



MINISTRY OF HUMAN RESOURCES



HUMAN RESOURCE DEVELOPMENT CORPORATION

HRD CORP CLAIM HELPER FOR EMPLOYERS

CLAIM SUBMISSION(SCHEMES) HRD CORP EVENTS

Purpose : To submit the claim of approved event applications





Claims need to be submitted by employers after completion of trainings.



Effective 1st August 2019, training claims must be submitted within six (6) months after training completion. **(Refer Employer's Circular 3/2019)**



- For events organised by HRD Corp, course fees will be debited by using levy.
- To participate, employers need to register for the program and do not require to go through the normal grant application process.
- Employers can claim other allowable costs such as daily allowances, air fare and others if any.

(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]

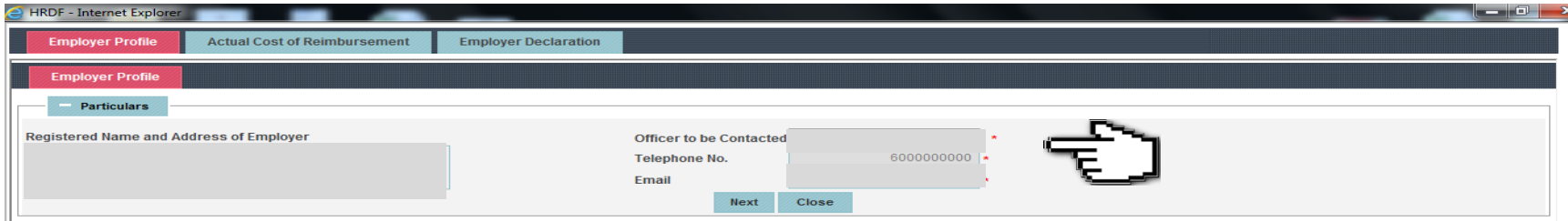
| Grant ID | Course Title | Approved Date | Approved Amount (RM) | Start Date | End Date | Action |
|------------------------|--|---------------|----------------------|------------|------------|--|
| 72641MSBL-Khas20143576 | Course Title | 30/04/2014 | 1,370.00 | 01/05/2014 | 01/05/2014 |  <input type="button" 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\MFW\EVT\2014\449 | HR Clinic | 22/01/2014 | -- | 24/01/2013 | 24/01/2014 |  <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

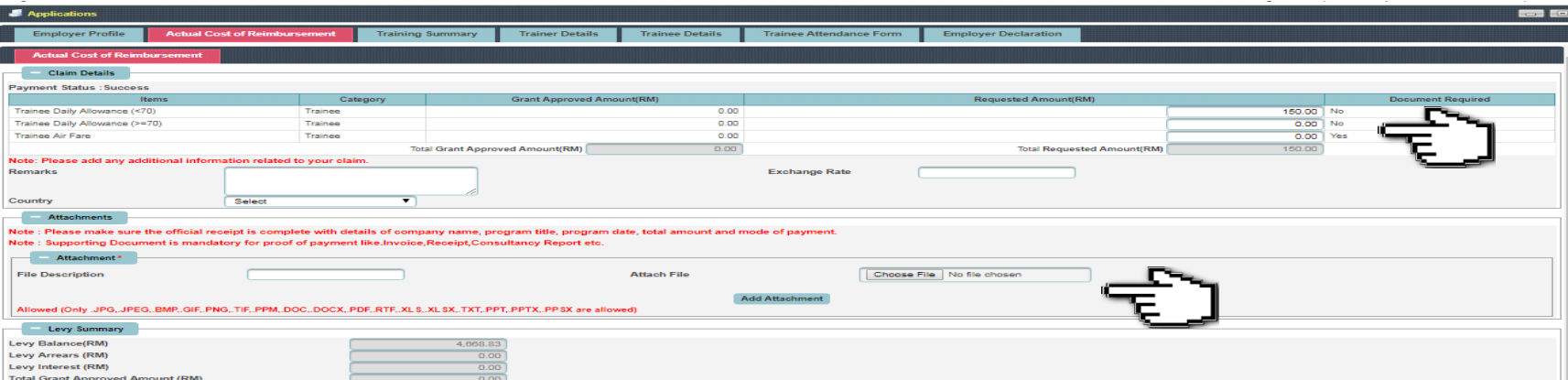
Officer to be Contacted

Telephone No. 6000000000

Email

Next Close

(7) Fill in the claim amount for each **Allowable Claim Item**, upload the supporting document (if required) then click **Next**



Applications

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

Actual Cost of Reimbursement

Claim Details

Payment Status : Success

| Items | Category | Grant Approved Amount(RM) | Requested Amount(RM) | Document Required |
|---------------------------------|----------|---------------------------|----------------------|-------------------|
| Trainee Daily Allowance (<=70) | Trainee | 0.00 | 150.00 | No |
| Trainee Daily Allowance (>=70) | Trainee | 0.00 | 0.00 | No |
| Trainee Air Fare | Trainee | 0.00 | 0.00 | Yes |
| Total Grant Approved Amount(RM) | | 0.00 | 150.00 | |
| Total Requested Amount(RM) | | | 150.00 | |

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

Remarks

Country Select

Exchange Rate

Attachments

Note : Please make sure the official receipt is complete with details of company name, program title, program date, total amount and mode of payment.
Note : Supporting Document is mandatory for proof of payment like Invoice, Receipt, Consultancy Report etc.

Attachment *

File Description Attach File Choose File No file chosen

Add Attachment

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) | 4,005.53 |
| Levy Arrears (RM) | 0.00 |
| Levy Interest (RM) | 0.00 |
| Total Grant Approved Amount (RM) | 0.00 |

(8) Verify the information (pre-populated from Event Registration) then click **Next**

Applications

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

Training Summary

Training Summary

Program Title: Kwpsm Workshop

Actual Training Date: 09/10/2019 To 10/10/2019

Training Venue: PWTC, KUALA LUMPUR

Type of Training: CS Workshop

Training Location: Hotel Own Premise External Training Premise Overseas Not Applicable Local Multiple Location Training Rental Place

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

No. of Travel Days: 1 days 2 days Not Applicable

No. of Full Days: 2 (Based on 7 hours per day)

No. of Half Days: 0 (Based on >=4 and < 7 hours per day)

No. of < Half Days: Hours (Based on < 4 hours per day)

Total Hours Per Trainee:

Total Training Days: 20

Next Close

(9) Verify **Trainer Information** (pre-populated from Event Registration) then click **Next**

Applications

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

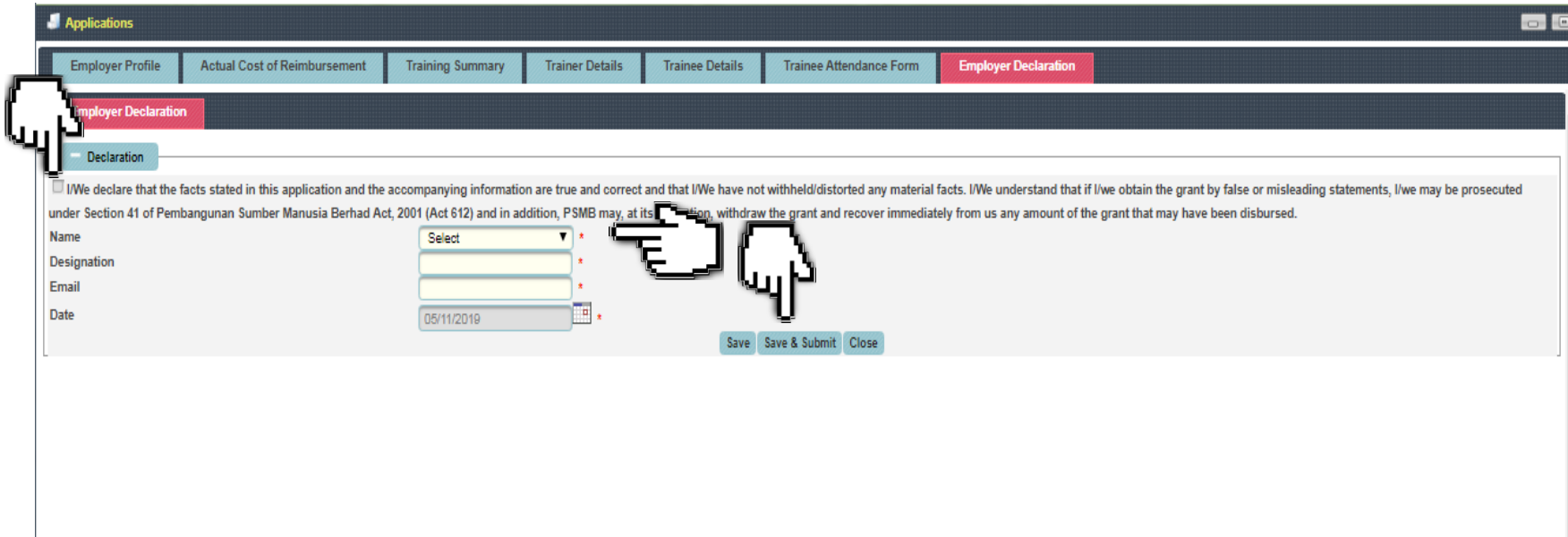
Trainer Details

Trainer Details

| Name | IC No. | Citizens |
|--------------|--------------|-----------|
| XXXXXXXXXXXX | XXXXXXXXXXXX | Malaysian |
| XXXXXXXXXXXX | XXXXXXXXXXXX | Malaysian |

Next Close

(12) 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 *

SUPPORTING DOCUMENTS FOR ITEMS CLAIMED

| COST CLAIMED | SUPPORTING DOCUMENTS |
|---|--|
| Transportation | Official Receipt & Tax Invoice |
| Flight Ticket | Receipt & Invoice / e-ticket |
| Hotel Rental Package / Rental of Training Place | Official Receipt & Tax Invoice (if requested) |
| Trainer / Trainee Daily Allowances | No Document Required |
| Trainer / Trainee Meal Allowances | |

*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.



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THANK YOU