



## HRD CORP CLAIM HELPER FOR EMPLOYERS CLAIM SUBMISSION(SCHEMES)

- INDUSTRIAL TRAINING SCHEME (ITS)

**Purpose : To submit the claim of approved grant applications**





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.

(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](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

[https://www.hrdf.com.my/DigiGov/digigov.htm?actionFlag=doLogin&changeLang=en\\_US#icon\\_dock\\_Applications](https://www.hrdf.com.my/DigiGov/digigov.htm?actionFlag=doLogin&changeLang=en_US#icon_dock_Applications)

Workflow | Your Session will expire within 117 minute(s) and 58 second(s) | Hotfix\_V2.55.4.1 | Powered by DigiGov

(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]

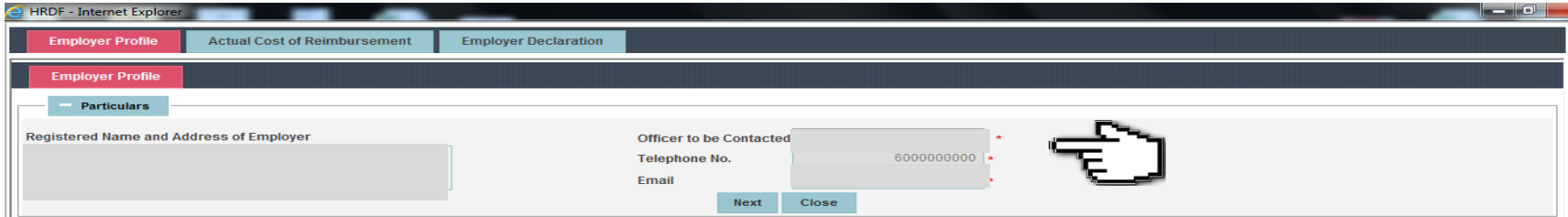
Grant ID	Course Title	Approved Date	Approved Amount (RM)	Start Date	End Date	Action
72641MSBL-Khas20143576	Course Title	30/04/2014	1,370.00	01/05/2014	01/05/2014	 <input type="button" value="Claim"/>
72641MSBL20140784	MS OFFICE TRAINING FOR OFFICE ADMINISTRATOR	30/04/2014	1,200.00	29/04/2014	29/04/2014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

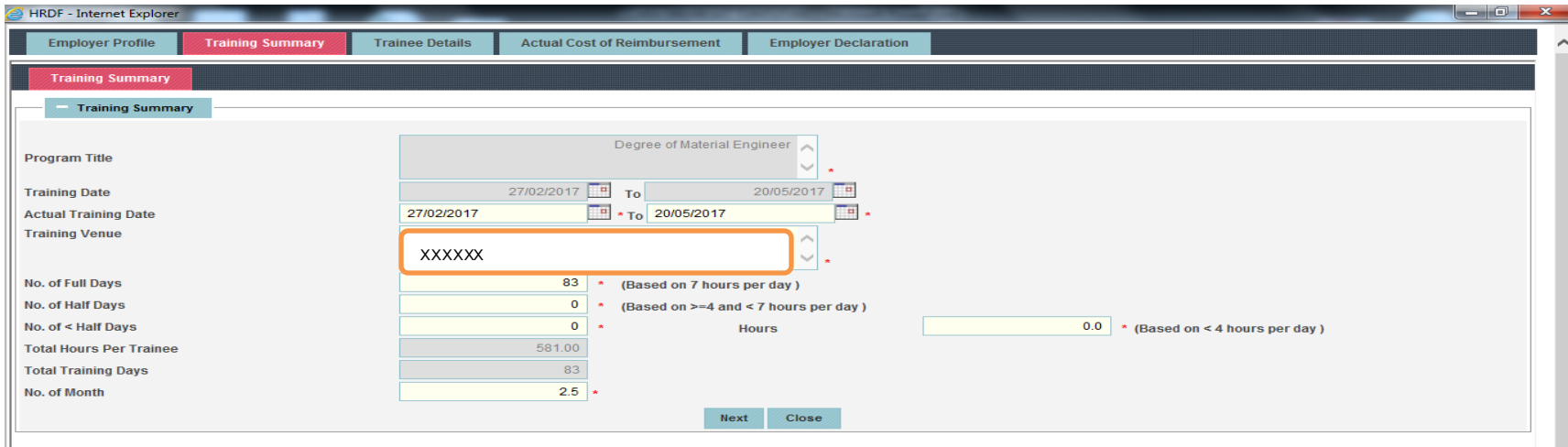
Officer to be Contacted

Telephone No. 6000000000

Email

Next Close

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



HRDF - Internet Explorer

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

Training Summary

Training Summary

Program Title Degree of Material Engineer

Training Date 27/02/2017 To 20/05/2017

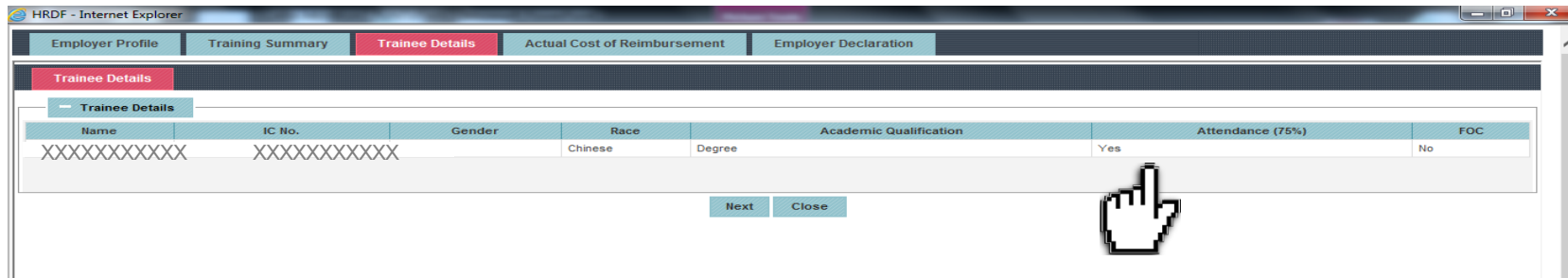
Actual Training Date 27/02/2017 To 20/05/2017

Training Venue XXXXXX

No. of Full Days	83	(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
Total Hours Per Trainee	581.00	0.0 (Based on < 4 hours per day)
Total Training Days	83	
No. of Month	2.5	

Next Close

(8) Update **Trainee Attendance** then click **Next**



HRDF - Internet Explorer

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

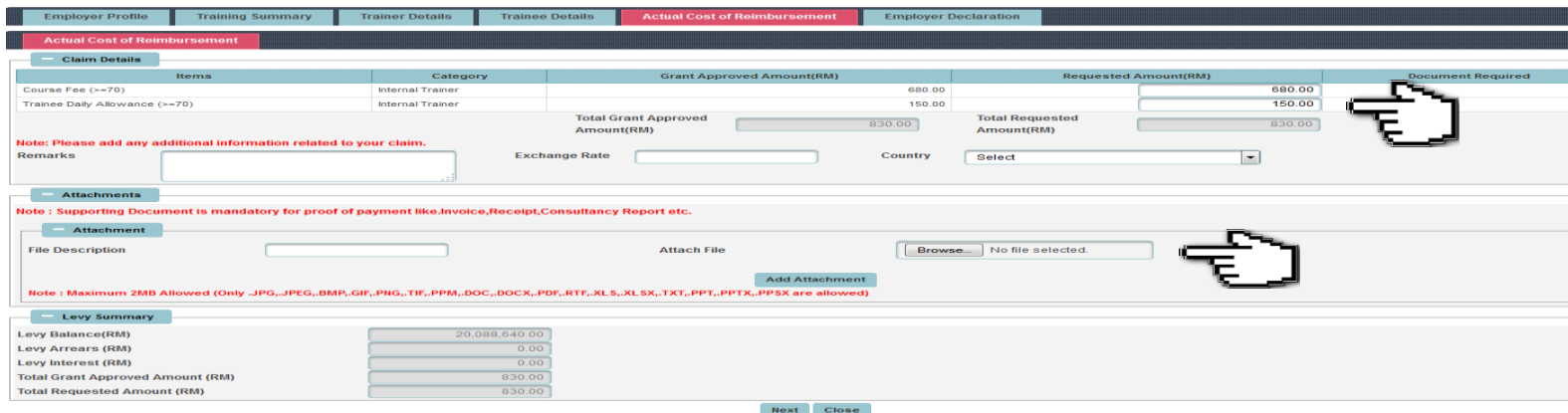
**Trainee Details**

Trainee Details

Name	IC No.	Gender	Race	Degree	Academic Qualification	Attendance (75%)	FOC
XXXXXXXXXXXX	XXXXXXXXXXXX		Chinese			Yes	No

Next Close

(9) Fill in the claim amount for each **Allowable Claim Item**, upload the supporting documents (PPE & Insurance) then click **Next**



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

**Actual Cost of Reimbursement**

Claim Details

Items	Category	Grant Approved Amount(RM)	Requested Amount(RM)	Document Required
Course Fee (>=70)	Internal Trainer	680.00	680.00	
Trainee Daily Allowance (>=70)	Internal Trainer	150.00	150.00	
Total Grant Approved Amount(RM)		830.00	830.00	
Total Requested Amount(RM)		830.00	830.00	

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

Remarks

Exchange Rate

Country

Attachments

Note: Supporting Document is mandatory for proof of payment like invoice, Receipt, Consultancy Report etc.

Attachment

File Description

Attach File

Browse... No file selected.

Add Attachment

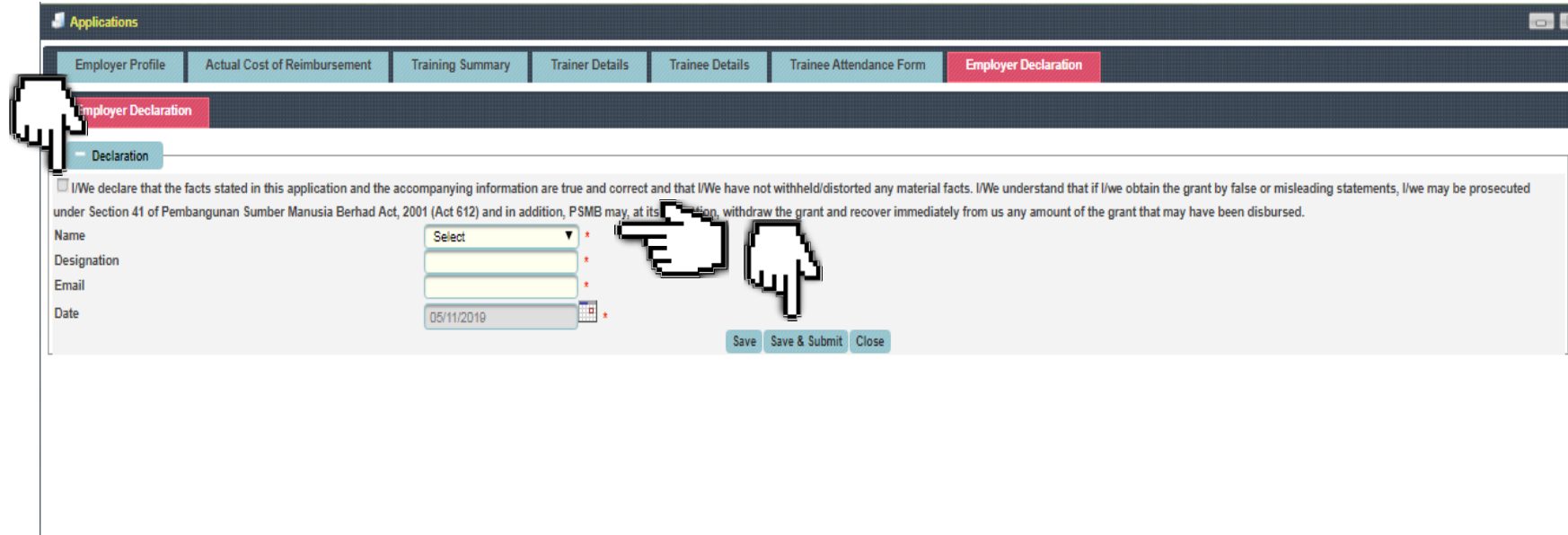
Note: Maximum 2MB Allowed (Only .JPG,.JPEG,.BMP,.GIF,.PNG,.TIF,.PPM,.DOC,.DOCX,.PDF,.RTF,.XLS,.XLSX,.TXT,.PPT,.PPTX,.PPSX are allowed)

Levy Summary

Levy Balance(RM)	20,088,640.00
Levy Arrears (RM)	0.00
Levy Interest (RM)	0.00
Total Grant Approved Amount (RM)	830.00
Total Requested Amount (RM)	830.00

Next Close

**(10)** 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

ALLOWABLE COST	SUPPORTING DOCUMENTS
Insurance & Purchase of Safety Equipment (PPE)	Invoice & Official Receipt
Monthly Allowances – Development Programme / ITS	No Documents Required

\*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