**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:* | | |