



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)**