



HRD CORP CLAIM HELPER FOR EMPLOYERS

CLAIM SUBMISSION(SCHEMES)

- **EXCEPTION TO HRD CORP CLAIMABLE COURSE (FORMERLY KNOWN AS SBL / SLB)**

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 Exception to HRD Corp Claimable Course (SLB) scheme, claims must be submitted by organizer companies before the submission of claims by participating 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

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]

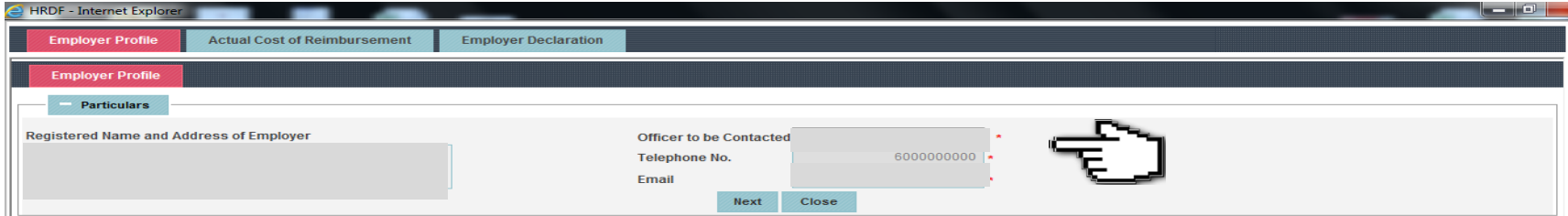
Grant ID	Course Title	Approved Date	Approved Amount (RM)	Start Date	End Date	Action
72641MSBL-Khas20143576	Course Title	30/04/2014	1,370.00	01/05/2014	01/05/2014	Claim
72641MSBL20140784	MS OFFICE TRAINING FOR OFFICE ADMINISTRATOR	30/04/2014	1,200.00	29/04/2014	29/04/2014	Claim
72641MSLB20144797	"KEEPERS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

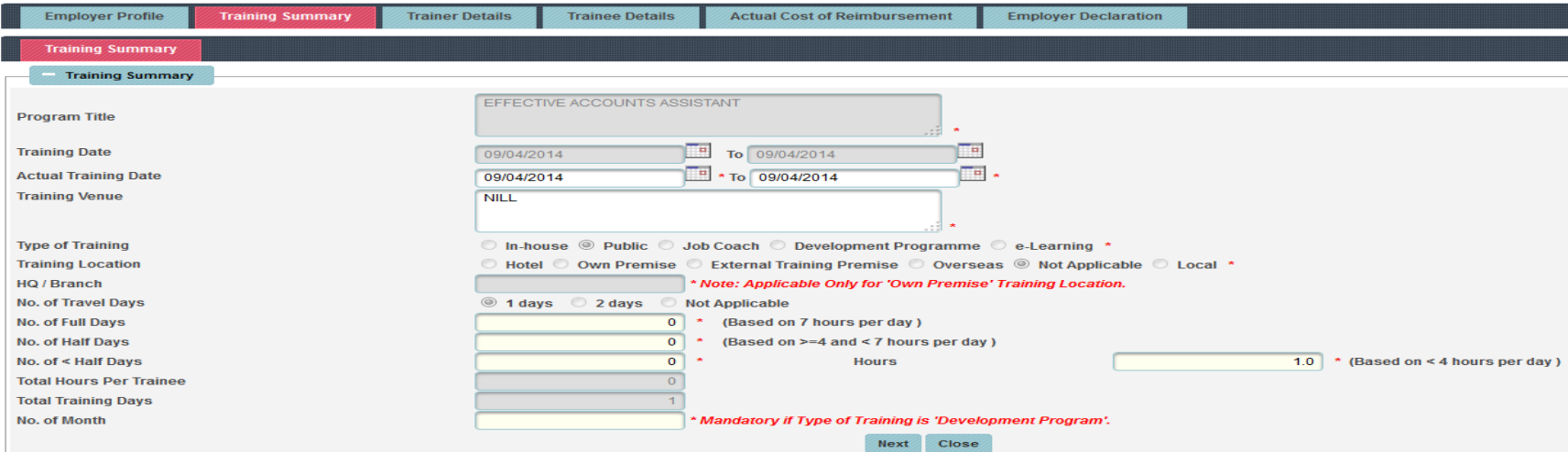
Officer to be Contacted

Telephone No. 6000000000

Email

Next Close

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



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

Training Summary

Training Summary

Program Title EFFECTIVE ACCOUNTS ASSISTANT

Training Date 09/04/2014 To 09/04/2014

Actual Training Date 09/04/2014 To 09/04/2014

Training Venue NIL

Type of Training In-house Public Job Coach Development Programme e-Learning

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

HQ / Branch

No. of Travel Days 1 days 2 days Not Applicable

No. of Full Days 0 (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 0 1.0 (Based on < 4 hours per day)

Total Training Days 1

No. of Month

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

* Mandatory if Type of Training is 'Development Program'.

Next Close

(8) Provide **Trainer Information** and click **Add** then click **Next**

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

Trainer Details

External Trainer

Name * Citizenship *

IC/Passport No. * Distance to Training Location *

(9) Check on **Claim** box and click **Add/Edit Trainee Detail** to update trainee attendance

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

Trainee Details

Trainees Information By Group

Training Schedule Start Date * End Date *

Claim	Batch No.	Start Date	End Date	Add/Edit Trainee Details	Actions
<input type="checkbox"/>	1	09/04/2014	09/04/2014	Add/Edit Trainee Details	View / Edit

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

Trainees Summary

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

One record found.

(10) Update trainee attendance (75%) by clicking **EDIT** and select **YES** and click **UPDATE**, to update all trainees attendance trainee attendance then click **Save**

<input type="radio"/>	NA	000000000000	External User Type
<input type="radio"/>	NA	000000000000	Internal User Type

[Download Trainee List](#)

[Load trainee details from XLSX or XLS file](#)

File Description Attach File [Browse...](#)

[Upload](#)

Note : Maximum 2MB Allowed (Only .XLSX,.XLS are allowed)

Name *

IC No. *

Gender *

Race *

Academic Qualification *

Trainee Designation *

HQ/Branch *

Distance to Training Location *



Attendance (75%) *

Free of Charge (FOC) ? *

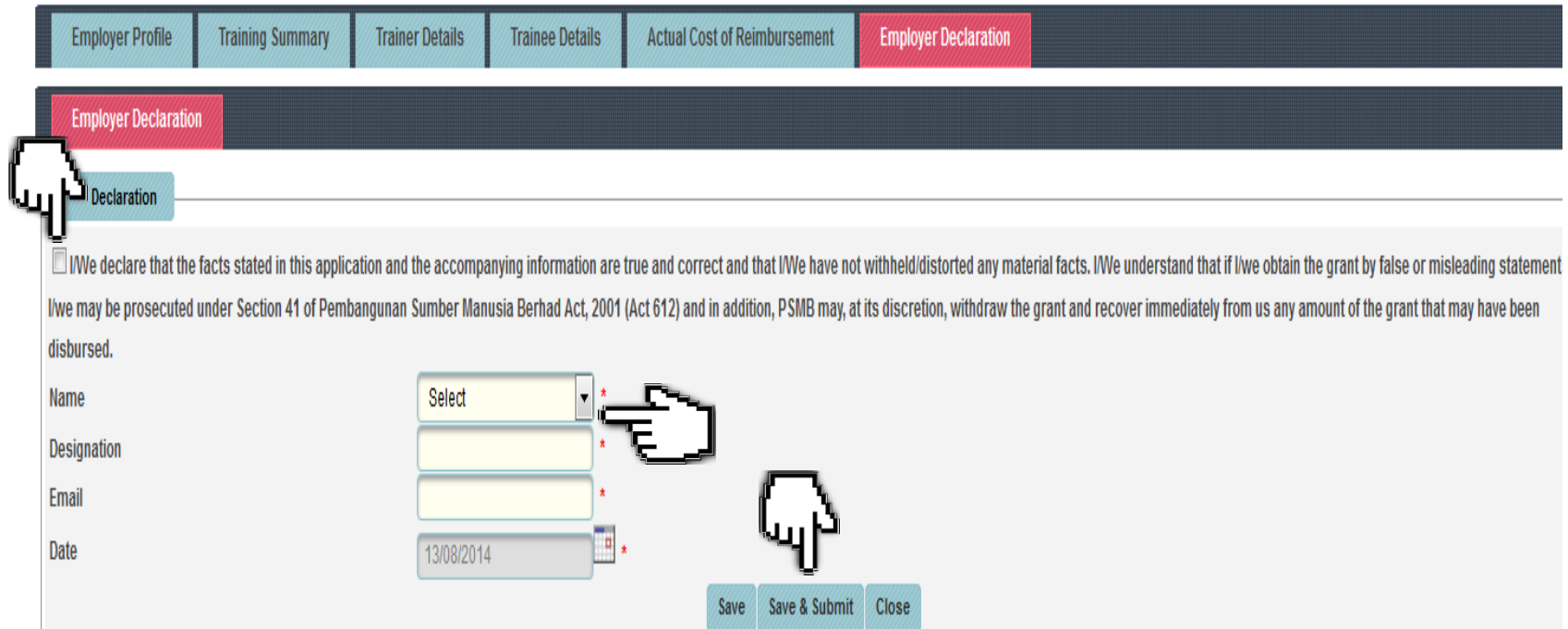
[Add](#) [Reset](#)

Name	IC No.	Gender	Race	Academic Qualification	Trainee Designation	HQ/Branch	Distance to Training Location	Attendance (75%)	FOC	Actions
NA	000000000000	Male	NA	NA	NA	TELEKOM MALAYSIA BERHAD	Less 70 km	No	No	View / Edit / Delete
NA	000000000000	Male	NA	NA	NA	TELEKOM MALAYSIA BERHAD	Less 70 km	No	No	View / Edit / Delete
NA	000000000000	Male	NA	NA	NA	TELEKOM MALAYSIA BERHAD	Less 70 km	No	No	View / Edit / Delete
NA	000000000000	Male	NA	NA	NA	TELEKOM MALAYSIA BERHAD	Less 70 km	No	No	View / Edit / Delete
NA	000000000000	Male	NA	NA	NA	TELEKOM MALAYSIA BERHAD	Less 70 km	No	No	View / Edit / Delete
NA	000000000000	Male	NA	NA	NA	TELEKOM MALAYSIA BERHAD	Less 70 km	No	No	View / Edit / Delete

(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
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	Total Requested Amount(RM)	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

COST CLAIMED	SUPPORTING DOCUMENTS
Course Fees (YPL / YUR)	Official Receipt & Tax Invoice
Course Fees (YPL / YUR) – Remote Online Training	<ul style="list-style-type: none"> • Official Receipt & Tax Invoice • System Generated Attendance Report
Transportation Charges	Official Receipt & Tax Invoice
Flight Ticket	Official Receipt & Invoice / e-ticket
Hotel Rental Package / Rental of Training Place	Official Receipt & Tax Invoice (if requested)
SLB Course Fee	Cost Sharing Letter
Trainer / Trainee Daily Allowances	No Document Required
Trainer / Trainee Overseas Allowances	
Internal Trainer Allowances (EPD)	
Trainer / Trainee Meal Allowances	
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