.48% of the 0.92% contribution rate up to the wage rate cap of \$176,100. Employer with fewer than 50 employees: None	Benefit calculator Maximum weekly benefit amount (2024) = \$1,456.00	12 weeks of family or medical leave 16 weeks combined family and medical leave An additional two weeks if there is an incapacitating pregnancy-related SHC – maximum of 18 weeks combined family and medical leave. Seven calendar days of bereavement leave starting the day after a child’s death or stillbirth	Yes, but the employee must be on leave for a minimum of eight consecutive hours each week.	7-days, but no waiting period for bonding or a military exigency leave	Employees can use PTO at the same time as PFML, but it will reduce benefits. “Supplemental benefits” the employer may provide do not affect PFML benefits. Depending on the terms of the policy, STD payments may be received at the same time as PFML benefits.	Yes	For an employer with at least 50 employees, job protections apply to workers who have 12 months and 1,250 hours of service with that employer.