

MyCoID																			
PSMB/OJT/T/1/17																			

Employer Code No.									
Form Code 107									

**ON-THE-JOB TRAINING SCHEME
TRAINER'S ALLOWANCE CLAIM
UNDER PEMBANGUNAN SUMBER MANUSIA BERHAD ACT 2001 (Act 612)**

1. Registered Name and Address of Company :	Contact Person: _____	
	Telephone : _____	
2. On-the-Job Training Title :		
3. Trainer's Details:		
Name	NRIC	Job Title
4. Claim for Trainer's Allowance		
RM x	total hours x	trainees RM _____

5. Trainees' Details

No.	Name of Trainee(s)	NRIC	Citizenship	Sex	Signature*

Note : Total maximum number of trainees are 4. Please fill up Appendix A for each trainee.

EMPLOYERS' DECLARATION

6. I/We certify that all the information stated in this claim and the accompanying information are true and correct and that apart from the claim, no other claims have been made for these expense. All relevant documents pertaining to this claim are with us and can be inspected by the PSMB Secretariat. I understand that I/we may be prosecuted under Section 41 of Pembangunan Sumber Manusia Berhad Act 201 (Act 612) and PSMB may, at its discretion, withdraw the grant and recover immediately any amount of the grant that may have been disbursed, if I/we should give false or misleading statement or use any document that is false or misleading in obtaining payment of grants from the Human Resources Development Fund.	
7. I/We declare that we have complied with the terms and conditions for the grant awarded.	
SIGNATURE	: _____
NAME	: _____
STAMP OF DESIGNATION	: _____
	Chairman/Managing Director/General Manager/ Company Secretary/Sole Proprietor/Partner/Accountant/ Officer In Charge - (State designation) +
DATE	: _____

++ Please ensure all fields are completed to allow smooth processing and to avoid rejection due to incomplete information.

ON-THE-JOB TRAINING ATTENDANCE AND EVALUATION LOG

(Use One Form For Each Trainee)

Programme Title :				Learning Outcome(s) :					
Trainee's Name:				Internal Trainer's Name:					
Trainee's Job Title:				Internal Trainer's Job Title:					
Unit/Department:				Internal Trainer's Telephone/Handphone:					
SN	Main Task/Content/Subject Matter	Instructional/ Delivery Method	Training Date	Training Time		Total Hours	PR*	Signature	
				From	To			Trainee	Trainer
1									
2									
3									
4									
5									
6									
<i>(please use additional paper if necessary)</i>						OVERALL			

*Performance rating (PR) : A – Very Good B – Satisfactory C – Inadequate D – Fail

** Trainee should achieve satisfactory level of skills competency

APPROVED BY	
Name:	Signature:
Designation:	Date:

++ Please ensure all fields are completed to allow smooth processing and to avoid rejection due to incomplete information.