

ESS Timecard

Current Pay Period Refresh Save Cancel More

										Daily	Period	Schedule
Sa												
Su												
Mon 8/17		8:06AM	7:30PM							10:30	10:30	8:00AM-5:00PM
Tue 8/18		8:08AM	6:27PM							9:15	19:45	8:00AM-5:00PM
Wed 8/19		8:04AM	6:58PM							10:00	29:45	8:00AM-5:00PM
Thu 8/20		8:16AM									29:45	8:00AM-5:00PM
Fri 8/21											29:45	8:00AM-5:00PM
Sat 8/22											29:45	
Sun 8/23											29:45	
Mon 8/24												
Tue 8/25												
Wed 8/26												
Thu 8/27												
Fri 8/28												
Sat 8/29												
Sun 8/30												

Login to Kronos through Internet explorer:  
<https://saalemkronos.salemva.gov/wfc/navigator/logon>

Hover over the last folder tab to the right and click on "EMPLOYEE HOME PAGE"

ESS Timestamp

Transfer

Cancel Deductions

Last Timestamp: Thursday, August 20, 2015 8:16AM Eastern Time

Employee Home Page

Record Timestamp

ESS Timecard

Employee Menu



Name  
Kristie Bryant Jordan

Employee ID  
132840

Primary Position  
Assistant Director of Human Resources

Organization  
City of Salem | Human Resources | Human Resources

Hire Date  
1/19/2004

In Service  
14 Year(s) 9 Month(s)

0  
ALERTS

**Open Enrollment**

PERSONAL INFORMATION

PAY

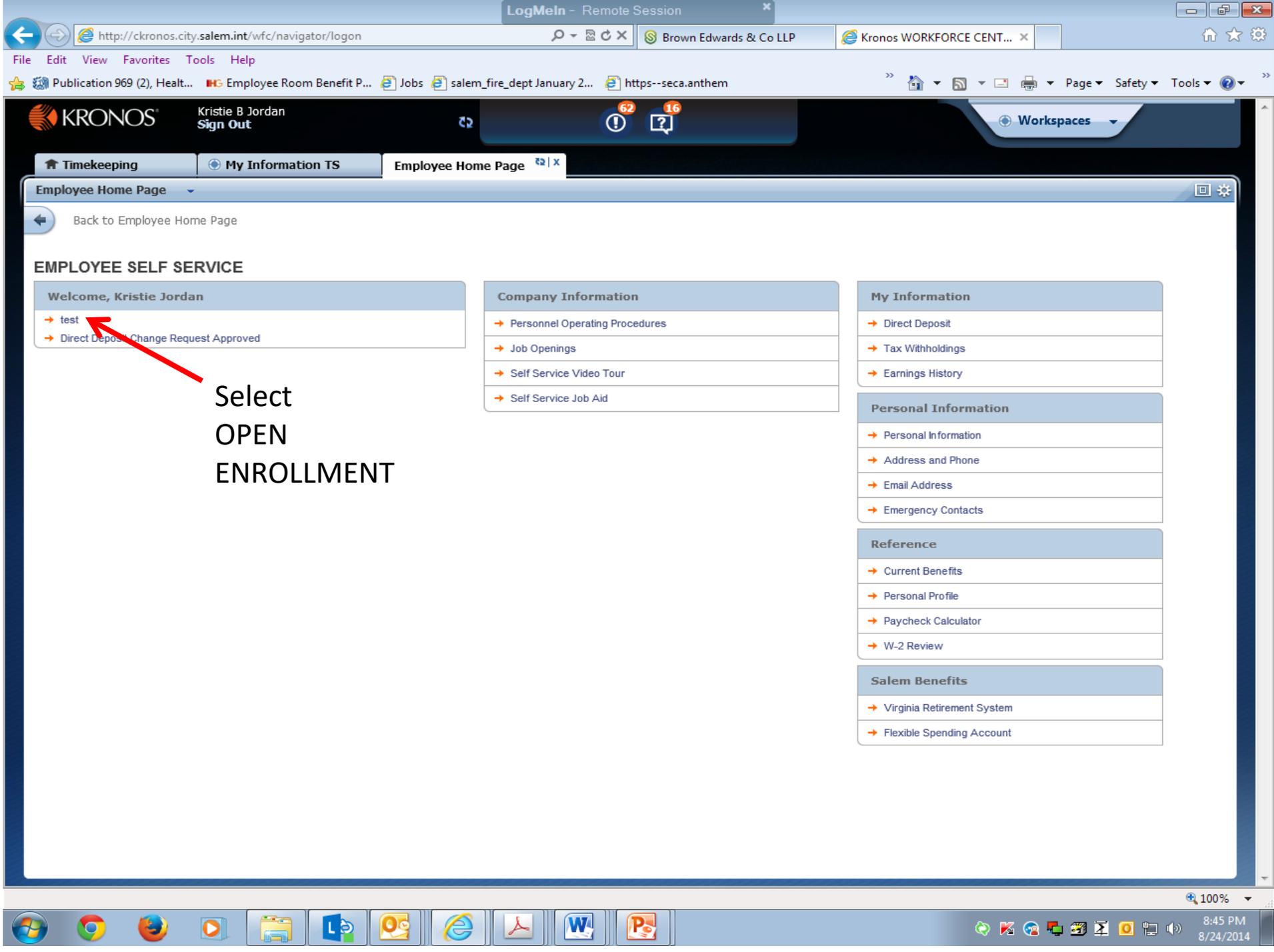
BENEFITS

EMPLOYMENT

TRAINING & DEVELOPMENT

COMPANY INFORMATION

Select  
Open  
Enrollment



Back to Employee Home Page

EMPLOYEE SELF SERVICE

Welcome, Kristie Jordan

- test
- Direct Deposits Change Request Approved

Company Information

- Personnel Operating Procedures
- Job Openings
- Self Service Video Tour
- Self Service Job Aid

My Information

- Direct Deposit
- Tax Withholdings
- Earnings History

Personal Information

- Personal Information
- Address and Phone
- Email Address
- Emergency Contacts

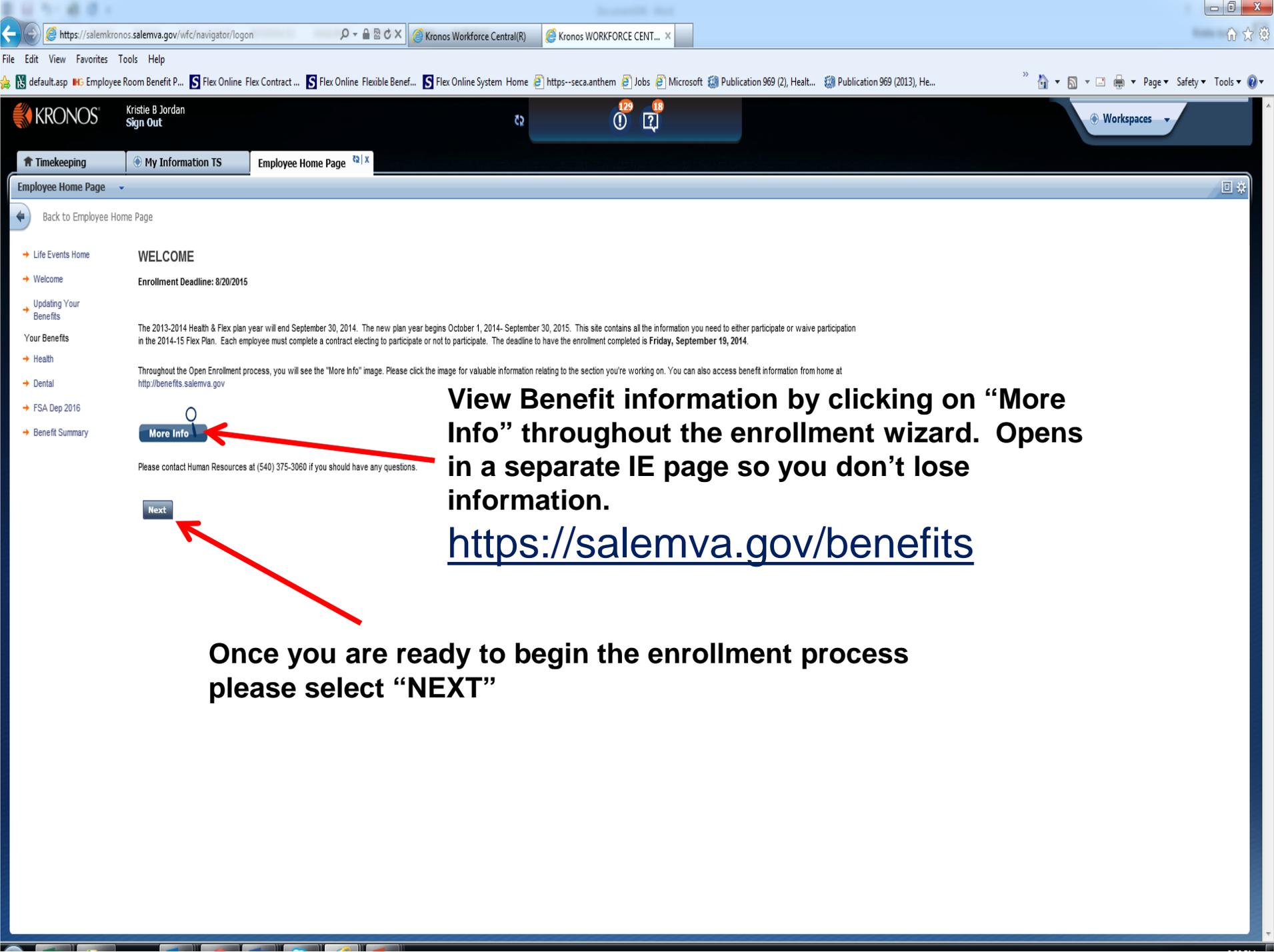
Reference

- Current Benefits
- Personal Profile
- Paycheck Calculator
- W-2 Review

Salem Benefits

- Virginia Retirement System
- Flexible Spending Account

Select  
OPEN  
ENROLLMENT



**View Benefit information by clicking on “More Info” throughout the enrollment wizard. Opens in a separate IE page so you don’t lose information.**

**<https://saalemva.gov/benefits>**

**Once you are ready to begin the enrollment process please select “NEXT”**



- [Life Events Home](#)
- [Welcome](#)
- [Updating Your Benefits](#)
- [Benefit Summary](#)
- Your Benefits**
- [Health](#)
- [Dental](#)
- [FSA Dependent](#)

## UPDATING YOUR BENEFITS

Enrollment Deadline: 8/26/2014

		Current Elections				Future Elections			
<input checked="" type="checkbox"/>	Benefit	Plan	Election	Coverage	Monthly Deduction	Plan	Election	Coverage	Monthly Deduction
<input checked="" type="checkbox"/>	Health	Not Enrolled				Lumenos High Deductable	Employee		\$43.04
	Health Savings	Not Enrolled				Health Savings Account	\$100.00		\$100.00
	FSA Med Limited	Not Enrolled				FSA Med Limited 2015	\$50.00		\$50.00
	FSA Medical	Not Enrolled				Not Enrolled			
<input checked="" type="checkbox"/>	Dental	Dental	Employee Only		\$0.00	Dental	Employee Only		\$0.00
<input checked="" type="checkbox"/>	FSA Dependent	Not Enrolled	\$0.00			Not Enrolled	None		

\* Company provided benefit ■ Differences in current and future elections

Next

**Review benefit information, select all benefit check boxes and then select Next. It is important you go through each benefit plan to ensure that you are enrolled in/or have waived your right to the listed benefit plans.**

- Life Events Home
- Welcome
- Updating Your Benefits
- Benefit Summary
- Your Benefits
- Health
- Dental
- FSA Dependent

### HEALTH

What you can do?  
 Change your enrollment  
 Add or update your dependents  
 View plan details

#### CURRENT ELECTIONS

Benefit	Plan	Election	Monthly Deduction
Health	Not Enrolled		\$0.00
Health Savings	Not Enrolled		\$0.00
FSA Med Limited	Not Enrolled		\$0.00
FSA Medical	Not Enrolled		\$0.00

### HEALTH

[Clear my elections](#)

Plan	Election	Monthly Deduction
<input type="radio"/> Key Care 20	<input type="radio"/> Employee <input type="radio"/> Employee + Child <input type="radio"/> Employee + Spouse <input type="radio"/> Employee + Spouse + Child <input type="radio"/> Family <input type="radio"/> Employee	\$61.52 \$260.00 \$716.90 \$657.38 \$749.00 \$57.20
<input type="radio"/> Key Care 30	<input type="radio"/> Employee + Child <input type="radio"/> Employee + Spouse <input type="radio"/> Employee + Children <input type="radio"/> Family <input checked="" type="radio"/> Employee <input type="radio"/> Employee + Child <input type="radio"/> Employee + Spouse <input type="radio"/> Employee + Children <input type="radio"/> Family <input type="radio"/> SWS-Emp + EmpSpouse <input type="radio"/> SWS-Family <input type="radio"/> SWS-Emp + EmpSpouse <input type="radio"/> SWS-Family <input type="radio"/> SWS-Emp + EmpSpouse <input type="radio"/> SWS-Family	\$231.78 \$572.08 \$629.28 \$714.42 \$43.04 \$174.38 \$430.42 \$473.46 \$537.52 \$123.04 \$123.04 \$114.40 \$114.40 \$86.08 \$86.08 \$0.00
<input type="radio"/> Lumenos High Deductable		
<input type="radio"/> Spouse Employed by Salem Key Care 20		
<input type="radio"/> Spouse Employed by Salem Key Care 30		
<input type="radio"/> Spouse Employed by Salem Lumenos High De		
<input type="radio"/> Waived Health		

If you have a spouse working Full Time for the City or the Schools, use the SWS benefit plan election

### HEALTH SAVINGS

[Clear my elections](#)

Plan	Election	Amount	Calculate	Deduction
<input checked="" type="checkbox"/> Health Savings Account		100	<a href="#">Calculate</a>	\$100.00

### FSA MED LIMITED

[Clear my elections](#)

Plan	Election	Amount	Calculate	Deduction
<input checked="" type="checkbox"/> FSA Med Limited 2015		50	<a href="#">Calculate</a>	\$50.00

### FSA MEDICAL

[Clear my elections](#)

Plan	Election	Amount	Calculate	Deduction
<input type="checkbox"/> FSA Medical 2015		0	<a href="#">Calculate</a>	\$0.00

[Add Dependent](#)

Dependent	Relationship	Birth Date	SS#	Enroll
None				

[Save & Continue](#)

Make **Semi-Monthly** (per pay period) election if you are participating in the FSA or HSA plans.

## ADD A DEPENDENT

\* Indicates a required field.

First Name\*

Birth Date (mm/dd/yyyy) \*

Middle Name

Social Security #

Last Name \*

Full-time Student

Suffix

Smoker

Nickname

Disabled

Gender  ▼

Relationship  ▼

Use my primary address/phone

Use a different address/phone

Save & Continue

List all dependents covered under your Health-Social Security Numbers are required for all dependents covered under the plan.

Back to Employee Home Page

- Life Events Home
- Welcome
- Updating Your Benefits
- Your Benefits
- Health
- Dental
- FSA Dep 2016
- Benefit Summary

What you can do?  
 Change your enrollment  
 Add or update your dependents  
 View plan details



Dental insurance helps protect you from unexpected dental expenses and makes it easier to afford to keep up the regular checkups, cleanings and other preventive treatments you need to keep your mouth healthy.

The City is proud to offer Dental coverage through Ameritas Dental.

For Dental - you have a spouse working Full Time for the City or the Schools, use the SWS benefit plan election

**CURRENT ELECTIONS**

Benefit	Plan
Dental	Spouse Employed by Salem Dental

Remember to list dependents info along with their SSN's

Plan	Election	Monthly Deduction
<input type="checkbox"/> Dental	<input type="checkbox"/> Employee Only	\$0.00
	<input type="checkbox"/> Employee + 1	\$30.64
	<input type="checkbox"/> Family	\$74.72
<input checked="" type="checkbox"/> Spouse Employed by Salem Dental	<input type="checkbox"/> SWS-Emp+EmpSpouse	\$0.00
	<input checked="" type="checkbox"/> SWS-Family	\$0.00
<input type="checkbox"/> Waived Dental		\$0.00

**Add Dependent**

Dependent	Relationship	Birth Date	SS#	Enroll
Aderrian Jordan	Child	5/18/2010	695-16-2864	<input checked="" type="checkbox"/> Dental <a href="#">Edit</a>
Alayna Jordan	Child	4/27/2005	697-01-0927	<input checked="" type="checkbox"/> Dental <a href="#">Edit</a>
Alexis Bryant	Child	12/30/1997	224-81-0229	<input checked="" type="checkbox"/> Dental <a href="#">View</a>
Bradley Jordan	Spouse	2/6/1979	228-43-3473	<input checked="" type="checkbox"/> Dental <a href="#">View</a>

If you have questions, or need assistance, please contact Human Resources by phone at (540) 375-3060 or email at [kjordan@salemva.gov](mailto:kjordan@salemva.gov)

**Save & Continue**



- Life Events Home
- Welcome
- Updating Your Benefits
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- Health
- Dental
- FSA Dependent

## FSA DEPENDENT

What you can do?

[Change your enrollment](#)

[View plan details](#)

## CURRENT ELECTIONS

Benefit	Plan	Election	Monthly Deduction
FSA Dependent	Not Enrolled		\$0.00

	Plan	Election	Monthly Deduction
<input type="checkbox"/>	FSA Dependent 2015	<input type="text" value="0"/> Amount <a href="#">Calculate</a>	\$0.00

Save & Continue

Enter your **Semi-Monthly**  
*(per pay period)* Dependent  
Care election here then.  
Select Save & Continue


[→ Life Events Home](#)
[→ Welcome](#)
[→ Updating Your Benefits](#)
[→ Benefit Summary](#)

Your Benefits

[→ Health](#)
[→ Dental](#)
[→ FSA Dependent](#)

## BENEFIT SUMMARY

[Print](#)

Herbert B Orth

Enrollment Date: 10/1/2014

This is a list of the benefits you have selected. Please review carefully for accuracy. When you have completed the enrollment changes, click **Submit Changes** below.

Benefit	Plan	Election	Coverage	Monthly Deduction	Employer Contribution	
Health	Lumenos High Deductable	Employee		\$43.04	\$387.38	<a href="#">Edit</a>
Health Savings	Health Savings Account	\$100.00		\$100.00		
FSA Med Limited	FSA Med Limited 2015	\$50.00		\$50.00		
FSA Medical	Not Enrolled					
Dental	Dental	Employee Only		\$0.00	\$34.64	<a href="#">Edit</a>
FSA Dependent	Not Enrolled	None				<a href="#">Edit</a>
* Company provided benefit						

## DEPENDENTS

Dependent Name	Relationship	Birth Date	SS#	Enrolled In
None				

## BENEFICIARIES

Beneficiary Name	Relationship	SS#	Enrolled In
None			

[Save for Later](#)
[Submit Changes](#)

Review Information. You may **Edit** your elections if needed. You may select the **Print** option in top right side of the page to keep a copy for your records. To finalize select **Submit Changes**.