**I’w gwblhau gan y gweithiwr a’i e-bostio at Dîm Cyflogres Cyngor Sir Ceredigion** [**payroll@ceredigion.gov.uk**](mailto:payroll@ceredigion.gov.uk)

**To be completed by the employee and email to Ceredigion County Council’s Payroll Team** [**payroll@ceredigion.gov.uk**](mailto:payroll@ceredigion.gov.uk)

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| **Manylion Personol**  **Personal Details** | | | | | | | | | | | | | | | |
| **Teitl:** (ticiwch os gwelwch yn dda)  **Title**  (Please tick) | **Mr** |  | | **Miss** |  | **Mrs** | |  | **Ms** | | |  | | **Arall**  **Other** |  |
| **Enw Llawn:**  **Full Name:** |  | | | | | | | | | | | | | | |
| **Rhif Yswiriant Gwladol:**  **National Insurance Number:** |  | | | | | **Dyddiad Geni:**  **Date of Birth:** | | | |  | | | | | |
| **Cyfeiriad Cartref:**  **Home Address:** |  | | | | | | | | | | | | | | |
|  | | | | | | | **Côd Post:**  **Post Code:** | | | |  | | | | |
|  | | |  | | | | | | | | | | | | |
| **Teitl swydd:**  **Job Title:** | | |  | | | | **Rhif Gweithiwr:**  **Employee Number:** | | | | | |  | | |

Rwyf wedi darllen a deall y dogfennau sy'n ymwneud â Chynllun AVC Wise ac yn rhoi fy nghaniatâd i ddechrau cymryd rhan ar sail rhannu cost ildio cyflog. Rwy'n cytuno bod hyn yn gyfystyr ag amrywio telerau ac amodau fy nghyflogaeth.

I have read and understood the documents relating to AVC Wise Scheme and give my consent to commence with my participation on a salary sacrifice shared cost basis. I agree that this constitutes a variation to the terms and conditions of my employment.

**Enw/Name:**

**Llofnodwyd/Signiture: Dyddiad/Date:**