



MINISTRY OF HUMAN RESOURCES



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. **(Refer Employer's Circular 3/2019)**



For 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**



(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]

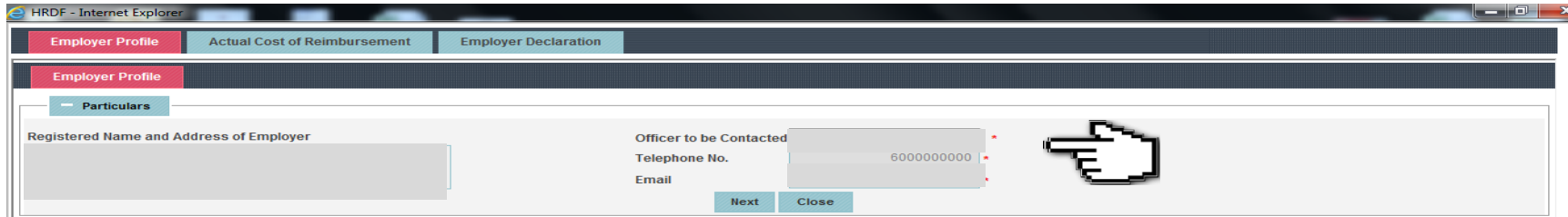
| Grant ID | Course Title | Approved Date | Approved Amount (RM) | Start Date | End Date | Action |
|------------------------|--|---------------|----------------------|------------|------------|--------------------------------------|
| 72641MSBL-Khas20143576 | Course Title | 30/04/2014 | 1,370.00 | 01/05/2014 | 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

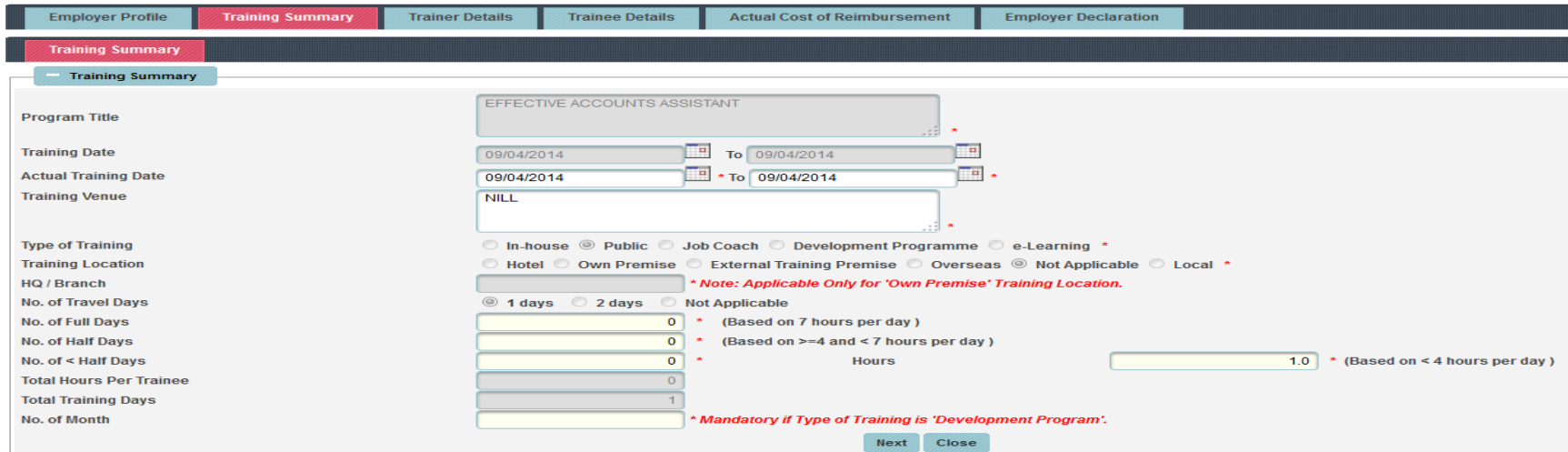
One record found. 1

| 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**



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



(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**

NA

00000000000 External User Type

NA

00000000000 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) ?

*

*

Select ▼ *

Select ▼ *

Select ▼ *

Select ▼ *

Select ▼ *

Select ▼ *

Select ▼ *

Select ▼ *

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 |

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

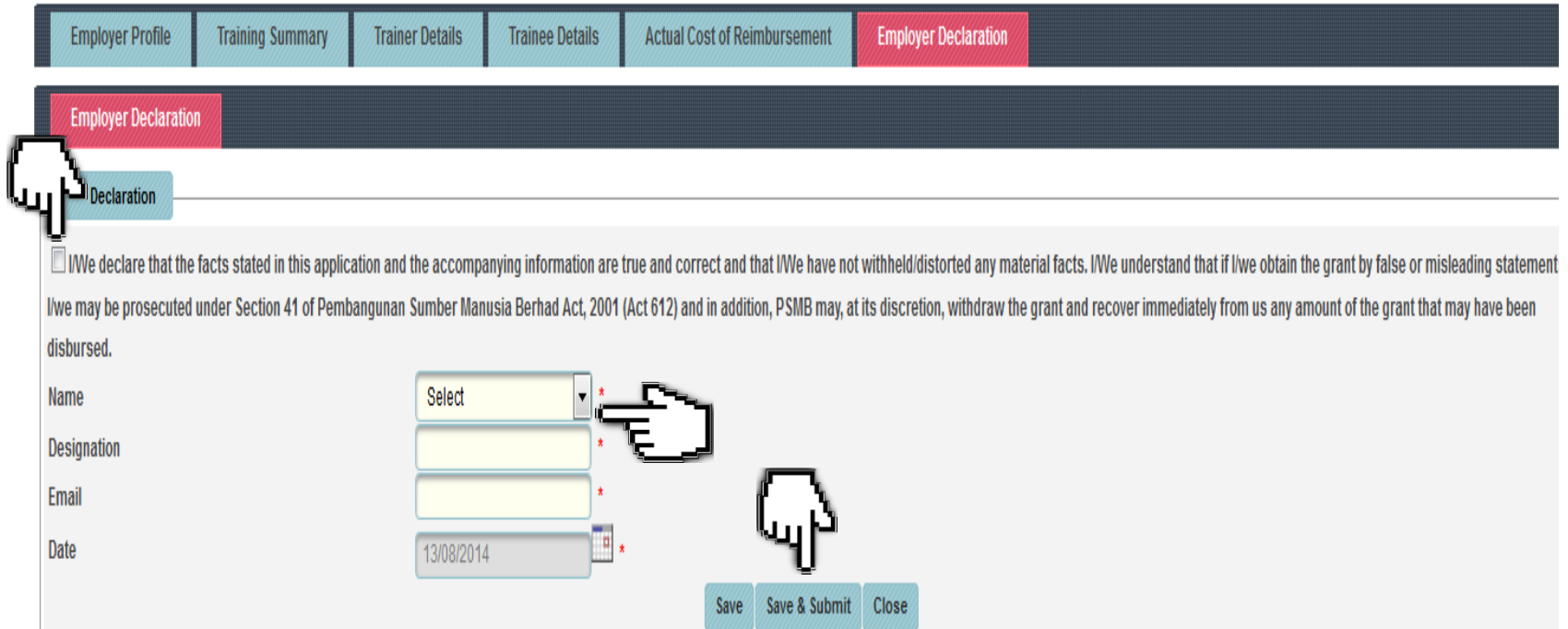
| | | |
|---|-------------|--|
| File Description <input style="width: 90%;" type="text"/> | Attach File | <input type="button" value="Browse..."/> No file selected.  |
| <input type="button" value="Add Attachment"/> | | |

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 |

(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 **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