

Sponsoring Employer Code Number							

PSMB/SP/T3/12

APPRENTICE ATTENDANCE FORM

NAME OF APPRENTICESHIP SCHEME : _____

1. Name of Apprentice : _____

2. New Identification Card No. : - -

3. Bank Account No. (Public Bank only) : - -

4. Name of Sponsoring Employer : _____

5. Name of Training Provider : _____

6. Module : * Off-the-Job / On-the Job 7. SKM Level : 1 2 3
(Tick where applicable)

8. Payment Method : * Debit to Employers Levy Account / Paid by Employer and Claim for Reimbursement

9. Period for Claim of Monthly Allowance : From _____ To _____

Date	Signature	Date	Signature	Date	Signature	Date	Signature
1.		9		17.		25.	
2.		10.		18.		26.	
3.		11.		19.		27.	
4.		12.		20.		28.	
5.		13.		21.		29.	
6.		14.		22.		30.	
7.		15.		23.		31.	
8.		16.		24.			

10. Number of Training Days Attended by Apprentice = ___ / ___ (No. of Days Attended/Total Training Days)

Guidelines to fill up form :

- This form must always be controlled by training provider or employer and shall only be signed during the training days. If apprentice is absent, the attendance form on that date must be marked with "TH".
- Every signature must be witnessed by training provider or employer.
- Apprentice is entitled for full monthly allowance if attendance is more than 80%. Otherwise, monthly allowance will be paid on prorated basis.
- Please indicate Public Holiday or other holiday in the signature column.
- This form must be submitted at the end of each month by Training Provider (Off-the-Job) or by employers (On-the-Job) through fax at 03-2096 4975 / 03-2087 6276 (attn : Mr. Mohammad Nor Azni Bin Adam)

DECLARATION

I declare that all the information provided pertaining to this claim are true and correct. I also acknowledge that the apprentice has complied with the terms and conditions under PSMB's Apprenticeship Scheme.

Manager (Training Centre / : _____
 Manager (Employers)

Signature : _____

Stamp and Designation :

Date : _____

* Delete where inapplicable