

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.

Employees separating or retiring from state government have the opportunity to make a final pledge to KECC from their final pay or through a one-time gift (credit card or cash/check). To make a final contribution, complete the **KECC Separation Pledge Form**, following the pledge instructions provided below.

**Separating Employee**

**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.



**SEPARATION 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	City:	Frankfort
<small>(Please no P.O. Boxes)</small>	<small>Street Number Street</small>	<small>Suite/Floor/Room/Mail Stop #</small>	<small>City State Zip</small>
Work Email:	Jane.Doe@ky.gov	Work Phone:	502.564.1234
Home Street Address:	111 Capital Ave.	City:	Frankfort
	<small>Street Number Street</small>	<small>Apt. #</small>	<small>City State Zip</small>
Home Email:	Jane.Doe@email.com	Employee Signature:	Jane Doe
	<small>(I authorize KECC to communicate with me using my home email address.)</small>		<small>(Required for payroll deduction)</small>
<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:** Give a one-time payroll deduction gift from your final payroll or give a one-time gift via credit card or check. Check the appropriate box and complete the fields as required.

PART TWO: PLEDGE AMOUNT		YES! I want to help people in need throughout Kentucky!	
<input type="checkbox"/> One-Time Payroll Deduction	/or/	<input checked="" type="checkbox"/> Other One-Time Gift	
AMOUNT: \$ _____		<input type="checkbox"/> Credit Card	<input checked="" type="checkbox"/> Check Gift
		AMOUNT: \$ _____	100
		AMOUNT: \$ _____	
		Card Number: _____	
		Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx <input type="checkbox"/> Disc	
		Security #: _____ Exp.: _____	

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 amount in PART TWO. 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.

-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		<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 checked="" type="checkbox"/> I want my donation to be shared by the state-approved charities.	
American Cancer Society	Amount: \$ _____	March of Dimes	Amount: \$ _____ County (optional): _____
Christian Appalachian Project	Amount: \$ _____	Prevent Child Abuse Kentucky	Amount: \$ _____ County (optional): _____
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: \$ _____
<small>To support one of the above federations in more than one county or agency, please specify in the "Charity" lines below.</small>			
Charity	Amount: \$ _____ County (optional): _____ Agency (optional): _____	Charity	Amount: \$ _____ County (optional): _____ Agency (optional): _____

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