

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. New employees hired outside of the campaign window have the option of contributing from whatever time they are hired through the end of the campaign year. Using the KECC New Employee Pledge Form, see pledging instructions provided below.

***New Employee – Payroll Deduction Pledging***

**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.



**NEW EMPLOYEE PLEDGE FORM**

Revised: 9/2017  
NK (UWKY)

**PART ONE: EMPLOYEE INFORMATION** **Campaign Year: 2017**

Name: Jane Doe      PERNR#: 123456      Organization #: 55-793      Work County: Franklin

Cabinet: Personnel      Dept.: HR Administration      Div.: \_\_\_\_\_

Work Street Address: 501 High Street      Frankfort      Ky      40601  
(Please no P.O. Boxes)      Street Number      Street      Suite/Floor/Room/Mail Stop #      City      State      Zip

Work Email: Jane.Doe@ky.gov      Work Phone: 502-564-1234

Home Street Address: 111 Capital Ave.      Frankfort      Ky      40601  
Street Number      Street      Apt. #      City      State      Zip

Home Email: J.Doe@gmail.com      Employee Signature: Jane Doe  
(I authorize KECC to communicate with me using my home email address.)      (Required for payroll deduction)

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 the number of pay days remaining in the year, to get the amount of the annual gift. There are two per month. Twenty-four is pre-populated on the form, but you should correct it as needed.

**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!	
<b>Payroll Deduction</b> 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 checked="" type="checkbox"/> \$10 <input type="checkbox"/> \$6 <input type="checkbox"/> \$3 <input type="checkbox"/> Other amount per pay period \$ _____		<b>Calculate Total Annual Gift</b> Payroll x 24 = \$ <u>200</u>	<b>One-Time Cash / Check</b> <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 state approved charity already designated above. Note that the maximum number of designations (for state approved charities) allowed is eight.

-To share your contribution evenly 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.

PART THREE: CHARITY DESIGNATION		<i>(When you choose one of the KECC Charities, 100% of your gift goes to the charity of your choice!)</i>	
PLEASE SELECT ONE: <input type="checkbox"/> I want my donation to be sent to the charities listed below. <input type="checkbox"/> 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>50</u> County (optional): <u>Fayette</u>
Community Health Charities Amount: \$ _____ County (optional): _____ Agency (optional): _____	United Way of Kentucky Amount: \$ _____ County (required): _____ Agency (optional): _____	Kosair Charities Amount: \$ _____	WHAS Crusade for Children Amount: \$ _____
<i>To support one of the above federations in more than one county or agency, please specify in the "Charity" lines below.</i>			
Charity <u>Prevent Child Abuse Ky</u> Amount: \$ <u>50</u> County (optional): <u>Franklin</u> Agency (optional): _____	Charity _____ Amount: \$ _____ County (optional): _____ Agency (optional): _____		
<i>(Total of all charities must equal total annual gift indicated above. These organizations do not provide goods or services as whole or partial consideration for any contributions.)</i>			

4. Once you complete the form, provide it to your HR Administrator for processing.

***New Employee – One-Time Cash Donations***

New 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:		Calculate Total Annual Gift	
<input type="checkbox"/> \$200 <input type="checkbox"/> \$150 <input type="checkbox"/> \$100	<input type="checkbox"/> Other amount per pay period \$ _____ →	Payroll x 24 = \$ _____	
<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"/> LEADERSHIP CIRCLE: The total amount pledged above represents a leadership gift of at least 1% of my annual salary.		<input checked="" type="checkbox"/> CASH \$ <u>240</u>	

Once you complete the form, provide it and the donation to your HR Administrator for processing.