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| aber-uni-logo | **Cais am Absenoldeb Rhiant /** **Parental Leave Request Form** |

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| Enw / *Name* |  |
| Rhif Gweithiwr / *Employee number* |  |
| SWydd / *Job Title* |  |
| Adran / *Department* |  |
| Pennaeth Adran / *Head of Department* |  |
| Oriau cytundebol */ Contracted hours* |  |

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| Os ydych yn gweithio rhan amser, a wnewch chi rhoi amlinell o’ch amserlen oriau gwaith wythnosol yn y tabl isod / *If you work part time, please give a brief outline of your typical weekly work schedule*: |
|  | Dechrau /*Start* | Amser cinio arferol / *Usual lunch break* | Diwedd /*End* | Cyfanswm oriau /*Total hours* |
| Dydd Llun / *Monday* |  |  |  |  |
| Dydd Mawrth / *Tuesday* |  |  |  |  |
| Dydd Mercher / *Wednesday* |  |  |  |  |
| Dydd Iau / *Thursday* |  |  |  |  |
| Dydd Gwener / *Friday* |  |  |  |  |
| Dydd Sadwrn / *Saturday* |  |  |  |  |
| Dydd Sul / *Sunday* |  |  |  |  |
|  |  |
| Dewiswch pa gais y mae hwn yn ymwneud â / Please select what this request is in relation to: |
| * Plentyn o dan 18 mlwydd oed / *A child under the age of 18*
 | ☐ |
| * Plentyn a Plentyn a mabwysiadwyd / *An adopted child*
 | ☐ |
| * Plentyn anabl yn llai na 18 mlwydd oed / *A disabled child under the age of 18*
 | ☐ |
|  |  |
| Enw’r plentyn / *Child’s name* |  |
| Dyddiad geni / *Date of birth* |  |
| Gofyn am Absenoldeb Rhiant /*Request Parental Leave* | o / from |  | i / to |  |
| Nifer diwrnodau/wythnosau a gymerwyd fel Absenoldeb Rhiant eleni gyda’r plentyn yma / *Number of Parental Leave days/weeks taken in this year in relation to this child* |   |
| Nifer diwrnodau/wythnosau a gymerwyd fel Absenoldeb Rhiant hyd hyn gyda’r plentyn yma / *Number of Parental Leave days/weeks taken to date in relation to this child* |  |
|  |  |
| Os dyma’r cais gyntaf mewn perthynas â'r plentyn hwn, a wnewch chi yrru copi o’r dogfennau canlynol perthnasol gyda’r cais os gwelwch yn dda (gweler y canllawiau) / *If this is your first application in relation to this child, please provide a copy of the following relevant documentation with your request (see notes for guidance)*: |
| * Tystysgrif genedigaeth y plenty neu ffurflen MATb1 / The child’s birth certificate or MATb1 form
 |
| * Dogfen sydd yn cadarnhau lleoliad / Documentation confirming date of placement
 |
| * Dogfen yn cadarnhau lwfans byw anabl / Documentation confirming award of Disability Living Allowance
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| **I’w gwblhau gan Bennaeth yr Adran / To be completed by the Head of Department** |
| Do you agree to this request |   |
| If no, please recommend a postponement date  |  |
| Head of Department’s signature |   | Date |   |
| Name in full |   |