



State of Connecticut Human Resources
Intent to Return to Work
From a Family and Medical Leave Entitlement

*(To be completed by the employee and returned to the agency Human Resources
Office before the leave begins, absent extenuating circumstances)*

Form #: **FMLA - HR3**
Revision Date: 3/2018

Employee Name _____ **Employee No.** _____
Official Job Title _____ **Agency** _____

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

The projected end date of my leave is _____.

(Employee Signature)

(Date)