

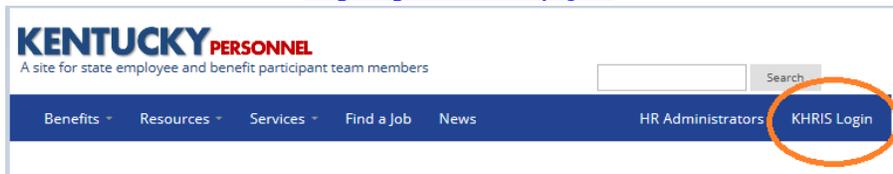
Each year the Personnel Cabinet administers the Kentucky Employees Charitable Campaign (KECC) to all employees who receive their pay through the Commonwealth of Kentucky. (Not limited to 18A employees). The purpose of this campaign is to raise funds through a single source for a number of state approved charities. This eliminates having multiple charities soliciting for donations year round and allows employees who wish to participate, the ability to do so through payroll deduction or through a one-time cash donation.

Campaign pledging typically runs late summer through the end of the year. Pledges made for payroll deduction begin with the first pay received in January and continue through the last pay received in December. See pledging instructions provided below.

Annual Campaign – Payroll Deduction Pledging (Electronic)

Employees electing to donate to KECC, through payroll deduction, are encouraged to do so electronically. This is accomplished through the Kentucky Human Resource Information System (KHRIS) Employee Self-Service (ESS). Follow the steps below to make your electronic pledge to KECC:

1. Visit the Personnel Cabinet’s website at <https://personnel.ky.gov> and click on the KHRIS Login link.



2. Log into KHRIS using your KHRIS User ID and Password.



3. Click on the KECC link.



Kentucky Employees Charitable Campaign

[CLICK HERE TO GIVE TODAY!](#)

4. The form appears.

- a. **PART ONE: EMPLOYEE INFORMATION**

Your name, home address, and personal email (if available) are displayed. Check the box to authorize the Personnel Cabinet to release your home address and personal email address (if available) to KECC for purposes of gift acknowledgement.

PART ONE: EMPLOYEE INFORMATION

I authorize the Personnel Cabinet to release my home address and personal email address, if available in KHRIS, to KECC for purposes of gift acknowledgement.

Jane L. Doe
 501 High Street
 Frankfort, KY 40601
 JaneDoe@gmail.com

b. PART TWO: PLEDGE AMOUNT

Select the amount you wish to pledge, per pay period, by clicking on the button to the left of the desired amount. If the amount you wish to give is not listed, click the button next to 'Other' and a new field will appear where you can enter a different amount. The annual amount will then automatically calculate below.

PART TWO: PLEDGE AMOUNT

Select the amount you wish to pledge, per pay period, through payroll deduction. The total annual gift will be calculated for you below.

>> To complete a one-time cash donation, click here to access a printable form. <<

Amount Per Pay Period:

\$200 \$150 \$100
 \$75 \$50 \$25
 \$15 \$10 \$8
 \$3 Other

Annual gifts within the listed ranges are recognized as follows:

- \$ 1,000-\$1,499= Cornerstone Level
- \$ 1,500-\$2,499= Touchstone Level
- \$ 2,500-\$4,999= Flagstone Level
- \$ 5,000-\$7,499= Hearthstone Level
- \$ 7,500-\$9,999= Keystone Level
- \$ 10,000 and up= Capstone Level

Total Annual Amount (Payroll x 24): \$ **240.00**

LEADERSHIP CIRCLE: The total amount pledged above represents a leadership gift of at least 1% of my annual salary.

Check the Leadership Circle box if the amount pledged is at least 1% of your annual salary. Information on annual gift ranges (Cornerstone Giving) as well as the Leadership Circle is available on the KECC website at <http://www.kecc.org/>.

c. PART THREE: CHARITY DESIGNATION

Select the charities you wish to designate your donation to.

Options:

1. Check the "Share Donation Evenly" box to allow KECC to divide your donation evenly among the state approved charities.

PART THREE: CHARITY DESIGNATION

Share your donation evenly among the state-approved charities or distribute it to specific charities, including write-in charities, by completing the section below.

Share Donation Evenly

Charity: Charity:

Charity: Charity:

Charity: Charity:

Charity: Charity:

2. Use the drop-down boxes to select the state approved charity to whom you wish to give. (Note: Selecting certain charities will also require you to select a county and/or agency.)

PART THREE: CHARITY DESIGNATION
 Share your donation evenly among the state-approved charities or distribute it to specific charities, including write-in charities, by completing the section below.

Share Donation Evenly

Charity: American Cancer Society Amount: 40.00	Charity: March of Dimes Amount: 15.00 County(optional):
Charity: Christian Appalachian Project Amount: 20.00	Charity: Prevent Child Abuse Kentucky Amount: 40.00 County(optional):
Charity: Community Health Charities Amount: 50.00 County(optional): Franklin Agency(optional):	Charity: United Way of Kentucky Amount: 20.00 * County(required): Fayette Agency(optional):
Charity: Kosair Charities Amount: 30.00	Charity: WHAS Crusade for Children Amount: 25.00

If the charity/agency you wish to give to is not listed, but is a non-profit and human welfare organization qualifying as an IRS 501(c)(3) organization, you can add that charity/agency information in the blank “Write-in Charity” spaces at the bottom of the form.

Write-In Charity

Charity: <input type="text"/>	Charity: <input type="text"/>
Amount: <input type="text"/>	Amount: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City: <input type="text"/>	City: <input type="text"/>
State: <input type="text"/> Zip: <input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
Phone: <input type="text"/>	Phone: <input type="text"/>

Write-in charities must be a non-profit and human welfare organization qualifying as an IRS 501(c)(3). The designations will only be honored for a minimum of \$3 per pay period (\$72 annually). Note: \$0.10 of each \$1.00 donated is withheld to cover the cost of processing write-in designations. If this organization does not qualify as a non-profit organization fulfilling all requirements, or if KECC is unable to locate them by the given address, the donation will be shared by the state-approved charities.

This option requires you to designate the amount you wish to donate to each charity/agency. The total amount designated on this portion of the form must add up to the annual amount automatically calculated in PART TWO, based off of your per pay period amount. (Note: A minimum donation of \$3 per pay period/\$72 annually is required for write-in charities.)

- d. Once you complete the form, click Save to submit your pledge. If completed correctly, you will receive a message that your KECC contribution was successfully saved. If there are errors, you will receive a message informing you of the information that needs to be corrected. Once corrected, save again to submit.



See below for a sample of a complete electronic pledge form.

KECC Online Pledge Form

View | KECC Information

Your KECC contribution was successfully saved. Thank you for your contribution.

PART ONE: EMPLOYEE INFORMATION

I authorize the Personnel Cabinet to release my home address and personal email address, if available in KHRIS, to KECC for purposes of gift acknowledgement.

Jane Doe
501 High Street
Frankfort, KY 40601
JaneDoe@email.com

PART TWO: PLEDGE AMOUNT

Select the amount you wish to pledge, per pay period, through payroll deduction. The total annual gift will be calculated for you below:

Amount Per Pay Period: \$200 \$150 \$100
 \$75 \$50 \$25
 \$15 \$10 \$0
 \$3 Other

Total Annual Amount (Payroll 24): \$ 240.00

LEADERSHIP CIRCLE: The total amount pledged above represents a leadership gift of at least 1% of my annual salary.

PART THREE: CHARITY DESIGNATION

Share your donation evenly among the state-approved charities or distribute it to specific charities, including write-in charities, by completing the section below.

Share Donation Evenly

Charity: American Cancer Society Amount: 40.00	Charity: March of Dimes Amount: 15.00
Charity: Christian Appalachian Project Amount: 20.00	Charity: Prevent Child Abuse Kentucky Amount: 40.00
Charity: Community Health Charities Amount: 50.00 County (optional): Franklin Agency (optional):	Charity: United Way of Kentucky Amount: 20.00 * County (required): Fayette Agency (optional):
Charity: Kossar Charities Amount: 30.00	Charity: WHAS Crusade for Children Amount: 25.00

Write-In Charity

Charity: _____ Amount: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	Charity: _____ Amount: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
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Write-in charities must be a non-profit and have an IRS 501(c)(3). The designations will only be honored for a minimum of \$3 per pay period (\$72 annually). Note: \$0.10 of each \$1.00 donated is withheld to cover the cost of processing write-in designations. If this organization does not qualify as a non-profit organization fulfilling all requirements, or if KECC is unable to locate them by the given address, the donation will be shared by the state-approved charities.

[These organizations do not provide goods or services as whole or partial consideration for any contributions.]

Annual Campaign – Payroll Deduction Pledging (Paper)

Employees electing to donate to KECC through payroll deduction, but are unable to access the electronic pledge form, should complete the paper pledge form. If this is not provided to you as a carbon-copy form, a link to this printable form is available on the Personnel Cabinet website at <https://personnel.ky.gov> under Resources/Giving Back. Follow the steps below to make your pledge to KECC:

1. PART ONE: EMPLOYEE INFORMATION

Enter the following information into PART ONE of the form, as described below.

- Name:** Your full name as it appears on your personnel file and in KHRIS.
- PERNR #:** Your personnel number (or you can enter your Employee ID- which is used to log into KHRIS ESS).
- Organization #:** Five-digit agency code. Agency HR staff can provide this number if not already known.
- Work County Name:** Name of the county you work in.
- Cabinet/Department**
- Division Name:** Name of your cabinet or agency.
- Work Street Address:** Your work address.
- Work Email:** Your work email address, if available.

Work Phone: Your work phone number, in case HR or KECC needs to make contact regarding contribution.

Home Street Address: Your home address.

Home Email: Your personal email address, if available.

Employee Signature: Your signature - required as authorization to deduct contribution from each payroll during campaign year.

Release: If you'd like KECC to share your contact information with the charity(ies) you've selected, check the last box.



Revised: 9/2017
NK (UWKY)

PART ONE: EMPLOYEE INFORMATION				Campaign Year: 2017				
Name:	Jane Doe		Pernr#:	123456	Organization #:	55793	Work County:	Franklin
Cabinet:	Personnel		Dept.:	HR Administration		Div.:		
Work Street Address:	501 High Street		Frankfort		KY	40601		
Work Email:	Jane.Doe@ky.gov		Work Phone:	502-564-1234				
Home Street Address:	111 Capital Ave		Frankfort		KY	40601		
Home Email:	JDoe@email.com		Employee Signature:	Jane Doe				
<input checked="" type="checkbox"/> I authorize KECC to release my name and home address to the organizations I have designated for purposes of gift acknowledgement.								

2. PART TWO: PLEDGE AMOUNT

Enter the following information into PART TWO of the form, as described below.

Pledge Amount: Under the Payroll Deduction box select the amount to be deducted from each payroll or write in a different amount. Next multiply that 'per payroll' amount by 24 (# of pay days per year) to get the amount of the annual gift.

Leadership Circle: If the amount you are contributing is at least 1% of your annual salary, please check this box.

PART TWO: PLEDGE AMOUNT		YES! I want to help people in need throughout Kentucky!	
Payroll Deduction		One-Time Cash / Check	
Amount Per Pay Period:		Calculate Total Annual Gift	
<input type="checkbox"/> \$200 <input type="checkbox"/> \$150 <input type="checkbox"/> \$100 <input type="checkbox"/> \$75 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$15 <input checked="" type="checkbox"/> \$10 <input type="checkbox"/> \$6 <input type="checkbox"/> \$3	<input type="checkbox"/> Other amount per pay period \$ _____ →	Payroll x 24 = \$ <u>240</u>	<input type="checkbox"/> CASH \$ _____
<input type="checkbox"/> LEADERSHIP CIRCLE: The total amount pledged above represents a leadership gift of at least 1% of my annual salary.			

3. PART THREE: CHARITY DESIGNATION

Enter the following information into PART THREE of the form, as described below.

Charity Designation:

-If you want your contribution to only go to specific state-approved charities, check the first box and then fill in the amount(s) to be given to the charities of your choice. Be sure that the combined amounts to each charity (if split between two or more) total your annual payroll deduction amount. Additional blank boxes are available in this section if you wish to give to a different county and/or agency within a federation already designated above. Note that the maximum number of designations (for federations) allowed is eight.

-To share your contribution among all state-approved charities, select the second box. Be sure to write in the county you wish for your gift to go to for each charity that includes a county field.

-To share your contribution to a non state-approved charity (must still qualify as an IRS 501(c)(3) check the third box and complete the fields for their address, the amount, and their phone number. Please be advised that if the organization does not qualify or the information provided is incorrect and KECC is unable to locate them, your contribution will be shared between the state-approved charities. In addition, a minimum donation is required.

PART THREE: CHARITY DESIGNATION *(When you choose one of the KECC Charities, 100% of your gift goes to the charity of your choice!)*

PLEASE SELECT ONE: I want my donation to be sent to the charities listed below. I want my donation to be shared by the state-approved charities.

American Cancer Society Amount: \$ <u>100</u>	March of Dimes Amount: \$ _____ County (optional): _____
Christian Appalachian Project Amount: \$ _____	Prevent Child Abuse Kentucky Amount: \$ <u>20</u> County (optional): <u>Fayette</u>
Community Health Charities Amount: \$ _____ County (optional): _____ Agency (optional): _____	United Way of Kentucky Amount: \$ <u>50</u> County (required): <u>Fayette</u> Agency (optional): _____
Kosair Charities Amount: \$ _____	WHAS Crusade for Children Amount: \$ _____

To support one of the above federations in more than one county or agency, please specify in the "Charity" lines below.

Charity <u>Prevent Child Abuse Kentucky</u> Amount: \$ <u>20</u> County (optional): <u>Franklin</u> Agency (optional): _____	Charity <u>United Way of Kentucky</u> Amount: \$ <u>50</u> County (optional): <u>Franklin</u> Agency (optional): _____
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OPTIONAL: I want my donation to be sent to the following write-in charities. [Must be a non-profit and human welfare organization qualifying as an IRS 501(c)(3).]

Org. Name: _____	City: _____	Org. Name: _____	City: _____
Address: _____	State: _____	Address: _____	State: _____
Zip: _____	Amount: \$ _____	Zip: _____	Amount: \$ _____

Write-in designations will only be honored for a minimum of \$3 per pay period (\$72 annually) or a minimum of a one-time cash donation of \$50.00. Note: \$0.10 of each \$1.00 donated is withheld to cover the cost of processing write-in designations. If this organization does not qualify as a non-profit organization fulfilling all requirements, or if KECC is unable to locate them by the given address, the donation will be shared by the state-approved charities.

4. Once you complete the form, provide it to your KECC coordinator for processing.

Annual Campaign – One-Time Cash Donations

Employees electing to donate to KECC, through a one-time cash donation, should complete the paper pledge form as described above.

On PART TWO, check the box under One-Time Cash/Check donation and enter the amount.

PART TWO: PLEDGE AMOUNT *YES! I want to help people in need throughout Kentucky!*

Payroll Deduction		One-Time Cash / Check
Amount Per Pay Period: <input type="checkbox"/> \$200 <input type="checkbox"/> \$150 <input type="checkbox"/> \$100 <input type="checkbox"/> \$75 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$15 <input type="checkbox"/> \$10 <input type="checkbox"/> \$6 <input type="checkbox"/> \$3 <input type="checkbox"/> Other amount per pay period \$ _____ →		Calculate Total Annual Gift Payroll x 24 = \$ _____ <input checked="" type="checkbox"/> CASH \$ <u>240</u>
<input type="checkbox"/> LEADERSHIP CIRCLE: The total amount pledged above represents a leadership gift of at least 1% of my annual salary.		

Once you complete the form, provide it and the donation to your KECC coordinator for processing.