



HRD CORP CLAIM HELPER FOR EMPLOYERS CLAIM SUBMISSION(SCHEMES)

- HRD CORP EVENTS

Purpose : To submit the claim of approved event applications





Claims need to be submitted by employers after completion of trainings.



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



- For events organised by HRD Corp, course fees will be debited by using levy.
- To participate, employers need to register for the program and do not require to go through the normal grant application process.
- Employers can claim other allowable costs such as daily allowances, air fare and others (if any).

(1) Login to Employer's eTRiS account

(2) Click **Applications**



HRDF - Google Chrome

https://www.hrdf.com.my/DigiGov/digigov.htm?actionFlag=doLogin&changeLang=en_US

Close Last Login 17 Aug, 2016 10:54 am Friday 12:05 pm

Applications

Workflow | Your Session will expire within 117 minute(s) and 58 second(s) | Hotfix_V2.55.4.1 | Powered by DigiGov

https://www.hrdf.com.my/DigiGov/digigov.htm?actionFlag=doLogin&changeLang=en_US#icon_dock_Applications

(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]

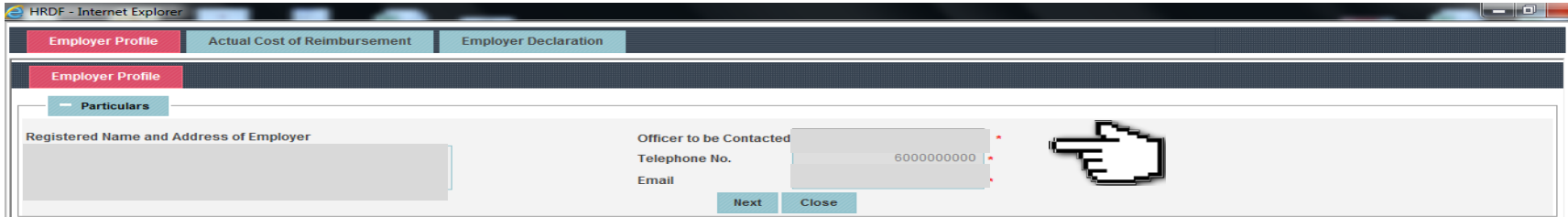
Grant ID	Course Title	Approved Date	Approved Amount (RM)	Start Date	End Date	Action
72641MSBL-Khas20143576	Course Title	30/04/2014	1,370.00	01/05/2014	01/05/2014	<input type="button" value="Claim"/>
72641MSBL20140784	MS OFFICE TRAINING FOR OFFICE ADMINISTRATOR	30/04/2014	1,200.00	29/04/2014	29/04/2014	<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\MFW\EVT\2014\449	HR Clinic	22/01/2014	--	24/01/2013	24/01/2014	<input type="button" value="Claim"/>

(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**



HRDF - Internet Explorer

Employer Profile Actual Cost of Reimbursement Employer Declaration

Employer Profile

Particulars

Registered Name and Address of Employer

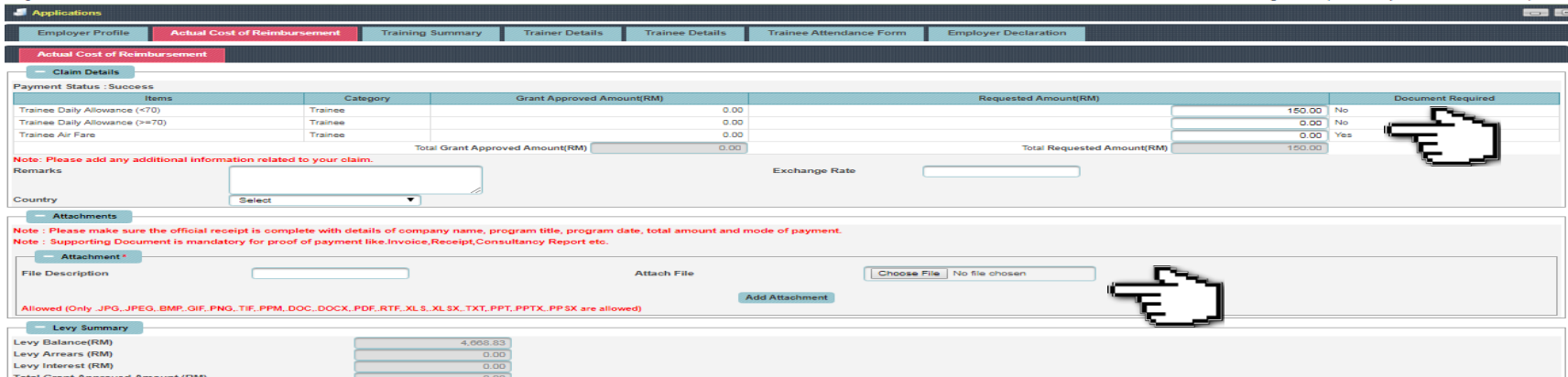
Officer to be Contacted

Telephone No. 6000000000

Email

Next Close

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



Applications

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

Actual Cost of Reimbursement

Claim Details

Payment Status : Success

Items	Category	Grant Approved Amount(RM)	Requested Amount(RM)	Document Required
Trainee Daily Allowance (<70)	Trainee	0.00	150.00	No
Trainee Daily Allowance (>=70)	Trainee	0.00	0.00	No
Trainee Air Fare	Trainee	0.00	0.00	Yes
Total Grant Approved Amount(RM)		0.00	150.00	

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

Choose File No file chosen

Add Attachment

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)	4,668.83
Levy Arrears (RM)	0.00
Levy Interest (RM)	0.00
Total Grant Approved Amount (RM)	0.00

(8) Verify the information (pre-populated from Event Registration) then click **Next**

Applications

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

Training Summary

Training Summary

Program Title: Kwpsm Workshop

Actual Training Date: 09/10/2019 To 10/10/2019

Training Venue: PWTC, KUALA LUMPUR

Type of Training: CS Workshop

Training Location: Hotel Own Premise External Training Premise Overseas Not Applicable Local Multiple Location Training Rental Place

HQ / Branch:

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: (Based on < 4 hours per day)

Total Hours Per Trainee:

Total Training Days: 20

Next Close

(9) Verify **Trainer Information** (pre-populated from Event Registration) then click **Next**

Applications

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

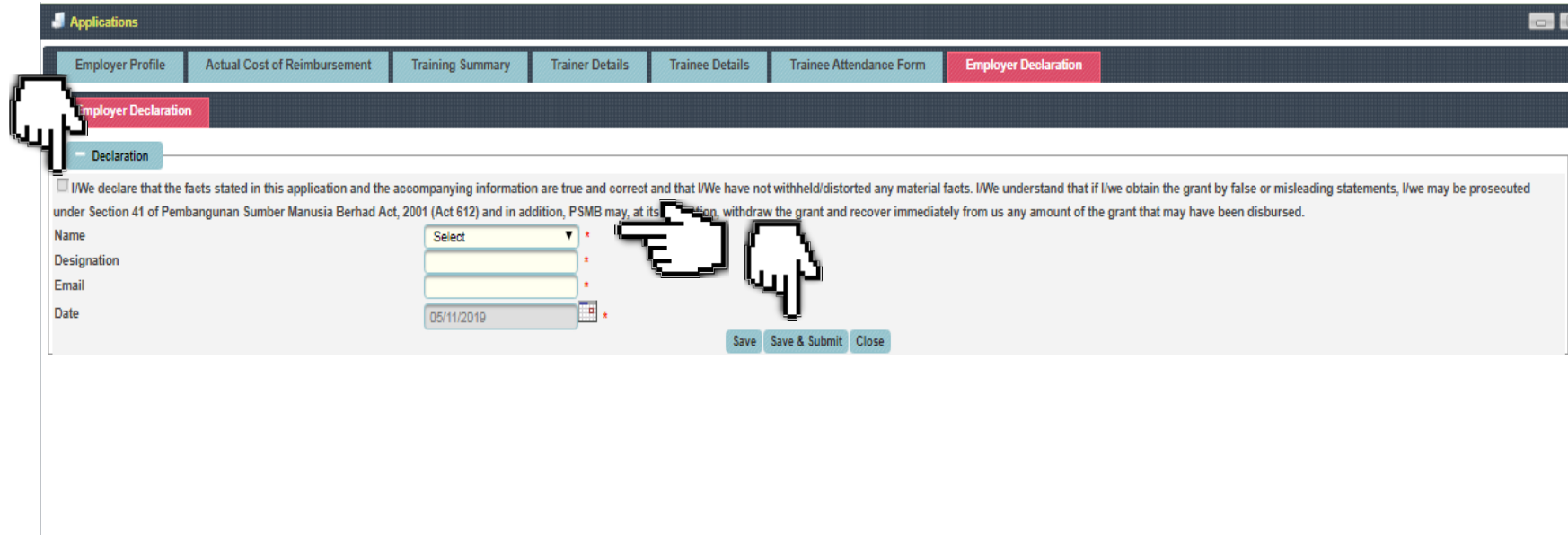
Trainer Details

Trainer Details

Name	IC No.	Malaysian	Citizen
XXXXXXXXXXXX	XXXXXXXXXXXX	Malaysian	
XXXXXXXXXXXX	XXXXXXXXXXXX	Malaysian	

Next Close

(12) Fill in the employer declaration form, check and pledge box then click **Save & Submit** to submit the application.



Applications

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

Employer Declaration

Declaration

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.

Name *

Designation *

Email *

Date *

Save Save & Submit Close

SUPPORTING DOCUMENTS FOR ITEMS CLAIMED

COST CLAIMED	SUPPORTING DOCUMENTS
Transportation	Official Receipt & Tax Invoice
Flight Ticket	Receipt & Invoice / e-ticket
Hotel Rental Package / Rental of Training Place	Official Receipt & Tax Invoice (if requested)
Trainer / Trainee Daily Allowances	No Document Required
Trainer / Trainee Meal Allowances	

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



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



THANK YOU