



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

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

Form #: FMLA - HR3
Revision Date: 12/2021

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)