

Open Enrollment Benefit Changes

This article goes over what steps need to be taken during the Open Enrollment period for users to make changes to their benefits or re-enroll in Flex Spending healthcare and dependent care reimbursement accounts.

If your employment status is not changing and you do not want to make changes to your current health, dental, and vision benefits, you do not need to participate in Open Enrollment to renew your existing benefits for the next year.

Flex Spending healthcare and dependent care reimbursement accounts must be renewed every year.

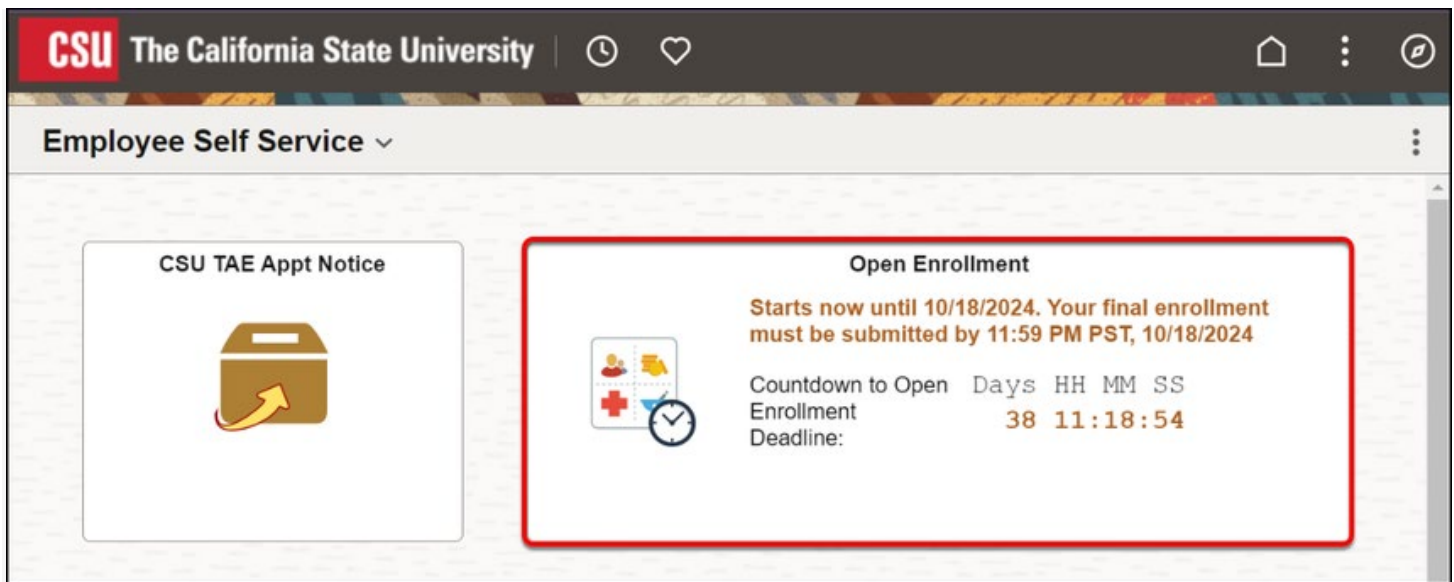
1. To access CHRS Open Enrollment, log into [myCI](#) with your CI credentials.



2. Click the Open Enrollment tile.

If the Open Enrollment period is active, you will see the enrollment deadline and a countdown on the tile.

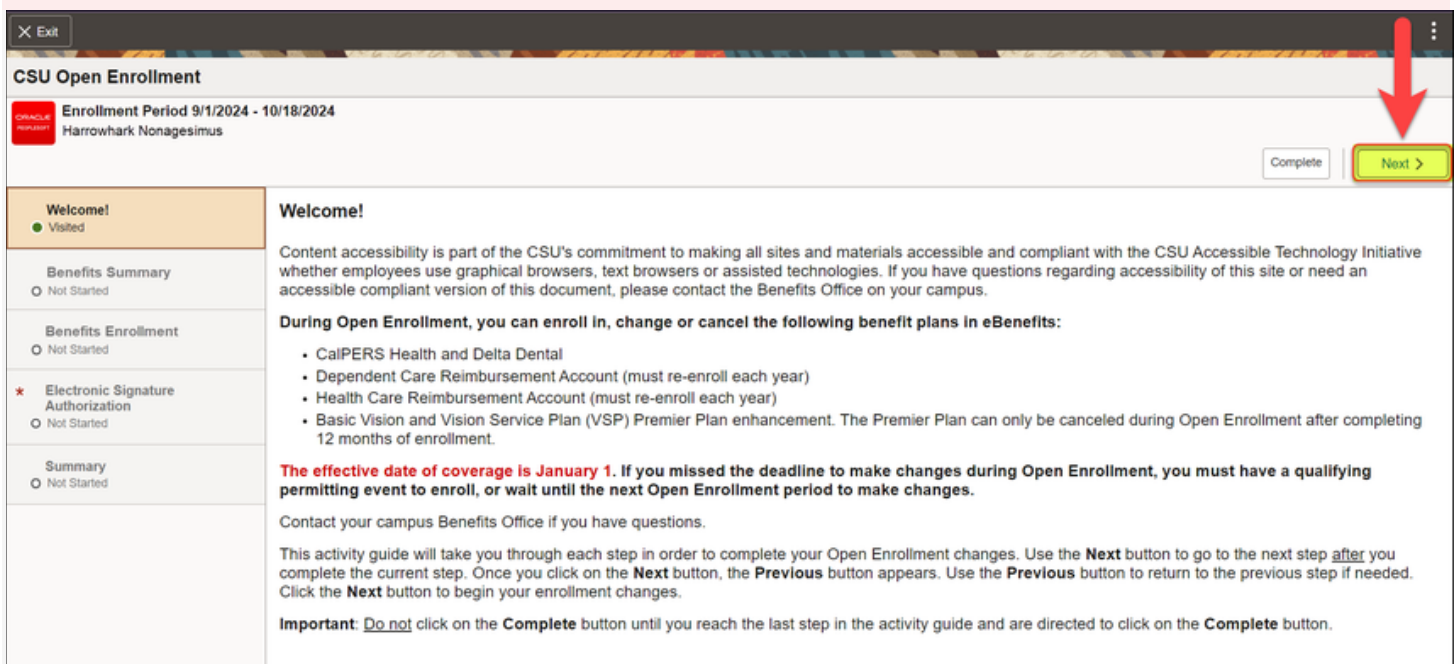
If you see "No Enrollment Available At This Time" on the Open Enrollment tile, then you do not have an open benefits enrollment and cannot make changes to your benefits through the process outlined below. If you experienced a qualifying life event, you may modify your benefits through the CSU Life Events tile. [View Entering A Life Event Self-Service Guide](#). Email benefits@csuci.edu if you have any questions.



3. Read the information on the Welcome screen. Then, click Next to proceed.

This screen includes information about the enrollment deadline, coverage effective date, and changes you can make to your benefits.

Make sure to not click the Complete button until you have gone through all of the steps!



4. You can view your benefits on the Benefits Summary page. The page will default to the current date, but you can enter another date and click Refresh to view your benefits as of another date. Click Review on a tile to view more details about that benefit. Click Next to proceed.

CSU Open Enrollment

Enrollment Period 9/1/2024 - 10/18/2024
Harrowhark Nonagesimus

Complete < Previous Next >

Welcome!
● Visited

Benefits Summary
● Visited

Benefits Enrollment
○ Not Started

★ Electronic Signature Authorization
○ Not Started

Summary
○ Not Started

Benefits Summary

CHRS Person ID [REDACTED]

To view your benefits as of another date, enter the date and select Refresh.

My Benefits on 09/10/2024 Refresh

Benefit Plans

Medical

Plan Kaiser PERMANENTE CALIFORNIA
Coverage Employee Only
0 Dependents

Dental

Plan DeltaCare USA - Enhanced
Coverage Employee Only
0 Dependents

Vision

Plan Vision Service Plan
Coverage Empl.Or Empl.& Deps
0 Dependents

Life and AD and D

Plan Standard (10K / CSUEU)
Coverage \$50000

Review

- Enter a date and click **Refresh** to view your benefits as of that date. If you want to view your benefits as of the current date, leave the field as is.
- Click **Review** on a tile to reveal more details about the plan, plan provider, and dependents enrolled in that plan.
- Click **Next** when you've finished reviewing your benefits.

5. Make changes to your benefits and/or enroll in or renew your Flex Spending account(s) on the Benefits Enrollment page.

You cannot concurrently enroll in Medical or Dental benefits and have Flex Cash. You must waive the option that you do not choose.

If you have a Flex Spending Health or Flex Spending Dependent Care account, you need to renew your contributions every year.

CSU Open Enrollment

Enrollment Period 9/1/2024 - 10/18/2024
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Complete

< Previous

Welcome!

Visited

Benefits Summary

Visited

Benefits Enrollment

Visited

Electronic Signature Authorization

Not Started

Summary

Not Started

Benefits Enrollment

The effective date of coverage is January 1. If you missed the deadline to make changes during Open Enrollment, you must have a qualifying permitting event to enroll, or wait until the next Open Enrollment period to make changes.

Contact your campus Benefits Office if you have questions.

Enrollment Summary

Your Pay Period Cost \$0.00

Full Cost \$0.00

Status Pending Review

Review Enrollment

Submit Enrollment

Benefit Plans

Medical

Current Kaiser PERMANENTE CALIFORNIA

New Kaiser PERMANENTE CALIFORNIA

Status Pending Review

0 Dependents

Pay Period Cost \$0.00

Review

Dental

Current DeltaCare USA - Enhanced

New DeltaCare USA - Enhanced

Status Pending Review

0 Dependents

Pay Period Cost \$0.00

Review

Vision

Current Vision Service Plan

New Vision Service Plan

Status Pending Review

0 Dependents

Pay Period Cost \$0.00

Review

Dental Flex Cash

Current No Coverage

New No Coverage

Status Pending Review

0 Dependents

Pay Period Cost \$0.00

Review

Medical Flex Cash

Current No Coverage

New No Coverage

Status Pending Review

0 Dependents

Pay Period Cost \$0.00

Review

Life and AD and D

Current Standard (\$50 K / CSUEU)

New Standard (\$50 K / CSUEU) \$50,000

Status Not Available

0 Beneficiaries

Pay Period Cost \$0.00

Flex Spending Health - U.S.

Current No Coverage

New No Coverage

Status Pending Review

Pay Period Cost \$0.00

Review

Flex Spending Dependent Care

Current No Coverage

New No Coverage

Status Pending Review

Pay Period Cost \$0.00

Review

Select what you would like to do:

5.1. I would like to enroll in/renew my Flex Spending account(s).

5.1.1. Click a Flex Spending tile.

CSU Open Enrollment

Enrollment Period 9/1/2024 - 10/18/2024

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Complete Previous

Welcome! Visited

Benefits Summary Visited

Benefits Enrollment Visited

Electronic Signature Authorization Not Started

Summary Not Started

Benefits Enrollment

The effective date of coverage is January 1. If you missed the deadline to make changes during Open Enrollment, you must have a qualifying permitting event to enroll, or wait until the next Open Enrollment period to make changes. Contact your campus Benefits Office if you have questions.

Enrollment Summary

Your Pay Period Cost \$0.00 Full Cost \$0.00

Status Visited

Review Enrollment

Submit Enrollment

Benefit Plans

<p>Medical</p> <p>Current: Kaiser Permanente California New: Kaiser Permanente California Status: Pending Review Dependents: 0</p> <p>Pay Period Cost: \$0.00</p> <p>Review</p>	<p>Dental</p> <p>Current: DeltaCare USA - Enhanced New: DeltaCare USA - Enhanced Status: Pending Review Dependents: 0</p> <p>Pay Period Cost: \$0.00</p> <p>Review</p>	<p>Vision</p> <p>Current: Vision Service Plan New: Vision Service Plan Status: Pending Review Dependents: 0</p> <p>Pay Period Cost: \$0.00</p> <p>Review</p>
<p>Dental Flex Cash</p> <p>Current: No Coverage New: No Coverage Status: Pending Review Dependents: 0</p> <p>Pay Period Cost: \$0.00</p> <p>Review</p>	<p>Medical Flex Cash</p> <p>Current: No Coverage New: No Coverage Status: Pending Review Dependents: 0</p> <p>Pay Period Cost: \$0.00</p> <p>Review</p>	<p>Life and AD and D</p> <p>Current: Standard (\$50K / COMB) New: Standard (\$50K / COMB) Status: Not Available Dependents: 0</p> <p>Pay Period Cost: \$0.00</p> <p>Review</p>
<p>Flex Spending Health - U.S.</p> <p>Current: No Coverage New: No Coverage Status: Pending Review</p> <p>Pay Period Cost: \$0.00</p> <p>Review</p>	<p>Flex Spending Dependent Care</p> <p>Current: No Coverage New: No Coverage Status: Pending Review</p> <p>Pay Period Cost: \$0.00</p> <p>Review</p>	

5.1.2. Select the Flex Spending option if not already selected.

Cancel

Flex Spending Health - U.S.

Done

With a Health Care Reimbursement Account, employees can set aside a portion of their pay, on a pretax basis, to reimburse themselves for eligible health care expenses. Each year, they may contribute up to the specified maximum allowed by the IRS and the plan through payroll deduction. Neither contributions nor reimbursements are taxed. An optional debit card is available, which allows an employee to use the card to pay for eligible health care expenses, eliminating out-of-pocket costs. Re-enrollment is required annually.

Resources

ESS Handbook FSA Medical

Enroll in Your Plan

Plan Name
✓ Waive
Select Health Care Flex Spending

5.1.3. Enter an amount for your annual pledge. Then, click Flexible Spending Account Worksheet to calculate your contributions.

Flexible Spending Account Worksheet

Cancel E Done

Estimate Contribution from Annual Pledge A

Your New Annual Pledge 1,200.00 B

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 12

Estimated Per Pay Period Contribution 100.00 C

Calculate D

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

- A. From the Estimate Contribution from drop-down menu, select Annual Pledge.
- B. Enter your annual pledge amount in the Your New Annual Pledge field.
- C. Click **Calculate**.
- D. The amount of your estimated per pay period contribution will update showing the monthly contribution amount.
- E. Click **Done** to return to the Flex Spending page.

If you know how much you want to contribute per pay period and want to know the annual total, select Per Pay Period from the drop-down menu. Then, enter the amount of your estimated monthly contribution and click Calculate. Your New Annual Pledge amount will update to show the contribution for the year. Click Done.

Flexible Spending Account Worksheet

Cancel E Done

Estimate Contribution from Per Pay Period A

Estimated Per Pay Period Contribution 100.00 B

Multiplied by Pay Periods Remaining 12

Plus Your Year To Date Contributions 0.00

Your New Annual Pledge 1,200.00 C

Calculate D

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

- A. From the Estimate Contribution from drop-down menu, select Per Pay Period.
- B. Enter the monthly amount you want to spend into the Estimated Per Pay Period Contribution field.
- C. Click **Calculate**.
- D. The amount of your new annual pledge will update to show the yearly contribution amount.
- E. Click **Done** to return to the Flex Spending page.

5.1.5. Click Done.

The screenshot shows the 'Flex Spending Health - U.S.' page. At the top left is a 'Cancel' button. At the top right is a 'Done' button, which is highlighted with a red arrow. Below the title bar, there is a paragraph of text explaining the Health Care Reimbursement Account. To the right of this text is a 'Resources' section with a globe icon and a link to 'ESS Handbook FSA Medical'. Below the text is a section titled 'Enroll in Your Plan' with a dropdown arrow. This section contains a table with two rows: 'Waive' and 'Health Care Flex Spending'. The 'Health Care Flex Spending' row is selected, indicated by a checkmark. Below the table is a section titled 'Contribution Amount' with a dropdown arrow.

Flex Spending Health - U.S.

Cancel Done

With a Health Care Reimbursement Account, employees can set aside a portion of their pay, on a pretax basis, to reimburse themselves for eligible health care expenses. Each year, they may contribute up to the specified maximum allowed by the IRS and the plan through payroll deduction. Neither contributions nor reimbursements are taxed. An optional debit card is available, which allows an employee to use the card to pay for eligible health care expenses, eliminating out-of-pocket costs. Re-enrollment is required annually.

Resources

ESS Handbook FSA Medical

Enroll in Your Plan

Plan Name	
Select	Waive
✓	Health Care Flex Spending

Contribution Amount

5.1.6. You will see a banner confirming that your plan has been updated and you will see the changes reflected on the tile. Repeat the steps above to make changes to other Flex Spending healthcare and dependent care reimbursement accounts as necessary.

5.2. I would like to make changes to my Medical, Dental, and/or Vision plan(s) and/or enrolled dependent(s).

Individuals who are enrolled in flex cash and desire benefits coverage, must waive flex cash prior to enrolling in a healthcare or dental plan. Conversely, waiving a benefits plan is a prerequisite for enrolling in flex cash. Additionally, be aware that vision benefits cannot be waived.

5.2.1. Click a tile to view the enrollment options for that benefit.

Benefits Enrollment

The effective date of coverage is January 1. If you missed the deadline to make changes during Open Enrollment, you must have a qualifying permitting event to enroll, or wait until the next Open Enrollment period to make changes.

Contact your campus Benefits Office if you have questions.

▼ **Enrollment Summary**

Your Pay Period Cost **\$0.00**

Full Cost **\$0.00**

Status **Pending Review**

[Review Enrollment](#)

[Submit Enrollment](#)

Benefit Plans

Medical

Current Kaiser PERMANENTE CALIFORNIA
New Kaiser PERMANENTE CALIFORNIA
Status **Pending Review**
👤 0 Dependents

Pay Period Cost **\$0.00**

Review

Dental

Current DeltaCare USA - Enhanced
New DeltaCare USA - Enhanced
Status **Pending Review**
👤 0 Dependents

Pay Period Cost **\$0.00**

Review

Vision

Current Vision Service Plan
New Vision Service Plan
Status **Pending Review**
👤 0 Dependents

Pay Period Cost **\$0.00**

Review

5.2.2. Add your dependents to the benefit. Then, select the benefit plan that you want to enroll in. Click Done to proceed.

The amounts listed on this page include the cost for enrolled dependents.

Cancel

Medical

Done

The CSU provides a choice of various medical insurance plans. CSU contracts with California Public Employees' Retirement System (CalPERS) for all of our medical plan options. The cost of the medical plan premiums are shared between the CSU and the employee. If you elect a medical plan, you are automatically enrolled in the Tax Advantage Premium Plan (TAPP) unless you opt out. This provides for payment of the required medical plan premiums on a pretax basis.

Resources

[ESS Handbook Medical](#)

Enroll Your Dependents

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
<input checked="" type="checkbox"/> Gideon Nav	Spouse

Add/Update Dependent

Enroll in Your Plan

The Employee + 1 cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
<input type="button" value="Select"/> Waive			\$0.00
<input type="button" value="Select"/> ANTHEM BLUE CROSS SELECT HMO	\$4.42	\$4.42	\$8.84
<input type="button" value="Select"/> ANTHEM BLUE CROSS TRADITIONAL	\$579.14	\$579.14	\$1158.28
<input type="button" value="Select"/> BLUE SHIELD ACCESS+ CALIFORNIA			\$0.00
<input type="button" value="Select"/> Blue Shield Trio			\$0.00
<input type="button" value="Select"/> HEALTH NET SALUD Y MAS CA			\$0.00
<input checked="" type="button" value="Select"/> Kaiser PERMANENTE CALIFORNIA	\$51.40		\$51.40
<input type="button" value="Select"/> PERS Gold			\$0.00
<input type="button" value="Select"/> PERS Platinum		\$631.60	\$631.60
<input type="button" value="Select"/> UNITEDHEALTHCARE Alliance HMO			\$0.00
<input type="button" value="Select"/> United Healthcare Harmony			\$0.00

[Overview of All Plans](#)

- A. Place a check next to the dependent(s) that you want to add to your benefit plan.
- B. If your dependent is not in the Dependents table, click Add/Update Dependent. [View Instructions on Adding Dependents.](#)
- C. Click **Select** next to Waive to withdraw from the plan. For example, if you're enrolled in Medical benefits but want to enroll in Medical Flex Cash instead, waive the benefit first and then enroll in Flex Cash.
- OR
- D. Click **Select** next to your preferred plan to switch to that plan.
- E. Click **Done** after you've reviewed your information and made all your selections.

5.2.3. You will see a banner confirming that your plan has been updated and you will see the changes reflected on the tile. Repeat the steps above to make changes to other benefits as necessary.

CSU Open Enrollment

Medical plan selection has been updated

Complete < Previous

Welcome! Visited

Benefits Summary Visited

Benefits Enrollment Visited

Electronic Signature Authorization

Not Started

Summary

Not Started

Benefits Enrollment

The effective date of coverage is January 1. If you missed the deadline to make changes during Open Enrollment, you must have a qualifying permitting event to enroll, or wait until the next Open Enrollment period to make changes.

Contact your campus Benefits Office if you have questions.

Enrollment Summary

Your Pay Period Cost

\$0.00

Full Cost

\$0.00

Status

Visited

Review Enrollment

Submit Enrollment

Benefit Plans

Medical

Current

Kaiser PERMANENTE CALIFORNIA

New

BLUE SHIELD ACCESS+ CALIFORNIA

Status

Changed

1 Dependents

Pay Period Cost

\$0.00

Review

Dental

Current

DeltaCare USA - Enhanced

New

DeltaCare USA - Enhanced

Status

Visited

0 Dependents

Pay Period Cost

\$0.00

Review

- At the top of the screen, a green banner will appear confirming that you updated your plan.
- The benefit tile will show the changed status and new plan.
- Click on another tile to make changes to that plan. Continue making changes as necessary.

6. Click Submit Enrollment after you've made all necessary adjustments.

12

Benefits Enrollment

The effective date of coverage is January 1. If you missed the deadline to make changes during Open Enrollment, you must have a qualifying permitting event to enroll, or wait until the next Open Enrollment period to make changes.

Contact your campus Benefits Office if you have questions.

Enrollment Summary

Your Pay Period Cost **\$0.00**

Full Cost **\$0.00**

Status **Visited**

[Review Enrollment](#)

Submit Enrollment

Benefit Plans

Medical

Current Kaiser PERMANENTE CALIFORNIA

New BLUE SHIELD ACCESS+ CALIFORNIA

Status **Changed**

1 Dependents

Pay Period Cost **\$0.00**

[Review](#)

Dental

Current DeltaCare USA - Enhanced

New Delta Enhanced II

Status **Changed**

1 Dependents

Pay Period Cost **\$0.00**

[Review](#)

Vision

Current Vision Service Plan

New Vision Service Plan

Status **Changed**

1 Dependents

Pay Period Cost **\$0.00**

[Review](#)

7. Read the Benefits Alerts. Then, click Done.

Done **Benefits Alerts** [View](#)

Your benefit choices have been successfully submitted to the Benefits Department.

Please email using MOVEit or bring copies of your applicable supporting proof documentation, such as birth certificates, adoption certificates, marriage certificates and registered domestic partnership documentation to the Benefits office for newly added dependents. We are unable to process your benefit change timely without receiving your supporting documentation, which can impact your coverage effective dates.

You will receive a confirmation of your elections once processed. To return to the Benefits Enrollment page, click the Done button.

8. Click Next.

CSU Open Enrollment

enrollment

Enrollment Period 9/1/2024 - 10/18/2024

Harrowhark Nonagesimus

< Previous

Next >

Welcome!

● Visited

Benefits Summary

● Visited

Benefits Enrollment

● Complete

★ Electronic Signature Authorization

○ Not Started

Summary

○ Not Started

Benefits Enrollment

The effective date of coverage is January 1. If you missed the deadline to make changes during Open Enrollment, you must have a qualifying permitting event to enroll, or wait until the next Open Enrollment period to make changes.

Contact your campus Benefits Office if you have questions.

Enrollment Summary

Your Pay Period Cost

\$0.00

Full Cost

\$0.00

Status

Submitted

Review Enrollment

Submit Enrollment

9. Read the Electronic Signature Authorization statement. Place a check next to the statement agreeing with the above paragraph. Then, click Save.

Electronic Signature Authorization

B

Save

I CERTIFY that the information provided herein (no change, new enrollment or changes to my current enrollment) is accurate and listed dependents are eligible family members as communicated by the campus Benefits Office defined in the Public Employees' Medical and Hospital Care Act (PEMHCA).

I AFFIRM I have reviewed and understand the [Disclosures and Privacy Notices](#) regarding information about my elections provided to me by my campus Benefits Office. I confirm will contact my campus Benefits Office if I have any questions about benefits enrollment. I understand my elections are saved until I return to complete my final Submission, up until the enrollment deadline.

I AUTHORIZE the California State Controller's Office to take payroll deductions (if any) for by benefits.

I AUTHORIZE the CSU to transmit personal information to benefit providers to initiate and support coverage.

I agree that my user ID and password constitute my electronic signature and I understand that any information submitted using eBenefits Self-Service is electronically certifying my signature. I understand that I am legally bound, obligated, or responsible by use of my electronic signature as much as I would be by my handwritten signature. I agree that I will protect my electronic signature from unauthorized use, and that I will contact the CSU immediately upon discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other individual.

A

☒ By selecting this checkbox, I agree to the above paragraph.

- A. Check the box to agree to the terms outlined on the page.
- B. Click **Save**.

10. The bottom of the page will populate with your electronic signature. Click Next.

14

CSU Open Enrollment

ENROLLMENT PERIOD

Enrollment Period 9/1/2024 - 10/18/2024

Harrowhark Nonagesimus

Previous

Next

<div>Welcome!</div> <div>Visited</div>	<div>Electronic Signature Authorization</div> <div> <div>Save</div> </div> <div> <p>I CERTIFY that the information provided herein (no change, new enrollment or changes to my current enrollment) is accurate and listed dependents are eligible family members as communicated by the campus Benefits Office defined in the Public Employees' Medical and Hospital Care Act (PEMHCA).</p> <p>I AFFIRM I have reviewed and understand the Disclosures and Privacy Notices regarding information about my elections provided to me by my campus Benefits Office. I confirm will contact my campus Benefits Office if I have any questions about benefits enrollment. I understand my elections are saved until I return to complete my final Submission, up until the enrollment deadline.</p> <p>I AUTHORIZE the California State Controller's Office to take payroll deductions (if any) for by benefits.</p> <p>I AUTHORIZE the CSU to transmit personal information to benefit providers to initiate and support coverage.</p> <p>I agree that my user ID and password constitute my electronic signature and I understand that any information submitted using eBenefits Self-Service is electronically certifying my signature. I understand that I am legally bound, obligated, or responsible by use of my electronic signature as much as I would be by my handwritten signature. I agree that I will protect my electronic signature from unauthorized use, and that I will contact the CSU immediately upon discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other individual.</p> <p><input checked="" type="checkbox"/> By selecting this checkbox, I agree to the above paragraph.</p> <div> <div>Electronic Signature</div> <div> <div>User ID</div> <div>Name Harrowhark Nonagesimus</div> </div> <div> <div>Date/Time Stamp 09/11/2024 3:29:16PM</div> <div>IP Address</div> </div> </div> </div>
<div>Benefits Summary</div> <div>Visited</div>	
<div>Benefits Enrollment</div> <div>Complete</div>	
<div>Electronic Signature Authorization</div> <div>Complete</div>	
<div>Summary</div> <div>Not Started</div>	

- Your electronic signature will populate with your User ID, Name, Date/Time Stamp, and IP Address.
- Click **Next**.

11. Read the summary and make note of what documents you need to provide to Total Wellness. Then, click Complete.

Provide applicable supporting documentation to HR by the Open Enrollment deadline.

- Submit documents electronically using MOVEit. [View More Information About MOVEit](#).
- OR
- Submit documents in the HR Office in Lindero Hall.

CSU Open Enrollment

Enrollment Period 9/1/2024 - 10/18/2024

Harrowhark Nonagesimus

B

Complete

< Previous

Welcome!

Visited

Benefits Summary

Visited

Benefits Enrollment

Complete

★ Electronic Signature Authorization

Complete

Summary

Visited

Summary

Please email using MOVEit or bring copies of your applicable supporting proof documentation, such as birth certificates, adoption certificates, marriage certificates and registered domestic partnership documentation to your Benefits Office for newly added dependents.

We are unable to process your benefit change timely without receiving your supporting documentation, which can impact your coverage effective dates.

Once your supporting documentation is received, your elections will be validated and finalized. If you did not submit your elections, your enrollment will be based on the default options. Contact your Benefits Office if you have changes to your submitted enrollment or have further questions.

You can review your submitted elections on the **Benefits Statements Tile** on the **Employee Self Service Homepage**.

You will receive a confirmation of your elections once they are processed and finalized.

Click on the **Complete** button to finish your enrollments, then click on the **Exit** button to exit the Open Enrollment Activity Guide.

If you have not completed your elections, return to the **Benefits Enrollment** step and complete your elections.

Steps

4 rows

Step	Status	Date Completed	Required	Go to Step
Welcome!	Visited		No	Go to Step
Benefits Summary	Visited		No	Go to Step
Benefits Enrollment	Complete	09/11/2024	No	Go to Step
Electronic Signature Authorization	Complete	09/11/2024	Yes	Go to Step

A. Note the supporting documentation that may be required of you.

B. Click **Complete**.

12. Click Yes.

Are you sure you want to mark this action complete?

Yes

No

13. You will remain on the same screen until you exit. To close the Open Enrollment page, click the kebab (three dots) menu, then, click Home to return to your Employee Homepage.

16

