**Trosglwyddo Gwyliau i’r Flwyddyn Nesaf / *Carry Over Annual Leave***

|  |  |
| --- | --- |
| Enw’r gweithiwr / *Name of Employee* |  |
| Rhif cyflogres / *Employee number* |  |
| Swydd / Gwasanaeth / *Post / Service area* |  |
| Rwyf am wneud cais i drosglwyddo’r cyfanswm ganlynol o oriau / *I would like request to carry over the following total number of hours*  |  oriau  *hours* |
| Amlinellwch yr amgylchiadau eithriadol sydd wedi arwain at y cais hwn, os gwelwch yn dda / *Please provide an outline of the exceptional circumstances which have led to this request* |
| Enw’r rheolwr llinell / *Name of line manager* |  |
| Unrhyw sylwadau ychwanegol gan y rheolwr llinell / *Any additional comments by the line manager* |
| Awdurdodwyd gan y Swyddog Arweiniol Corfforaethol: / *Approved by Corporate Lead Officer:* Llofnodwyd / *Signed:*Enw mewn prif lythrennau / *Print name:*Dyddiad / *Date:* |