



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)