



## **HRD CORP CLAIM HELPER FOR EMPLOYERS** **CLAIM SUBMISSION**

- **HRD CORP CLAIMABLE COURSES – FORMERLY KNOWN AS SKIM BANTUAN LATIHAN KHAS (SBL-KHAS)**

**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.



For HRD Corp Claimable Courses, training providers claims must be approved before the submission of claims by employers.

(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	<a href="#" style="background-color: #4f81bd; color: #fff; padding: 2px 5px;">Claim</a>
72641MSBL20140784	MS OFFICE TRAINING FOR OFFICE ADMINISTRATOR	30/04/2014	1,200.00	29/04/2014	29/04/2014	<a href="#" style="background-color: #4f81bd; color: #fff; padding: 2px 5px;">Claim</a>
72641MSLB20144797	"KEEPERS OF THE FLAME" - SELF AUTHORISED LEADERSHIP PROGRAMME	20/02/2014	7,700.00	21/02/2014	21/02/2014	<a href="#" style="background-color: #4f81bd; color: #fff; padding: 2px 5px;">Claim</a>
72641MSLB20145110	s	13/02/2014	2,500.00	04/02/2014	04/02/2014	<a href="#" style="background-color: #4f81bd; color: #fff; padding: 2px 5px;">Claim</a>
72641MSLB20149268	ADMINISTRATIVE SKILLS FOR ADMINISTRATORS, SECRETARIES AND COORDINATORS	10/02/2014	3,644.50	11/02/2014	11/02/2014	<a href="#" style="background-color: #4f81bd; color: #fff; padding: 2px 5px;">Claim</a>

— Unsubmitted Claim

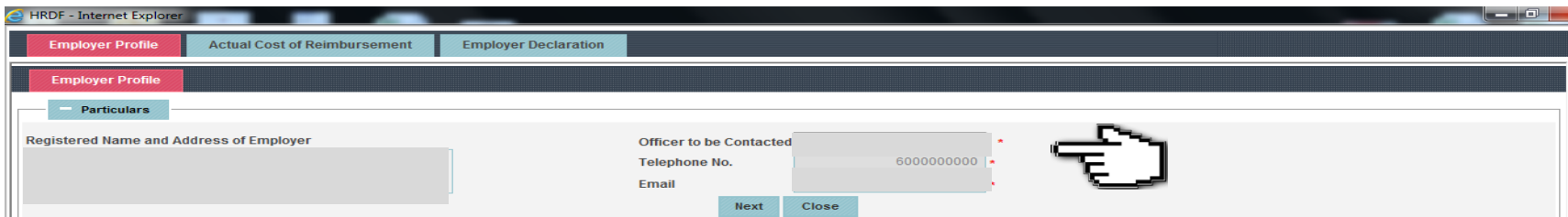
One record found. 1

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	<a href="#" style="background-color: #4f81bd; color: #fff; padding: 2px 5px;">Claim</a>

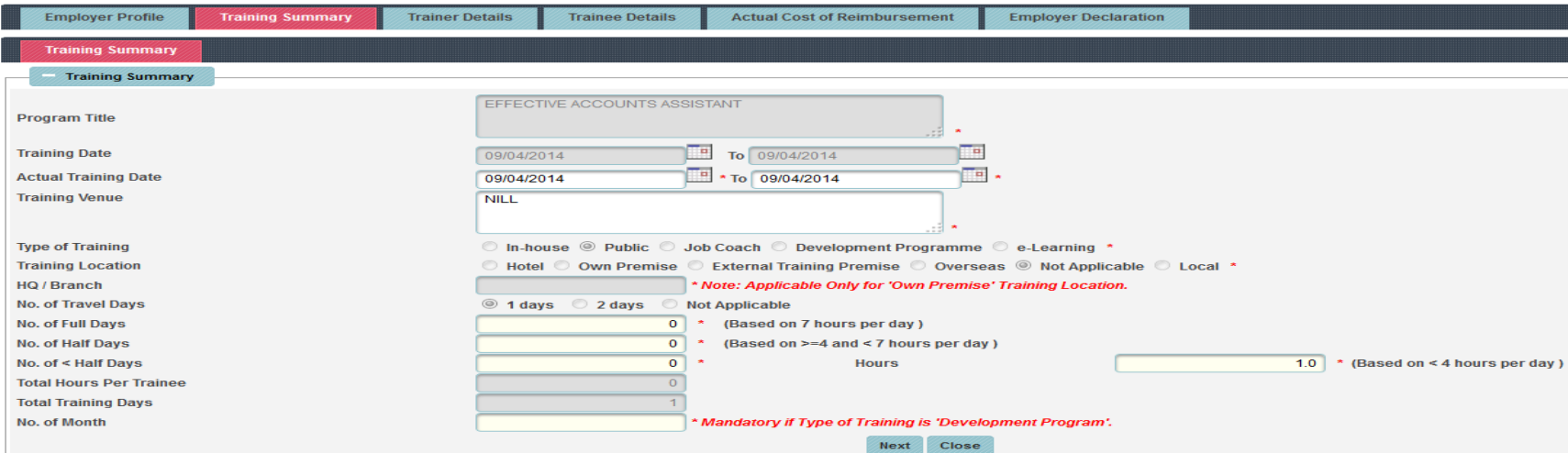
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(6) Provide the contact details of the **Officer to be Contacted** or select **Others** if the name is not in the record system and then click **Next**



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



## (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
<b>Trainer Details</b>						
External Trainer						
Name	<input type="text"/>	Citizenship	Select			
IC/Passport No.	<input type="text"/>	Distance to Training Location	Select			
<input type="button" value="Add"/> <input type="button" value="Reset"/>						
Trainer Type	Name	IC/Passport No.	Citizenship	Distance to Training Location	Actions	
External Trainer	XXXXXXXXXXXX	XXXXXXXXXXXX	Malaysian	Less 70 km	View / Edit / Delete	
<input type="button" value="Next"/> <input type="button" value="Close"/>						

## (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				
<b>Trainee Details</b>										
Trainees Information By Group										
Batch No.	Start Date	End Date	View Trainee Details							
1	08/04/2019	09/04/2019	View Trainee Details							
<i>Note: Please key in all Batch details and SAVE before keying in the Trainee Details.</i>										
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	0
<b>One record found.</b>										
<input type="button" value="Next"/> <input type="button" value="Close"/>										

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

Applications

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



Date

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

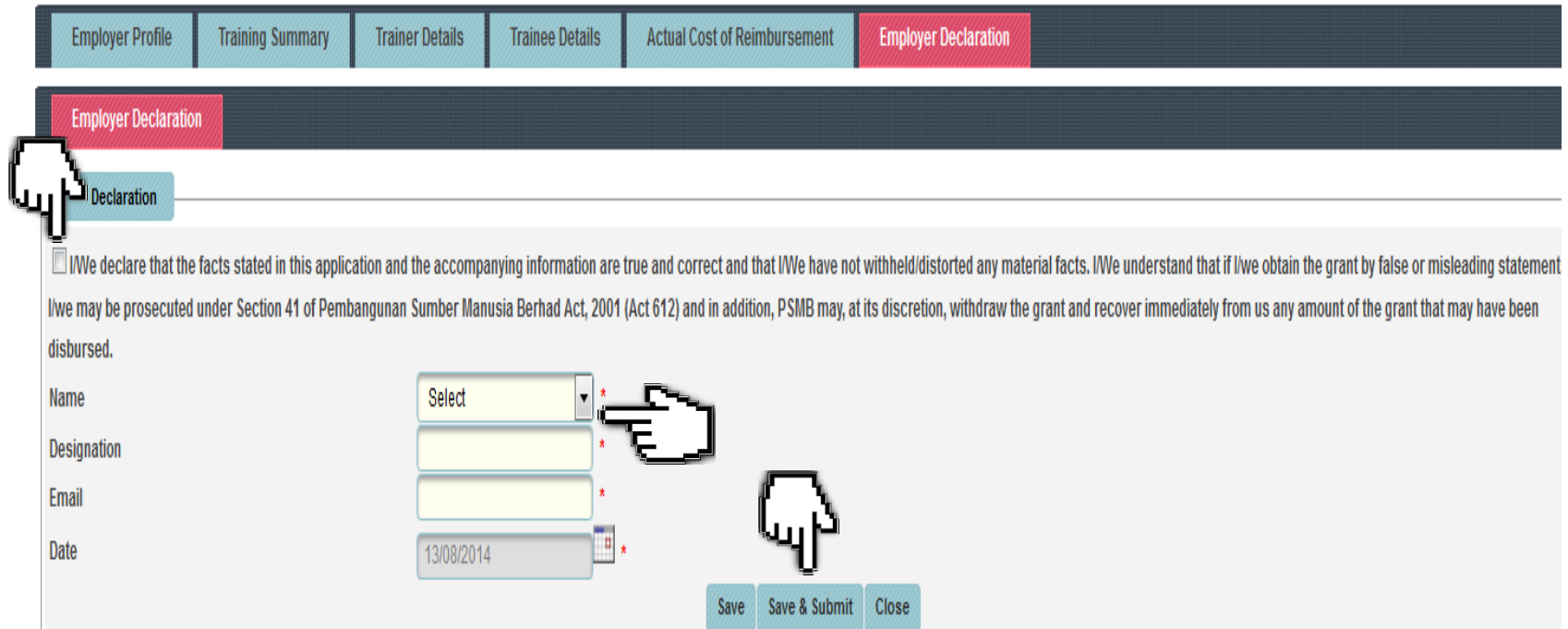
Sr. No.	Batch No.	Date	Trainee Name	IC No.	Status
1	1	08/04/2019	XXXXXXXXXXXX	XXXXXXXXXXXX	<input checked="" type="radio"/> Present <input type="radio"/> Absent
2	1	09/04/2019	XXXXXXXXXXXX	XXXXXXXXXXXX	<input checked="" type="radio"/> Present <input type="radio"/> Absent



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

Employer Profile	Training Summary	Trainer Details	Trainee Details	Actual Cost of Reimbursement	Employer Declaration
<b>Actual Cost of Reimbursement</b>					
- 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		
		<b>Total Grant Approved Amount(RM)</b>	830.00	<b>Total Requested Amount(RM)</b>	830.00
<p>Note: Please add any additional information related to your claim.</p> <p>Remarks <input type="text"/> Exchange Rate <input type="text"/> Country <input type="text" value="Select"/></p>					
- Attachments					
<p>Note : Supporting Document is mandatory for proof of payment like Invoice, Receipt, Consultancy Report etc.</p>					
- Attachment					
File Description	<input type="text"/>	Attach File	<input type="button" value="Browse..."/> No file selected.		
<input type="button" value="Add Attachment"/>					
<p>Note : Maximum 2MB Allowed (Only .JPG,.JPEG,.BMP,.GIF,.PNG,.TIF,.PPM,.DOC,.DOCX,.PDF,.RTF,.XLS,.XLSX,.TXT,.PPT,.PPTX,.PPSX are allowed)</p>					
- 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				
<input type="button" value="Next"/> <input type="button" value="Close"/>					

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



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

\*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