



HRDF Claim Helper

Claim Submission – Skim Bantuan Latihan Khas (SBL-KHAS) Scheme (Employer)

Purpose: To submit the claim of approved grant application





Claims need to be submitted by employers after the approval of grants and training completion.



Effective 1st August 2019, training claims must be submitted within six (6) months after training completion.



For SBL-Khas scheme, training providers' claims must be approved before the submission of claims by employers.

(1) Login to Employer's *eTRiS* account

(2) Click **Application**



(3) Click **Claim**

(4) Select **Submit Claim With Grants**

Logout Last Login 28 Oct, 2017 12:53 pm

Applications

Applications

- ▶ Event Management
- ▶ **Claim**
 - ▶ **Submit Claims with Grants**
 - ▶ Submit Other Claims
 - ▶ Search/Withdraw Claims
- ▶ Reports
- ▶ Payment Gateway
- ▶ Levy
- ▶ Special Trust Fund
- ▶ Apprenticeship
- ▶ Legal Management
- ▶ Grant
- ▶ Profile Management

(5) Click Claim at the Action Column
(Only approved grant with completed trainings/events will be displayed)

- Search Criteria

Grant ID

Course Title

Scheme

Training Date To

Approved Date To

Approved Amount (RM) To

- Approved Grant

9 records found, displaying 1 to 5 records. [First/Prev] 1, 2 [Next / Last]

Grant ID	Course Title	Approved Date	Approved Amount (RM)	Start Date	End Date	Action
72641MSBL-Khas20143576	Course Title	30/04/2014	1,370.00	01/05/2014	01/05/2014	<input type="button" value="Claim"/>
72641MSBL20140784	MS OFFICE TRAINING FOR OFFICE ADMINISTRATOR	30/04/2014	1,200.00	29/04/2014	29/04/2014	<input type="button" value="Claim"/>
72641MSLB20144797	"KEEPERS OF THE FLAME" - SELF AUTHORISED LEADERSHIP PROGRAMME	20/02/2014	7,700.00	21/02/2014	21/02/2014	<input type="button" value="Claim"/>
72641MSLB20145110	s	13/02/2014	2,500.00	04/02/2014	04/02/2014	<input type="button" value="Claim"/>
72641MSLB20149268	ADMINISTRATIVE SKILLS FOR ADMINISTRATORS, SECRETARIES AND COORDINATORS	10/02/2014	3,644.50	11/02/2014	11/02/2014	<input type="button" value="Claim"/>

- Unsubmitted Claim

One record found. 1

Grant ID	Course Title	Approved Date	Approved Amount (RM)	Start Date	End Date	Action
EVT\MFWEVT\2014\449	HR Clinic	22/01/2014	-	24/01/2013	24/01/2013	<input type="button" value="Claim"/>

HRDF Claim Helper v2019

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(6) Provide the contact details of the Officer to be Contacted or select **Others** if the name is not in the record system and then click **Next**

Employer Profile | Training Summary | Trainer Details | Trainee Details | Trainee Attendance Form | Actual Cost of Reimbursement | Employer Declaration

Employer Profile

Particulars

Registered Name and Address of Employer

Officer to be Contacted: Select *

Telephone No. *

Email *

Next Close

(7) Verify the information (pre-populated from Grant application) then click **Next**

Employer Profile | Training Summary | Trainer Details | Trainee Details | Trainee Attendance Form | Actual Cost of Reimbursement | Employer Declaration

Training Summary

Training Summary

Program Title: TRIZ (Theory of Inventive Problem Solving) Level 2 Practitioner *

Training Date: 08/04/2019 To 09/04/2019

Actual Training Date: 08/04/2019 To 09/04/2019 *

Training Venue: Axcel Campus, The Cube, Bandar Puteri Puchong, 11, Jalan Puteri 7/15, Puchong 47100 Selangor *

Type of Training: In-house Public e-Learning *

Training Location: Hotel Own Premise External Training Premise Overseas Not Applicable Local *

HQ / Branch: * Note: Applicable Only for 'Own Premise' Training Location.

No. of Travel Days: 1 days 2 days Not Applicable

No. of Full Days: 2 * (Based on 7 hours per day)

No. of Half Days: 0 * (Based on >=4 and < 7 hours per day)

No. of < Half Days: 0 * Hours: 0 (Based on < 4 hours per day)

Total Hours Per Trainee: 14

Total Training Days: 2

No. of Month: 0 * Mandatory if Type of Training is 'Development Program'.

Next Close

(8) Fill in Trainer Information (updated by Training Provider) then click **Next**

Employer Profile | Training Summary | **Trainer Details** | Trainee Details | Trainee Attendance Form | Actual Cost of Reimbursement | Employer Declaration

Trainer Details

External Trainer

Name * Citizenship *

IC/Passport No. * Distance to Training Location *

Trainer Type	Name	IC/Passport No.	Citizenship	Distance to Training Location	Actions
External Trainer	XXXXXXXXXXXX	XXXXXXXXXXXX	Malaysian	Less 70 km	View / Edit / Delete

(9) Key in Trainee Attendance (updated by Training Provider) then click **Next**

Employer Profile | Training Summary | Trainer Details | **Trainee Details** | Trainee Attendance Form | Actual Cost of Reimbursement | Employer Declaration

Trainee Details

Trainees Information By Group

Batch No.	Start Date	End Date	View Trainee Details
1	08/04/2019	09/04/2019	View Trainee Details

Note: Please key in all Batch details and SAVE before keying in the Trainee Details.

Trainees Summary

Batch No.	Male	Female	Less 70 km	More or equal 70 km	Bumi	Malay	Chinese	Indian	Dayak	Other Race
1	0	1	0	1	0	1	0	0	0	

One record found.

(10) Fill in Trainee Attendance Form (updated by Training Provider) then click **Next**

Applications
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Employer Profile
Training Summary
Trainer Details
Trainee Attendance Form
Actual Cost of Reimbursement
Employer Declaration

Trainee Attendance Form

Grant Details

Grant ID

Training Provider's Name

Actual Training Start Date

Module

End Date

Attendance Details

Selective Date

Upload Excel File Yes No

Download Attendance Excel Download Trainee Attendance List

Date

Note: Please select dates that the training took place (Press Ctrl and click for multiple selection)

Search
Clear


Sr. No.	Batch No.	Date	Trainee Name	IC No.	Status
1	1	08/04/2019	XXXXXXXXXXXX	XXXXXXXXXXXX	<input checked="" type="radio"/> Present <input type="radio"/> Absent
2	1	09/04/2019	XXXXXXXXXXXX	XXXXXXXXXXXX	<input checked="" type="radio"/> Present <input type="radio"/> Absent

(11) Fill in the claim amount for each **Allowable Claim Item**, upload the supporting document then click **Next**

Employer Profile | Training Summary | Trainer Details | Trainee Details | Trainee Attendance Form | **Actual Cost of Reimbursement** | Employer Declaration

Actual Cost of Reimbursement

Claim Details

Items	Category	Grant Approved Amount(RM)	Requested Amount(RM)	Document Required
Trainee Daily Allowance (>=70)	Trainee	700.02	<input type="text" value="700.02"/>	No 
Total Grant Approved Amount(RM)		700.02	Total Requested Amount(RM)	700.02

Note: Please add any additional information related to your claim.

Remarks

Exchange Rate


Country

Attachments

Note : Please make sure the official receipt is complete with details of company name, program title, program date, total amount and mode of payment.
Note : Supporting Document is mandatory for proof of payment like Invoice, Receipt, Consultancy Report etc.

Attachment

File Description

Attach File No file chosen 

Allowed (Only .JPG, .JPEG, .BMP, .GIF, .PNG, .TIF, .PPM, .DOC, .DOCX, .PDF, .RTF, .XLS, .XLSX, .TXT, .PPT, .PPTX, .PPSX are allowed)

Levy Summary

Levy Balance(RM)	2,719,674.99
Levy Arrears (RM)	0.00
Levy Interest (RM)	0.00
Total Grant Approved Amount (RM)	700.02
Total Requested Amount (RM)	700.02

SUPPORTING DOCUMENTS FOR ITEMS CLAIMED

ALLOWABLE COST	SUPPORTING DOCUMENTS
Transportation charges	Official Receipt & Tax Invoice
Flight Ticket	Receipt & Invoice / e-ticket
Trainee Daily Allowances Trainer / Trainee Meal Allowances	Attendance T3 Form same with Training Provider
Hotel Rental Package / Rental of Training Place	Official Receipt & Tax Invoice (if requested)
Trainer Daily Allowances	No Document Required
Consumable Training Materials	

*HRDF may request for any other relevant documents for verification/confirmation purposes.

(12) Fill in the employer declaration form, check the pledge box and click **SAVE & SUBMIT** to submit the application

The screenshot shows the 'Employer Declaration' section of the HRDF Claim Helper application. At the top, there is a navigation bar with tabs for 'Employer Profile', 'Training Summary', 'Trainer Details', 'Trainee Details', 'Trainee Attendance Form', 'Actual Cost of Reimbursement', and 'Employer Declaration'. The 'Employer Declaration' tab is active and highlighted in red. Below the navigation bar, there is a sub-tab labeled 'Declaration'. The main content area contains a declaration checkbox with the following text: 'I/We declare that the facts stated in this application and the accompanying information are true and correct and that I/We have not withheld/distorted any material facts. I/We understand that if I/we obtain the grant by false or misleading statements, I/we may be prosecuted under Section 41 of Pembangunan Sumber Manusia Berhad Act, 2001 (Act 612) and in addition, PSMB may, at its discretion, withdraw the grant and recover immediately from us any amount of the grant that may have been disbursed.' Below the declaration text, there are four input fields: 'Name' (a dropdown menu with 'Select' as the current value), 'Designation' (a text input field), 'Email' (a text input field), and 'Date' (a date picker showing '31/10/2019'). Each input field has a red asterisk indicating it is a required field. At the bottom right of the form, there are three buttons: 'Save', 'Save & Submit', and 'Close'. The 'Save & Submit' button is highlighted in blue. Hand cursor icons are overlaid on the 'Name' dropdown and the 'Save & Submit' button.



Claims have been successfully submitted after clicking the Submit & Save button.



The submission of claims will be reviewed and checked within **five (5) working days**.



Letter of approval will be sent to employers via email once the claims have been approved.