



State of Connecticut Human Resources
Intent to Return to Work
From Families First Coronavirus Response Act (FFCRA or Act)
Emergency Paid Sick Leave and/or Emergency Family and Medical Leave
Effective April 1, 2020 through December 31, 2020

(To be completed by the employee before taking leave)

Form #: FFCRA - HR3
Revision Date: 03/2020

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)