

Kentucky Employees Charitable Campaign Instructions for Pledging as a New Employee

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

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.

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 W	ant to help people in need through	out Kentucky!
Payroll Deduction		One-Time Cash / Check
Amount Per Pay Period:	Calculate Total Annual Gift	
\$200 \$150 \$100		
□ \$75 □ \$50 □ \$25 □ Other amount per pay period \$	Payroll x	CASH \$
\$15 \$10 \$6 \$3	30	
LEADERSHIP CIRCLE: The total amount pledged ab	ove represents a leadership gift of at least 19	% 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.

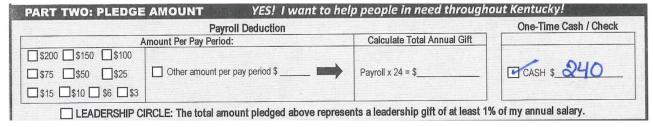
	N 1 (8)
American Cancer Society	March of Dimes
Amount: \$	Amount: \$
alicat III Bata	County (optional):
Christian Appalachian Project	Prevent Child Abuse Kentucky
Amount: \$	Amount: \$
Community Health Charities Amount: \$	County (optional):
County (optional):	United Way of Kentucky
Agency (optional):	Amount: \$
	County (required):
Kosair Charities	Agency (optional):
Amount: \$	
	WHAS Crusade for Children
	Amount: \$
To support one of the above federation	ns in more than one county or agency, please specify in the "Charity" lines below.
Charity Prevent Child Abuse	Charity
Amount: \$ 50	Amount: \$
County (optional):	County (optional):
Agency (optional):	Agency (optional):

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.



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