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

**To be completed by the employee and email to Ceredigion County Council’s Payroll Team** **payroll@ceredigion.gov.uk**

|  |
| --- |
| **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:**