



# HRDF Claim Helper

*Claim Submission – Skim Bantuan Latihan Khas (SBL-KHAS) Scheme (Training Provider)*

Purpose: To submit the claim of approved grant application





Claims need to be submitted by Training Providers after the approval of grants and training completion.



Effective 1st August 2019, training claims must be submitted within six (6) months after training completion.



- Claims for SBL-Khas must be submitted by Training Providers before the employers' submission of claims.
- Training Providers must ensure that the trainee attendance is accurate, as employers cannot amend it once approved.

(1) Login to Training Provider's eTRiS account

(2) Click **Applications**



(3) Click **Claim**

(4) Select **Submit Claim With Grants - TP**



**(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 LEADERSHIPPROGRAMME	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"/>

HRDF Claim Helper v2019

5

(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**

Applications

Training Providers Profile | Training Summary | Trainer Details | Trainee Details | Trainee Attendance Form | Training Provider Declaration

Training Providers Profile

Particulars

Registered Name and Address of Training Provider

Training Providers MyCoID

Officer to be Contacted

Telephone No.

Email

Next Close

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

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

Training Summary

Training Summary

Program Title

Training Date

Actual Training Date

Training Venue

Type of Training

Training Location

HQ / Branch

No. of Travel Days

No. of Full Days

No. of Half Days

No. of < Half Days

Total Hours Per Trainee

Total Training Days

No. of Month

TRIZ (Theory of Inventive Problem Solving) Level 2 Practitioner

08/04/2019 To 09/04/2019

08/04/2019 To 09/04/2019

Axcel Campus, The Cube, Bandar Puteri Puchong, 11, Jalan Puteri 7/15, Puchong 47100 Selangor

In-house  Public  e-Learning

Hotel  Own Premise  External Training Premise  Overseas  Not Applicable  Local

1 days  2 days  Not Applicable

2 (Based on 7 hours per day)

0 (Based on >=4 and < 7 hours per day)

0 (Based on < 4 hours per day)

14

2

\* Mandatory if Type of Training is 'Development Program'.

Next Close

(8) Fill in Trainer Information (pre-populated from Grant application) then click **Next**

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

**Trainer Details**

External Trainer

Name:  \*      Citizenship:  \*

IC/Passport No.:  \*      Distance to Training Location:  \*

Trainer Type	Name	IC/Passport No.	Citizenship	Distance to Training Location	Actions
External Trainer	XXXXXXXXXXXX	XXXXXXXXXXXX	Malaysian	Less 70 km	<a href="#">View / Edit / Delete</a>

(9) Click **Add/Edit Trainee Details** to update **Trainee Attendance 75%** then click **Next**

Applications

Training Providers Profile | Training Summary | Trainer Details | **Trainee Details** | Trainee Attendance Form | Training Provider 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 checked="" type="checkbox"/>	1	12/03/2019	12/03/2019	<a href="#">Add / Edit Trainee Details</a>	<a href="#">View / Edit</a>

Note: Please key in all Batch details and SAVE before keying in the Trainee Details.

Trainees Summary

Batch No.	Male	Female	Less 70 km	More or equal 70 km	Bumi	Malay	Chinese	Indian	Dayak	Other Race
1	5	9	14	0	0	14	0	0	0	

One record found.

**(10) Update trainee attendance (75%) by clicking EDIT and select YES and click UPDATE, after updating, click Save then click Save**

<input type="radio"/>	NA	00000000000	External User Type
<input type="radio"/>	NA	00000000000	Internal User Type

[Download Trainee List](#)

File Description  Attach File

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) ?  \*

Name	IC No.	Gender	Race	Academic Qualification	Trainee Designation	HQ/Branch	Distance to Training Location	Attendance (75%)	FOC	Actions
NA	00000000000	Male	NA	NA	NA	TELEKOM MALAYSIA BERHAD	Less 70 km	No	No	<a href="#">View / Edit / Delete</a>
NA	00000000000	Male	NA	NA	NA	TELEKOM MALAYSIA BERHAD	Less 70 km	No	No	<a href="#">View / Edit / Delete</a>
NA	00000000000	Male	NA	NA	NA	TELEKOM MALAYSIA BERHAD	Less 70 km	No	No	<a href="#">View / Edit / Delete</a>
NA	00000000000	Male	NA	NA	NA	TELEKOM MALAYSIA BERHAD	Less 70 km	No	No	<a href="#">View / Edit / Delete</a>
NA	00000000000	Male	NA	NA	NA	TELEKOM MALAYSIA BERHAD	Less 70 km	No	No	<a href="#">View / Edit / Delete</a>
NA	00000000000	Male	NA	NA	NA	TELEKOM MALAYSIA BERHAD	Less 70 km	No	No	<a href="#">View / Edit / Delete</a>





(11) Upload the attendance data by selecting the training date in calendar and click **SEARCH**, please ensure that only trainee attended was update to “present”, and “absent” for those not attended, then **SAVE THE ATTENDANCE DATA** to click **NEXT**

**Applications**

Training Providers Profile | Training Summary | Trainer Details | Trainee Details | **Trainee Attendance Form** | Training Provider Declaration

**Trainee Attendance Form**

**Grant Details**

Grant ID \*      Module  
Training Provider's Name \*      End Date  
Actual Training Start Date 12/03/2019 \*      End Date 12/03/2019 \*

**Attendance Details**

Selective Date: 12/03/2019  
*Note: Please select dates that the training took place (Press Ctrl and click for multiple selection)*

Upload Excel File:  Yes  No  
Download Attendance Excel: [Download Trainee Attendance List](#)

Date:

**No record found.**

**Attachment(Supporting Document)**

**Please Attach a Copy of the Original Attendance \***

File Description:       Attach File:  No file chosen

(12) 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
Trainee Attendance Form
Actual Cost of Reimbursement
Employer Declaration

Actual Cost of Reimbursement

- Claim Details

Items	Category	Grant Approved Amount(RM)	Requested Amount(RM)	Document Required
Trainee Daily Allowance (>=70)	Trainee	700.02	<input style="width: 80px;" type="text" value="700.02"/>	No
Total Grant Approved Amount(RM)		700.02	Total Requested Amount(RM)	700.02

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 <input style="width: 100%;" type="text"/>	Attach File	<input type="button" value="Choose File"/> No file chosen
<input type="button" value="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)	2,719,674.99
Levy Arrears (RM)	0.00
Levy Interest (RM)	0.00
Total Grant Approved Amount (RM)	700.02
Total Requested Amount (RM)	700.02

## SUPPORTING DOCUMENTS FOR ITEMS CLAIMED

COST CLAIMED	SUPPORTING DOCUMENTS
Course Fees (YUR / YPL)	JD/14 Form
	Invoice (Attention to HRDF)
Trainee Attendance	T3 Form



- JD/14 Form only can be approved by **MANAGER** level and above
- JD/14 Form only can be approved after training completion.
- JD/14 Form **MUST** be filled in by Training Provider completely as per requirement and submit to employer for declaration



- T3 form must be filled in by Training Provider and ensure that trainees sign the form on daily basis
- T3 Form must be declared by the Training Provider and fulfill the form requirement
- HRDF may request for any other relevant documents for verification/confirmation purposes.

(13) Fill in the training provider declaration form then check the pledge box and attach the documents as per required then click **SAVE & SUBMIT** to submit application

**Applications**  
Training Provider's Declaration

**Declaration**

I hereby submit claim for course fee amounting to RM  for  trainees who attended the course

training commences on  to  and the list of trainees are as of part II.

I declare that the claim are subject to the terms and conditions of Pembangunan Sumber Manusia Berhad.  
I declare that all the information in the form and all accompanying information are true and correct and I have not provided any false or misleading information.

Name of Officer In-charge

Designation

Position

Date

**Reminder:**  
You are reminded that you will be prosecuted under the Penal Code and Pembangunan Sumber Manusia Berhad may at its discretion recover any amount paid, if false and misleading informations or false and misleading documents provided to obtain financial assistance.

**Note: Supporting Document is mandatory like Invoice and Employer Declaration form(PSMB/SBL-KHAS/JD/14)**

**Supporting Document**

File Description  Attach File  No file chosen

Allowed (Only .JPG,.JPEG,.BMP,.GIF,.PNG,.TIF,.PPM,.DOC,.DOCX,.PDF,.RTF,.XLS,.XLSX,.TXT,.PPT,.PPTX,.PPSX are allowed)

No record found



Claims have been successfully submitted after clicking the Save & Submit button.



The submission of claims will be reviewed and checked within **five (5) working days**.



A letter of approval will be sent to Training Providers via email once the claims have been approved.