



State of Connecticut Human Resources  
**Intent to Return to Work**  
**From a Medical Leave, Family Leave or Military Family Leave**

*(To be completed by the employee before taking leave)*

Form #: **FMLA - HR3**  
Revision Date: 12/2017

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**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 \_\_\_\_\_.

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**(Employee Signature)**

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**(Date)**