FOR OFFICIAL USE ONLY
CLAIM REF.....

## **GRANT FORM G2**



## GRANT CLAIM APPLICATION IN RESPECT OF APPROVED COURSES FOR METHOD 'B' EMPLOYERS

## **INSTRUCTIONS FOR USE:**

- 1. Submit the form to: The Manager Levy and Grants, FNU, Private Mail Bag, Suva or email to <a href="mailtogmbhelpdesk@fnu.ac.fj">gmbhelpdesk@fnu.ac.fj</a>. 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 15 January of the following year.
- 4. All claims must be supported with proof of attendance, pay slip of participant(s) or salary confirmation letter and company bank details. Training evidence may be submitted at the time when claims are lodged or at the latest by 30 June following the year of training. The claim due date however remains 15 January following the year of training.
- 5. All levies due must be paid in full to qualify for grant payment.

| NAME OF EMPLOYER  | FNPF NUMBER         |  |  |  |  |  |
|---|---------------------|--|--|--|--|--|
| ADDRESS   |                     |  |  |  |  |  |
| NAME OF PERSON TO WHOM QUERIES MAY BE REFERRED  |                     |  |  |  |  |  |
| TELEPHONEEXTFAX   | EMAIL               |  |  |  |  |  |
| Title of course attended.   |                     |  |  |  |  |  |
| Course organized by   |                     |  |  |  |  |  |
| If In-House Training: Date of Approval.   |                     |  |  |  |  |  |
| FOR ALL APPROVED TRAINING   |                     |  |  |  |  |  |
| Dates of Course: Starting.  | Finishing.          |  |  |  |  |  |
| If Part-Time: Hours per day.  | Course Fee          |  |  |  |  |  |
| No. of days for complete course   | es totaling 6 hours |  |  |  |  |  |
| NOTE: No grants would be paid if the University's approval is not obtained pr   |                     |  |  |  |  |  |
| I apply on behalf of the above employer for attendance at the above course, by the t of such attendance, subject to the conditions of the Grant Scheme. I certify that levy |                     |  |  |  |  |  |
| 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   | Claim Cleared       |  |  |  |  |  |

Rev 06 11/04/2014 FNU/GRA/039

## Votes

- 1. Column E: Only town where employed need to be given eg. Machinist, Sigatoka, or Stock Clerk, Rakiraki.
- 2. Column F: Annual basic salary excluding overtime, incentives or bonus payments unless paid regularly in each pay period.
- 3. Column G: Show place of employment and return fare to place of employment eg. Sigatoka \$10.25 Navua \$3.50. Travelling and Residential Grants will be calculated based on entitlement.

| S  | $\vdash$  |  |  |  |  |  |       |        |            |              |                       |   |
|--|---|--|--|--|--|--|-------|--------|------------|--------------|-----------------------|---|
| Signed  Employer                           | also certify that the trainees  |  |  |  |  |  |       |        |            |              | Name of Trainee       | Α |
|  | I also certify that the trainees have been paid salary/wages at the rate(s) shown.  |  |  |  |  |  |       |        |            |              | Age                   | Б |
|  |   |  |  |  |  |  |       |        |            | No.          | EDP                   | С |
|  |   |  |  |  |  |  |       |        |            | (TIN)        | Tax Id. No            | U |
|  |   |  |  |  |  |  |       |        | employment | and place of | Present job           | E |
|  |   |  |  |  |  |  |       | Salary | Wage/      | Basic        | Annual                | - |
|  |   |  |  |  |  |  |       |        | From       |              | Tra                   | G |
|  |   |  |  |  |  |  |       | Fare   | Return     |              | Travel                | ų |
|  |   |  |  |  |  |  |       |        |            |              |                       |   |
|  |   |  |  |  |  |  |       | Grant  | Daily      |              |                       |   |
| SignedDateDate  Manager Levy & Grants, FNU | Attendano<br>overleaf is<br>on complo   |  |  |  |  |  |       | Days   | No. of     |              |                       |   |
|  | 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. |  |  |  |  |  |       |        | Total      |              |                       |   |
|  |   |  |  |  |  |  | Trips | Return | No. of     |              | FOR OFF               |   |
|  |   |  |  |  |  |  |       |        | Total      |              | ICIAL US              |   |
|  |   |  |  |  |  |  |       | Grant  | Res        |              | FOR OFFICIAL USE ONLY |   |
|  |   |  |  |  |  |  |       | Days   | No. of     |              |                       |   |
|  |   |  |  |  |  |  |       |        | Total      |              |                       |   |
|  |   |  |  |  |  |  |       | Total  | Grant      |              |                       |   |