



## Kentucky Employee Charitable Campaign Instructions for Pledging

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.

Available Pledge Instructions:

[Annual Campaign – Payroll Deduction Pledging](#) (Electronic-PREFERRED!)

[Annual Campaign - Payroll Deduction Pledging](#) (Paper- ONLY if unable to access computer/internet)

[Annual Campaign – One Time Cash Donation](#)

### *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.

**KENTUCKY PERSONNEL**

A site for state employee and benefit participant team members

Search

Benefits - Resources - Services - Find a Job News

MyPURPOSE

KHRIS Login

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

3. Click on the KECC link.



4. The form appears.

a. PART ONE: EMPLOYEE INFORMATION

Your name, home address, and personal email (if available) are displayed. Select 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 acknowledg...

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. If the amount you wish to give is not listed, Select '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     \$6  
 \$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.

Select "Leadership Circle" 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. Do you want to *Give to a Cause*?**

Selecting this option allows you to give to one or more causes rather than picking a specific charity. Based on the cause(s) you select, KECC will divide your donation evenly among the state approved charities that provide services associated with that cause.

Give to a Cause (check all that apply, pledge will be split evenly between selected options)

<input checked="" type="checkbox"/> Give Education	<input type="checkbox"/> Give Health
<input type="checkbox"/> Give Family Stability	<input checked="" type="checkbox"/> Give Basic Needs

**2. Do you want to *Share Donation Evenly*?**

Selecting this option allows you to give to all charities. KECC will divide your donation evenly among the state approved charities. You'll see their names appear in the boxes when you select this option.

Share Donation Evenly

Charity: <input type="text" value="American Cancer Society"/>	Charity: <input type="text" value="March of Dimes"/>
Charity: <input type="text" value="Christian Appalachian Project"/>	Charity: <input type="text" value="Prevent Child Abuse Kentucky"/>
Charity: <input type="text" value="Community Health Charities"/>	Charity: <input type="text" value="United Way of Kentucky"/>
Charity: <input type="text" value="Kosair Charities"/>	Charity: <input type="text" value="WHAS Crusade for Children"/>

**3. Do you already know who you want to give to?**

Skip the boxes described above and simply use the drop-down boxes to select the state approved charity(ies) to whom you wish to give. When selecting this option, you'll need to enter an amount to designate to each. The total combined amount must equal the *annual* amount shown in PART TWO. (Note: Selecting certain charities will also require you to select a county and/or agency.)

Charity: <input type="text" value="American Cancer Society"/>	Charity: <input type="text" value="March of Dimes"/>
Amount: <input type="text" value="30.00"/>	Amount: <input type="text" value="30.00"/>
	County (optional): <input type="text" value="Franklin"/>
Charity: <input type="text" value="Christian Appalachian Project"/>	Charity: <input type="text" value="Prevent Child Abuse Kentucky"/>
Amount: <input type="text" value="30.00"/>	Amount: <input type="text" value="30.00"/>
	County (optional): <input type="text" value="Franklin"/>
Charity: <input type="text" value="Community Health Charities"/>	Charity: <input type="text" value="United Way of Kentucky"/>
Amount: <input type="text" value="30.00"/>	Amount: <input type="text" value="30.00"/>
County (optional): <input type="text" value="Franklin"/>	* County (required): <input type="text" value="Franklin"/>
Agency (optional): <input type="text"/>	Agency (optional): <input type="text" value="American Red Cross"/>
Charity: <input type="text" value="Kosair Charities"/>	Charity: <input type="text" value="WHAS Crusade for Children"/>
Amount: <input type="text" value="30.00"/>	Amount: <input type="text" value="30.00"/>

You are welcome to pledge to a combination of state approved charities and write-in charities, so if the charity 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 information in the blank “Write-in Charity” spaces at the bottom of the form.

Write-In Charity	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"/>
<small>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.</small>	

This option also requires you to designate the amount you wish to donate to each charity. 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, select Save to submit your pledge. If completed correctly, you will receive the following message. 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.



KECC Information

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

## 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 (UNWR)

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		Suite/Floor/Room/Mail Stop #		City:	Frankfort	State:	KY	Zip:	40601
Work Email:	Jane.Doe@ky.gov		Work Phone:	502-564-1234						
Home Street Address:	111 Capital Ave		Apt. #		City:	Frankfort	State:	KY	Zip:	40601
Home Email:	JDoe@email.com		Employee Signature:	Jane Doe						
<input checked="" type="checkbox"/> I authorize KECC to communicate with me using my home email address. (Required for payroll deduction)										
<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"/> LEADERSHIP CIRCLE: The total amount pledged above represents a leadership gift of at least 1% of my annual salary.		<input type="checkbox"/> CASH \$ _____	

### 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 <small>(When you choose one of the KECC Charities, 100% of your gift goes to the charity of your choice!)</small>	
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: \$ <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: \$ _____
<small>To support one of the above federations in more than one county or agency, please specify in the "Charity" lines below.</small>	
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): _____
<input type="checkbox"/> 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: _____	Org. Name: _____
Address: _____ City: _____	Address: _____ City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____ Amount: \$ _____	Phone: _____ Amount: \$ _____
<small>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.</small>	

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.

<b>PART TWO: PLEDGE AMOUNT</b>		<i>YES! I want to help people in need throughout Kentucky!</i>	
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 KECC coordinator for processing.