



State of Connecticut Human Resources  
**Intent to Return to Work**

Form #: **FMLA - HR3**  
Revision Date: 1/2017

---

**To be completed by the employee before taking leave under  
federal FMLA and/or state family/medical leave (C.G.S. 5-248a)**

Section 5-248a(d) of the Connecticut General Statutes and Sections 5-248b-3 through 5-248b-7 of the Regulations of Connecticut State Agencies require that any permanent employee who requests a family or medical leave of absence under C.G.S. 5-248a shall submit to the employee’s appointing authority a signed statement of the employee’s intent to return to his/her position in State service upon termination of the leave.

Section 825.311 of the Code of Federal Regulations permits the employer to require an employee on FMLA leave to verify his/her intent to return to work. This form is used for that purpose.

---

---

The projected end date of my leave is \_\_\_\_\_.

I hereby confirm my intent to return to work at the conclusion of my approved leave. \_\_\_\_\_  
(Fill in “yes” or “no”)

\_\_\_\_\_  
(Employee Name – Print)

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)