

GRANT CLAIM FORM G2
**GRANT CLAIM APPLICATION IN RESPECT OF APPROVED COURSES FOR METHOD 'B'
EMPLOYERS**
INSTRUCTIONS FOR USE:

1. *Submit the form to: Grant Method B, FNU, Private Mail Bag, Suva or email to gmbhelpdesk@fnu.ac.fj. Retain a copy for your records.*
2. *Both sides of the Form must be completed in full and signed.*
3. *All claims for the year must be submitted immediately on completion of the training (or Stage of Training) and **no later than 31st January following the year of training.***
4. *All claims must be supported with proof of attendance, and company bank details. Training evidence and documentation may be submitted at the time when claims are lodged or at the latest by **30th June following the year of training.** The claim due date however remains **31st January** following the year of training.*
5. *All levies due must be paid in full to qualify for grant payment.*

NAME OF EMPLOYER..... EMPLOYER FNPF NO.....

ADDRESS.....

NAME OF PERSON TO WHOM QUERIES MAY BE REFERRED.....

TELEPHONE.....EXT.....EMAIL.....

Title of course/unit attended.....

Course provided by.....

If In-House Training: Date of Approval.....

FOR ALL APPROVED TRAINING

Dates of Course:

If Part-Time: Hours per day.....Course Fee.....

No. of days for complete course..... Note: a day comprises at least 6 hours of attendance or separate attendances totaling 6 hours

Course held at (Venue).....

NOTE: No grants would be paid if the University's approval is not obtained prior to the commencement of the course.

I apply on behalf of the above employer for attendance at the above course, by the trainees shown overleaf and for the payment of grants in respect of such attendance, subject to the conditions of the Grant Scheme. I certify that levy is paid on the wages or salaries of the Trainees concerned.

Signed.....

Position.....

Name in full.....

Date...../...../.....

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Received by/date.....

Processed by/date.....

Committed.....

Grants Approved.....

Claim OK/Incomplete.....

Checked by/date

Additional Requirements.....

Computer record updated.....

Notes

1. Column C: Occupation & branch employed at e.g. Accounts Officer, Nadi, or Security, Lautoka.
2. Column D: Annual basic wages/salary excluding overtime, incentives or bonus payments.
3. Column E: Return fare from place of employment to course venue eg. Suva - Sigatoka \$20.50. Travelling and Residential Grants will be calculated based on entitlement.

A Name of Trainee	B EMP No.	C Present job and place of employment	D Annual Basic Wage/ Salary	E Travel	
				From	Return Fare

I also certify that the trainees have been paid salary/wages at the rate(s) shown.

Signed.....Date.....
Employer

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Daily Grant	No. of Days	Total	No. of Return Trips	Total	Res Grant	No. of Days	Total	Grant Total

Attendance of the above trainees (except as amended) at the course shown overleaf is approved and subject to the published conditions grant is claimable on completion of the course.

Signed.....Date.....
Team Leader Grants, FNU