



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

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)