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LOYALTY AWARD APPLICATION FORM

When completed and countersigned by your manager this form should be forwarded to the HR Operations Centre.

A: PERSONAL DETAILS (to be completed by Employee)

NAME			
JOB TITLE			
HOME ADDRESS			
DEPARTMENT		CLINICAL BOARD	
TELEPHONE		EMPLOYEE NO.	

B: Employment Details

Please list details of CONTINUOUS employment with Cardiff and Vale UHB and its predecessor organisations (listed in the Loyalty Award Procedure)

EMPLOYER	FROM	TO

I declare that the information provided is correct.

SIGNED..... DATE.....

C: VERIFICATION (to be completed by the Line Manager)

I confirm eligibility for a Loyalty Award on the basis of _____ years continuous service

SIGNED		Date	
PRINT NAME			
JOB TITLE			
DEPARTMENT		Contact number	

(Copy to be placed on the personal file)