

**SKILLS REDEVELOPMENT PROGRAMME - ABSENTEE PAYROLL CLAIM
(ENHANCED FUNDING)**

Name of Company _____

Training Period _____

Course Title _____

Total Course Hours _____

S/N	Name of Trainee	NRIC	Citizenship	Educational Qualification	Age	Attendance %	Sat for Exam (Y/N)	Actual Hrs of Training/ Assessment attended	Hourly Rate	Claim Amount
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Total \$ _____

Declaration by Company

*We certify that the above information is true and correct.

Name & Signature:
Designation:
Date:
Organization:

Declaration by Training Provider

We certify that the above information is true and correct.

Name & Signature:
Designation:
Date:
Organization:

For ELITC's use
Cheque No.: _____
Amount: _____
Date: _____
Payment _____
Done By : _____

* Company is liable to provide true and correct information as such information is subject to audit by WDA. Training Provider bears no responsibility for any false information.