**Telerau ac Amodau Cyflogaeth**

Mae'r Brifysgol yn cyfrannu at gost profion llygaid i weithwyr sy'n defnyddio sgriniau, neu offer tebyg, yn rhan hanfodol o'u gwaith arferol a hynny am ran sylweddol o'u horiau gwaith arferol. Gellir hawlio hyd at £30.00 am brawf llygaid. Os dengys y prawf fod angen lensiau cywiro er mwyn gwneud gwaith â sgriniau ac offer tebyg yn unig, bydd y Brifysgol yn cyfrannu hyd at £75.00 ar ben cost y prawf tuag at gost y sbectol. GELLIR HAWLIO UN WAITH YN UNIG MEWN CYFNOD O 12 MIS A RHAID EI GYFLWYNO O FEWN 3 MIS.

**Terms and Conditions of Employment**

The University makes provision to contribute towards the cost of an eye test for employees who habitually use display screen equipment (DSE) as an essential part of their work and for a significant part of their normal working hours. The maximum amount that can be claimed for an eye test is £30.00. If the eye test shows that corrective lenses are necessary solely for DSE work then the University will contribute up to a further £75.00 towards the cost of spectacles. CLAIMS ARE RESTRICTED TO ONE PER 12 MONTH PERIOD AND MUST BE SUBMITTED WITHIN 3 MONTHS.

## **I'w llenwi gan y Sawl sy'n Gwneud y Cais (Rhan A) / *To be completed by the Employee (Part A)***

Enw / *Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teitl y Swydd / *Job Title*: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Adran / *Department*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rhif Cyflogres / *Payroll Number*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **I'w llenwi gan Optegydd cymwys / To be completed by a qualified Optician**

Stamp yr Optegydd / Opticians Stamp

Enw'r Optegydd / *Name of Optician*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rhoddwyd Prawf i (enw) / *Person Examined*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dyddiad y Prawf / *Date of Eye Test*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Canlyniad y Prawf (ticiwch y blwch) / Outcome of Eye Test: (please tick box)**

* Rwy'n cadarnhau **bod** y gweithiwr y Brifysgol a enwir uchod ei gwneud yn ofynnol sbectol yn benodol ar gyfer gwaith VDU neu Swyddfa sbectol amryffocal ar gyfer gwaith VDU.

*I confirm that the University employee named above* ***requires*** *spectacles specifically for VDU work or Office Varifocals for VDU work.*

* Yr wyf yn cadarnhau **nad yw'r** gweithiwr y Brifysgol a enwir uchod ei gwneud yn ofynnol sbectol a ragnodwyd yn benodol ar gyfer gwaith OSA.

*I confirm that the University employee named above* ***does not require*** *spectacles prescribed specifically for DSE work*.

Llofnod yr Optegydd / *Opticians Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dyddiad / *Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **I'w llenwi gan y Sawl sy'n Gwneud y Cais (Rhan B) / *To be completed by the Employee (Part B)***

**Hoffwn hawlio costau (ticiwch y blwch) / *I wish to claim for: (Please tick box)***

* Prawf Llygaid (hyd at £30.00) / *Eye Test (up to maximum of £30.00)* £*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
* Sbectol (hyd at £75.00) / *Spectacles (up to a maximum of £75.00)* £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CYFANSWM / TOTAL £\_\_\_\_\_\_\_\_\_\_\_\_

Llofnod yr Ymgeisydd / Employee *Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dyddiad / *Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **I'w llenwi gan Bennaeth yr Adran / To be completed by the Head of Department**

Dyma gadarnhau bod yr aelod o staff sy'n cyflwyno'r cais hwn yn defnyddio sgriniau neu offer tebyg yn rhan hanfodol o'u gwaith arferol a hynny am ran sylweddol o'u horiau gwaith arferol. Cyllideb yr adran fydd yn talu am y swm y gwneir cais amdano.

*I confirm that the member of staff submitting this claim habitually uses display screen equipment (DSE) as an essential part of their work and for a significant part of their normal working hours. The claimed amount will be met by the Department budget*.

Cyfrif / *Account*: 4126 Cynnyrch / *Product*: DH001 Gorchymyn Gwaith / *Work Order*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Llofnod Pennaeth yr Adran / Head of Dept. *Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dyddiad / *Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ar ol sichrau bod yr holl dderbynebau wedi'u clymu, anfonwch y ffurflen i'r Adran Adnoddau Dynol.**

**Please ensure all receipts are attached and ALL information completed before sending to the HR Department.**