



**PEMBANGUNAN SUMBER MANUSIA BERHAD (545143 D)**  
**KEMENTERIAN SUMBER MANUSIA**

Tel : 03-2096 4800

Faks : 03-2096 4999

Laman web : [www.hrdf.com.my](http://www.hrdf.com.my)

**Wisma PSMB**

**Jalan Beringin, Damansara Heights**

**50490 Kuala Lumpur**

Our Ref: (29) PSMB/20/8 Kulit 5

Date: 13 October 2009

## **EMPLOYERS CIRCULAR NO. 17/2009**

### **NEWLY REGISTERED EMPLOYERS CAN CLAIM COURSE FEES FOR TRAINING CONDUCTED PRIOR TO THEIR REGISTRATION WITH PSMB**

---

#### **1. PURPOSE**

- 1.1 The purpose of this circular is to inform newly registered employers that they can claim course fees for training conducted prior to their registration with Pembangunan Sumber Manusia Berhad (PSMB).

#### **2. BACKGROUND**

- 2.1 Employers who are registered with PSMB and have paid the Human Resources Development Fund (HRDF) levy are eligible for financial assistance to re-train and up-grade the skills of their workers. Under the PSMB Act 612, employers are required to pay the HRD levy from the date they are liable to be registered.
- 2.2 Currently, training programmes conducted after employers have registered with PSMB are only eligible for financial assistances from the HRDF. Approvals for financial assistances from applications by registered employers prior to commencement of

training are subjected to the terms and conditions as determined by the Board of Directors of PSMB.

- 2.3 PSMB had received appeals from some of the newly registered employers to allow them to claim for training programmes conducted prior to their registrations with PSMB. Some of these employers have to pay large amount of the said levy to PSMB backdated from the date of their liability period.

### **3. DECISION OF THE BOARD**

- 3.1 The Board of Directors of PSMB at its recent meeting had decided that PSMB may consider allowing newly registered employers to claim for training fees from the HRDF subject to these following terms and conditions:-

- a. Only training programmes that were conducted by employers within 24 months prior to their registration date are eligible for claims;
- b. Employers can claim for the course fees only;
- c. Employers must submit claims using Form **PSMB/BD/T/1/09** together with copies of receipts as proof of payment for the course fees for each training programme;
- d. Employers must attach copies of the training certificates or attendance sheets as proof that the training programmes were actually conducted;
- e. Employers must submit the claim forms within 6 months from the date of their registration with PSMB. Claims forms for all the training programmes conducted must be submitted together by the newly registered employers;
- f. Employers must not have any levy arrears or interests when submitting claims to PSMB; and

g. Disbursement of financial assistance is subjected to the employers' levy balance at the time of claims submitted to PSMB.

3.2 PSMB has the right to request for further information from the employers or conduct visits to verify the claim forms.

#### **4. DATE OF IMPLEMENTATION**

4.1 PSMB hopes that with the decision of the Board, this will encourage employers who have yet to register with PSMB to do so as they may receive immediate financial assistance once registered with PSMB. This decision will also help newly registered employers to overcome the financial difficulties through the immediate financial assistance given by PSMB.

4.2 This circular is effective from the date of this circular letter.

Thank you.

**“PEKERJA TERLATIH MENJANA KECEMERLANGAN”  
“KERANA MU MALAYSIA MAJU”**

Yours sincerely,

**(M. ZA'BA BIN MOHAMAD ZAHAM)**

Manager

Training Grant Division

For Chief Executive

Pembangunan Sumber Manusia Berhad

Registration no. ROC/ROB/ROS															

Employer Code No.									

PSMB/BD/T/1/09



**CLAIM FOR TRAINING PROGRAMME BEFORE REGISTRATION  
UNDER PEMBANGUNAN SUMBER MANUSIA BERHAD ACT**

Reminder : Each Training Programme Should Be Claim Separately. Please attached together with receipt and other supporting documents.

**PART 1 – EMPLOYER AND PROGRAMME PARTICULAR**

1. Employer Name and Address :	Contact Person :
	Telephone No. :
(a) Registration Date : _____	E-mail :
(b) Liable Date : _____	
2. Program Details	
(a) Programme Name : _____	
(b) Training Date : From : _____ To _____ (including Exam)	
(c) Total Training Duration:	<input type="text"/> Hours <input type="text"/> Days
(d) Batch/Module To Be Claimed:	<input type="text"/>
(e) Type Of Programme	
In -House	<input type="checkbox"/> Public <input type="checkbox"/> Oversea <input type="checkbox"/>
- tick (√) whichever applicable	

**PART 11 – TRAINING COST TO BE CLAIMED**

3. Expenses Item to be claimed:	Fill in <b>actual</b> expenses Incurred as per receipt / invoice / payment voucher etc.
Foreign Currency Exchange Rate: <input type="text"/> = RM <input type="text"/>	<b>RM</b>
Course Fees	External Trainer (YUR/YPL) _____

**PART III – PARTICULARS OF TRAINEES AND TRAINERS**

\*Please (√) for trainees from branches.

	Trainees Name	*Branches	NIRC/(Mykad)	Citizenship	Gender	Job Title
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						

Please make separate sheet as stipulated format if more space required

**PART IV - DECLARATION**

I declare that the information and supporting documentation provided in this claim is true, correct and complete. I also declare that I will not use the same document to file another claim from other agencies except PSMB. PSMB reserves the right to inspect or obtain further documentation to support my claim, if necessary. I have read, understood and agree to be bound by **Section 41 of Pembangunan Sumber Manusia Berhad Act, 2001 (Act 612)**. PSMB shall, at its discretion, withdraw any training grant approved and recover immediately any monies that have been disbursed, if I were to give false or misleading statement or use any misleading documentation in obtaining training grants from the Human Resources Development Fund. I have read, understood and accept the terms and conditions under the training scheme.

SIGNED:

Date:

\_\_\_\_/Month\_\_\_\_/Year\_\_\_\_

NAME :

DESIGNATION:



Company Stamp

Chairman / Managing Director / General Manager / Accountant /  
Manager / Executive /Person-incharge (Please specify designation)  
*(Delete where inapplicable)*

**Checklist for employer**

Course fees (YPL / YUR) – Official receipt from training provider

Copy of program certificate or attendance list

This form can be download from PSMB's website at [www.hrdf.com.my](http://www.hrdf.com.my)