



MINISTRY OF HUMAN RESOURCES



HUMAN RESOURCE DEVELOPMENT CORPORATION

HRD CORP CLAIM HELPER FOR EMPLOYERS

CLAIM SUBMISSION(SCHEMES)

- HRD CORP CLAIMABLE COURSES – FORMELY 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. **(Refer Employer's Circular 3/2019)**



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**



(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]

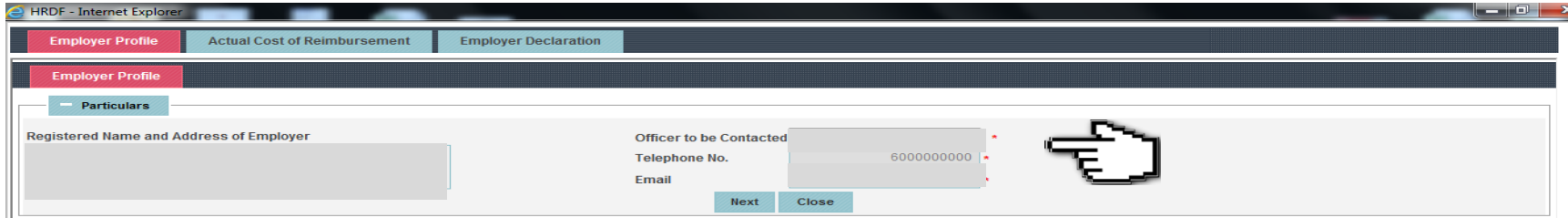
Grant ID	Course Title	Approved Date	Approved Amount (RM)	Start Date	End Date	Action
72641MSBL-Khas20143576	Course Title	30/04/2014	1,370.00	01/05/2014	01/05/2014	<input type="button" value="Claim"/>
72641MSBL20140784	MS OFFICE TRAINING FOR OFFICE ADMINISTRATOR	30/04/2014	1,200.00	29/04/2014	29/04/2014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

(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

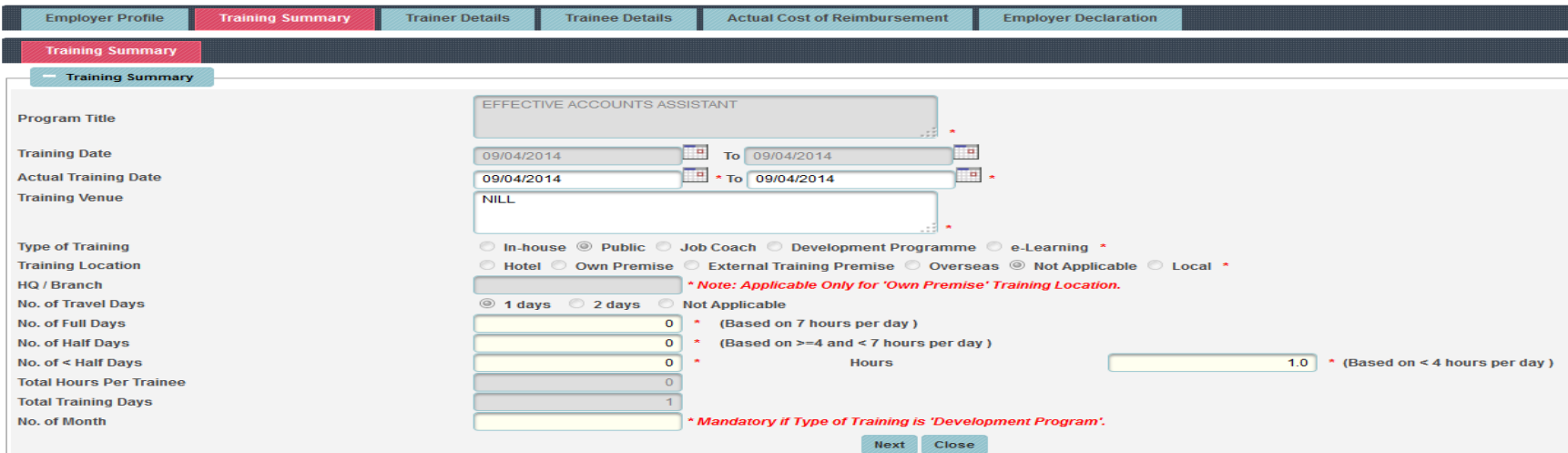
Officer to be Contacted

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: [Empty]

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

Total Hours Per Trainee: 0

Total Training Days: 1

No. of Month: [Empty]

Hours: 1.0 (Based on < 4 hours per day)

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

* 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	<input type="text"/>	Citizenship	Select			
IC/Passport No.	<input type="text"/>	Distance to Training Location	Select			
Add Reset						
Trainer Type	Name	IC/Passport No.	Citizenship	Distance to Training Location	Actions	
External Trainer	XXXXXXXXXXXX	XXXXXXXXXXXX	Malaysian	Less 70 km	View / Edit / Delete	
Next 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				
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							
<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
One record found.										
Next Close										

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

Applications

Employer Profile | Training Summary | Trainer Details | Trainee 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

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

Upload Excel File Yes No

Download Attendance Excel Download Trainee Attendance List

Date

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 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)	Total Requested Amount(RM)	
		830.00	830.00	

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

Remarks

Exchange Rate

Country Select

- Attachments

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

- Attachment

File Description

Attach File

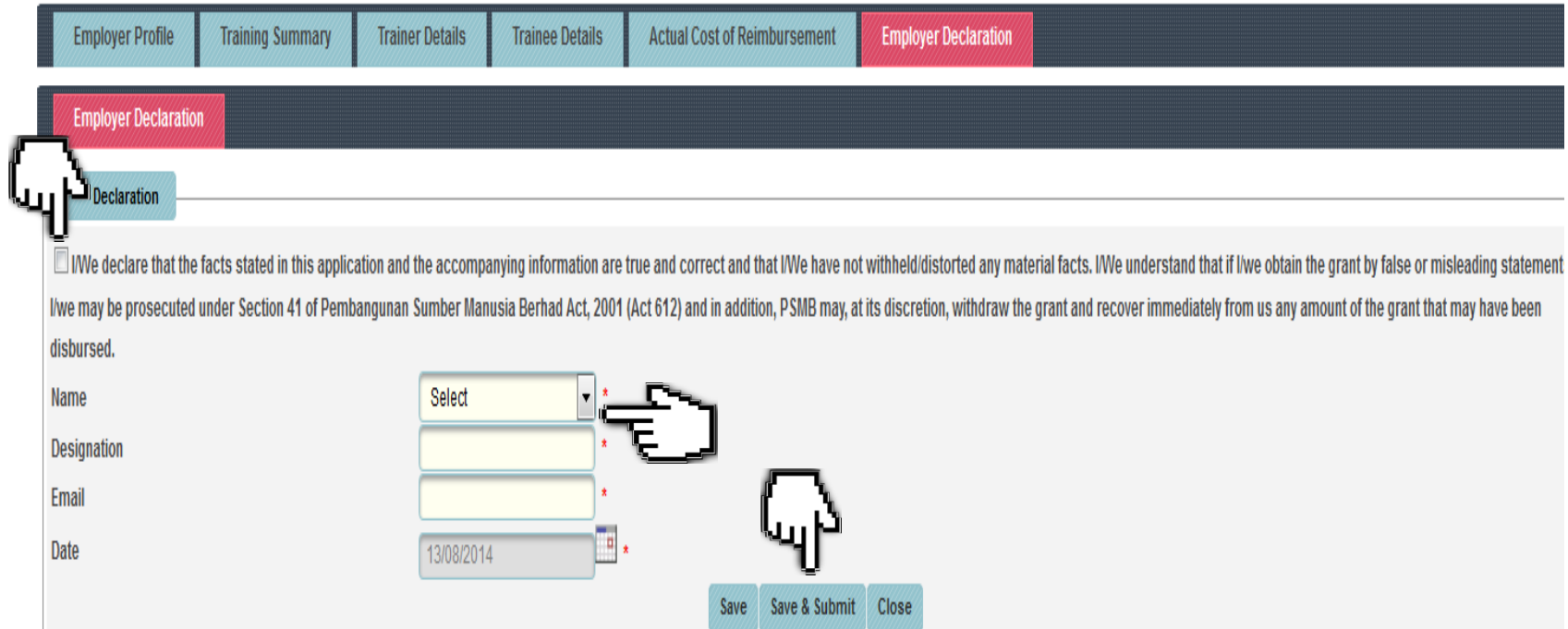
No file selected.

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

(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 **four (4) working days**.



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



MINISTRY OF HUMAN RESOURCES



HUMAN RESOURCE DEVELOPMENT CORPORATION

THANK YOU