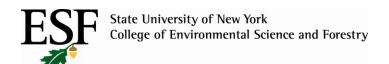
Issue Date: 8/19/2013 Revised: 7/25/2022

## Administrative Update

## SUNY ESF INJURY/ILLNESS REPORT

Check applicable category, then complete form below:		
EMPLOYEE (injury/illness related to employment as checked below)		
UUP, CSEA, PBA-represented or Management/Confidential complete this form, and call 1-888-800-0029 to report an injury and/or illness.		
STATE STUDENT EMPLOYEE (Graduate Assistant, Work-Study, Student Assistant) complete this form, and call 1-888-800-0029 to report an injury and/or illness.		
RESEARCH FOUNDATION EMPLOYEE		
RESEARCH FOUNDATION STUDENT EMPLOYEE (Research Project Assistant, Research Aide, Senior Research Aide)		
OTHER Official Volunteer or other (specify)		
Employees/Others- Complete this form for any work-related injury/illness and forward to Human Resources, 216 Bray Hall. State Employees call 1-888-800-0029 to report an injury and/or illness.		
STUDENT (injury/illness not related to employment)		
Students-complete this form and forward to Environmental Health & Safety, 19 Bray Hall.		



Issue Date: 8/19/2013 Revised: 7/25/2022

## Administrative Update

Employee Name:
Home telephone: ()
Home address: (Street, P.O. Box, City, State, Zip)
If injury:  Date and time injury occurred/ampm
Place of injury:
If illness:  Date of exposure or symptoms/
If injury/illness is related to employment:
Unit where employed:Location:
Regular work schedule:
Were you on duty at the time the accident/exposure occurred? YES or NO
Were you working overtime at time of injury or exposure? YES or NO
Name(s) and location(s) of any witnesses:
Was medical attention required? YES or NO. If Yes, name and address of medical provider:

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Employee Statement of how accident or exposure it happened, body part(s) affected, and equipment if necessary.	
Employee Signature:	Date:
Supervisor statement:	
Supervisor's Signature:	Date:
Witness [s] statement of how injury/illness occu	
Witness Signature	Date

Submit this completed form to the Office of Human Resources, Room 216 in Bray Hall