

## **THE BASIC MATERIALS/CONDITIONS FOR REIMBURSEMENT**

### **1. NECESSARY CONDITIONS:**

The basic conditions required for Reimbursement are:-

- (a) Course Approval Form 5A - for all Training Personnel.
- (b) Course Approval Form 6A – for all other staff in the organisation (Local or Overseas Programmes).
- (c) Distribution of Course Approval Forms to contributing Employers.
- (d) Ensuring that approved Training Programmes are fully implemented.

Training programmes must meet ITF standard and must cover all categories of workers in the organisation e.g.

- Management
- Supervisory
- Occupational

All applications Forms must be properly filled and returned to the Fund two (2) weeks before the implementation of the programmes e.g. the forms must contain the following information among others:-

- Course Title/Course Organisers
- Educational qualification of Trainees
- Nationality of Trainees
- Job Title
- Location/Venue of Programme
- Date of implementation of the programme

### **2. EDUCATING EMPLOYERS ON REIMBURSEMENT PROCEDURES**

Educating Employers on the correct procedures for compiling their Training Claims through:-

- Reimbursement Seminars
- Reimbursement Workshops (either at Area Office level or on Zonal basis)
- General Advisory Services on Reimbursement Activities.
- Biennial Reimbursement Seminars

### **3. REQUIRED DOCUMENTS FOR PROCESSING:**

The basic requirements for processing reimbursement claims are:-

- Course fee – receipts (indicating full levy payment)
- Training Invoices

- Training Vouchers
- Certificate of Attendance
- Reimbursement Booklets

The above must indicate all the Training expenses incurred by the company before a request for Reimbursement is sought from the Fund.

#### 4. **SAMPLES OF APPLICATION FORMS**

##### Course Approval Forms:

The basic samples are:-

- Form 5A - For Training Personnels
- Form 6A - For other Employees

##### Training Claim Forms:

- TR 1 - For General Information
- TR 2 - For Management Category
- TR 3 - For Supervisory Category
- TR 4 - For Occupational Category
- TR 5 - For Training Personnels only
- TR 6 - For Small Scale Companies
- TR 7 - For Safety Training
- TR 8 - Summary Sheet

**P.M.B. 2199**  
**JOS, PLATEAU STATE**

TRAINING YEAR: .....

COMPANY ITF REGISTRATION NO.: .....

COMPANY'S NAME: .....

COMPANY'S LOCATION AND ADDRESS: .....

## INDUSTRIAL TRAINING FUND

TELEPHONE NO.: .....

LIST SEQUENTIALLY YEARS OF TRAINING EMPHASIS FOR THE YEAR (NOT APPLICABLE TO SMALL SCALE COMPANIES)

[illegible]

TOTAL =

NOTE: ALL TRAINING CLAIMS, MUST BE SUBMITTED ON OR BEFORE 30<sup>TH</sup> JUNE AFTER TRAINING YEAR (JANUARY – DECEMBER)

**FOR ITF OFFICIAL USE ONLY****TR FORM 2**

1. Training Plans and/or Programmes must have been approved by Industrial Training Fund
2. Full Training must have been implemented in line with the approved programmes.

3. **SCALE OF CALCULATIONS**

% of Employees Trained

% Award According to Areas of Training Emphasis

1% - 5%

6% - 10%

11% - 14%

15% - & above

FIRST	SECOND	THIRD
8	6	4
10	8	6
14	12	10
18	16	14

4. **IMPLEMENTATION CHECK**

Total No. of Employees:      No. Trained      Percentage (%) Trained      Emphasis Number

Employers' Claim

ITF (%) Award

Amount Awarded

5. **PROCESSING OFFICER AT AREA OFFICE**

Name: .....

Signature: ..... Date: .....

6. **CROSS-CHECKED AT IAGR DEPT. BY**

Name: .....

Signature: ..... Date: .....

7. **AUDIT AUTHORIZATION**

Name: .....

Signature: ..... Date & Stamp .....

**CONDITIONS FOR AWARD**

1. Training Plans and/or Programmes must have been approved by Industrial Training Fund
2. Full Training must have been implemented in line with the approved programmes.

3. **SCALE OF CALCULATIONS**

**% of Employees Trained****% Award According to Areas of Training Emphasis**

	FIRST	SECOND	THIRD
1% - 5%	8	6	4
6% - 10%	10	8	6
11% - 14%	14	12	10
15% - & above	18	16	14

4. **IMPLEMENTATION CHECK**

Total No. of Employees:      No. Trained      Percentage (%) Trained      Emphasis Number

Employers' Claim

ITF (%) Award

Amount Awarded

5. **PROCESSING OFFICER AT AREA OFFICE**

Name: .....

Signature: ..... Date: .....

6. **CROSS-CHECKED AT IAGR DEPT. BY**

Name: .....

Signature: ..... Date: .....

7. **AUDIT AUTHORIZATION**

Name: .....

Signature: ..... Date & Stamp .....

**CONDITIONS FOR AWARD**

1. Training Plans and/or Programmes must have been approved by Industrial Training Fund
2. Full Training must have been implemented in line with the approved programmes.

3. **SCALE OF CALCULATIONS**

% of Employees Trained% Award According to Areas of Training Emphasis

	FIRST	SECOND	THIRD
1% - 5%	8	6	4
6% - 10%	10	8	6
11% - 14%	14	12	10
15% - & above	18	16	14

4. **IMPLEMENTATION CHECK**

Total No. of Employees:	No. Trained	Percentage (%) Trained	Emphasis Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employers' Claim	ITF (%) Award	Amount Awarded	
<input type="text" value="N"/>	<input type="text"/>	<input type="text" value="N"/>	

5. **PROCESSING OFFICER AT AREA OFFICE**

Name: .....

Signature: ..... Date: .....

6. **CROSS-CHECKED AT IAGR DEPT. BY**

Name: .....

Signature: ..... Date: .....

7. **AUDIT AUTHORIZATION**

Name: .....

Signature: ..... Date &amp; Stamp .....

**NOTES FOR THE GUIDANCE OF PROCESSING OFFICER**

1. It is recommended that names of officers employed or assigned a Training Personnel responsible for coordinating and control of training activities should be forwarded to the Industrial Training Fund for official recognition, annually.
2. Award a maximum of 6% of levy paid as provided in section 4 hereunder.
3. There must be enough evidence that the approved Training Personnel has carried out considerable training activities within his organisation during the training year.

4. **SCALE OF CALCULATIONS FOR TRAINING PERSONNEL AWARD**

The Fund's award would be based on the following:-

<u>% of Employees Trained</u>	<u>% of Levy Paid</u>
1% - 5% .....	2% of levy
6% - 10% .....	3% of levy
11% - 14% .....	5% of levy
15% and above .....	6% of levy

5. **IMPLEMENTATION CHECK**

Total No. of Employees In the Company	No. Trained	Percentage (%) Trained
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Amount of levy paid	ITF (%) Percentage Award	Amount Awarded
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6. **PROCESSING OFFICER AT AREA OFFICE**

Name: ..... Signature ..... Date: .....

7. **CROSS-CHECKED AT IAGR DEPT. BY**

Name: ..... Signature ..... Date: .....

7. **AUDIT AUTHORIZATION**

Name: ..... Signature ..... Date: .....



**TRAINING PERSONNEL (MANAGERS/OFFICERS/INSTRUCTORS)**

**TR FORM 5**

	NAME(S) OF OFFICER(S)	DATE OF APPOINTMENT (AS TRAINING PERSONNEL)	DESIGNATION	ITF APPROVAL REFERENCE NUMBER
1.	.....	.....	.....	.....
2.	.....	.....	.....	.....
3.	.....	.....	.....	.....
4.	.....	.....	.....	.....
5.	.....	.....	.....	.....
6.	.....	.....	.....	.....
7.	.....	.....	.....	.....
8.	.....	.....	.....	.....
9.	.....	.....	.....	.....
10.	.....	.....	.....	.....

N.B PLEASE ATTACH ADDITIONAL LIST WHERE NECESSARY

TOTAL WORKFORCE IN THE COMPANY	NUMBER TRAINED	PERCENTAGE (%) TRAINED
PERCENTAGE (%) AWARD CLAIMED	AMOUNT CLAIMED	
	N	

**CONDITIONS FOR AWARD**

1. Training Manager/Instructor must be on full-time employment
2. Training Manager/Instructor must be a trained trainer.



**CONDITIONS FOR AWARD**

1. Training Plans and/or Programmes must have been approved by Industrial Training Fund
2. Full Training must have been implemented in line with the approved programmes.

3. **SCALE OF CALCULATIONS**

**% of Employees Trained**

1% - 5% .....  
6% - 10% .....  
11% - 14% .....  
15% and above .....

**% of Levy Paid**

2% of levy  
3% of levy  
5% of levy  
6% of levy

4. **IMPLEMENTATION CHECK**

Total No. of Employees  
In the Company

No. Trained

Percentage (%) Trained

Employer's Claim

N

ITF (%) Percentage  
Awarded

Amount  
Awarded

N

5. **PROCESSING OFFICER AT AREA OFFICE**

Name: .....

Signature: ..... Date: .....

6. **CROSS-CHECKED AT IAGR DEPT. BY**

Name: .....

Signature: ..... Date: .....

7. **AUDIT AUTHORIZATION**

Name: .....

Signature: ..... Date & Stamp .....

**CONDITIONS FOR AWARD**

1. Training Plans and/or Programmes must have been approved by Industrial Training Fund
2. Full Training must have been implemented in line with the approved programmes.

**3. SCALE OF CALCULATIONS****% Award According to Areas of Training Emphasis****% of Employees Trained**

1% - 5% .....  
6% - 10% .....  
11% - 14% .....  
15% and above .....

FIRST	SECOND	THIRD
8	6	4
10	8	6
14	12	10
18	16	14

**4. IMPLEMENTATION CHECK**Total No. of Employees  
In the Company

No. Trained

Percentage (%) Trained

Employer's Claim

ITF (%) Percentage  
AwardedAmount  
Awarded**5. PROCESSING OFFICER AT AREA OFFICE**

Name: .....

Signature: ..... Date: .....

**6. CROSS-CHECKED AT IAGR DEPT. BY**

Name: .....

Signature: ..... Date: .....

**7. AUDIT AUTHORIZATION**

Name: .....

Signature: ..... Date &amp; Stamp .....

**INDUSTRIAL TRAINING FUND**  
**SUMMARY OF CLAIMS FOR THE YEAR .....**

**TR FORM 8**



NAME OF COMPANY: ..... ITF REG. NO: .....

ADDRESS: ..... LEVY DUE: .....

..... LEVY PAID: .....

..... 60% OF LEVY: .....

ITF RECEIPT NO: .....

(PHOTOCOPY MUST BE ATTACHED)

TELEPHONE NUMBER: ..... DATE: .....

**TO BE COMPLETED BY EMPLOYERS**

**FOR ITF OFFICIAL USE ONLY**

Claim Forms	Trg. Area	Total Staff in each area	Total No. Trained	% Trained	Emphasis No.	Training Cost N
TR 2						
TR 3						
TR 4						
TR 5						
TR 7						
Total						

Max % Claimable	% Awarded	Amt. Awarded N

**TO BE COMPLETED BY EMPLOYERS**

**FOR ITF OFFICIAL USE ONLY**

Claim Form	Total Work-force in the Co.	Total Number Trained	% Trained	Training Cost
TR 6				

%	Amt. Awarded
	N

**AMOUNT RECOMMENDED**

AREA OFFICE	HEADQUARTERS
N	N

**TITLE OF FORMS**

TR FORM 2	For Management, Professionals, Senior Technologist and other Specialists Training Claims.
TR FORM 3	For Supervisors, Foremen and Charge hands Training Claims.
TR FORM 4	For Occupational Skills Claims (Operatives, Craftsmen and Apprentices, Clerical/Secretarial and Other Junior Administrative Staff).
TR FORM 5	For Training Personnel (Managers, Officers and Instructors).
TR FORM 6	Small – Scale Companies.
TR FORM 7	Safety Training.

## EMPLOYER'S DECLARATION

ITF TR FORM 8

I certify that .....

1. The claims on this summary are correct and that the Training covered by the claims referred to in the individual **I.T.F. TR Forms** attached are relevant to the needs of the trainees and the company and were actually undertaken.
2. No claims have been duplicated.

Full Names of Officer .....

Signature ..... Date .....

Chief Executive's Name .....

Signature ..... Date and Stamp .....

### FOR I.T.F. OFFICIAL USE ONLY

Total claims Recommended (in words) .....

Processing Officer at Area Office Name: .....

Signature: .....

Date: .....

Area Officer Name: .....

Signature: .....

Date: .....

Checked at IAGR Dept. by: Name: .....

Signature: .....

Date: .....

Certified by Audit Name: .....

Signature: .....

Date: .....

Cheque No: .....

Date: : .....





## ITF TR FORM 2

### MANAGEMENT/PROFESSIONAL/SENIOR TECHNOLOGISTS/SPECIALISTS

S/NO.	NAME OF TRAINEE	JOB TITLE	COURSE ORGANIZER	COURSE VENUE	COURSE DURATION	ITF APPROVAL REFERENCE	TRAINING COST
<p>and attach all relevant documents</p> <p>Add photocopies of this page where continuation is required</p>							<p>TOTAL COST</p>



**ITF TR FORM 3**

**SUPERVISORY, FOREMEN AND CHARGEHANDS**  
**TRAINING AND DEVELOPMENT**

S/NO.	NAME OF TRAINEE	JOB TITLE	COURSE ORGANIZER	COURSE VENUE	COURSE DURATION	ITF APPROVAL REFERENCE	TRAINING COST

and attach all relevant documents

Add photocopies of this page where continuation is required

TOTAL COST



**ITF TR FORM 4**

**SUPERVISORY, FOREMEN AND CHARGEHANDS**  
**TRAINING AND DEVELOPMENT**

S/NO.	NAME OF TRAINEE	JOB TITLE	COURSE ORGANIZER	COURSE VENUE	COURSE DURATION	ITF APPROVAL REFERENCE	TRAINING COST
Add photocopies of this page where continuation is required and attach all relevant documents							TOTAL COST





Add photocopies of this page where continuation is required  
and attach all relevant documents

TOTAL COST



## SAFETY TRAINING

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TOTAL COST

Add photocopies of this page where continuation is required  
And attach all relevant documents.



**INDUSTRIAL TRAINING FUND**

**FORM 6A**

**APPLICATION APPROVAL OF LOCAL/OVERSEAS PROGRAMMES/COURSES**  
(TO BE COMPLETED IN QUADRUPLICATE)

NAME OF COMPANY: .....

ITF REG. NO:.....

ADDRESS: .....

TRAINING YEAR: .....

.....

S/NO.	NAME OF TRAINEE(S)	EDUCATIONAL QUALIFICATION EXPERIENCE	NATIONA- LITY	JOB TITLE	COURSES TITLE (PROGRAMMES OR BROCHURE MUST BE ATTACHED)	DATE FROM	TO	COURSE ORGANISER	LOCATION OF VENUE	FOR ITF OFFICIAL USE
										REMARKS

COMPANY'S REPRESENTATIVE

APPROVED BY ITF OFFICIAL

NAME: ..... DESIGNATION: ..... NAME: .....

SIGNATURE: ..... DATE: ..... SIGNATURE: .....

DATE: .....

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OFFICIAL STAMP



**INDUSTRIAL TRAINING FUND**

**FORM 5A**

**APPLICATION APPROVAL OF TRAINING PERSONNEL**

**(MANAGERS/OFFICERS/INSTRUCTORS)**

**NAME OF COMPANY:** ..... **TRAINING YEAR:** .....

**ADDRESS:** ..... **ITF REG. NO.** .....

.....

N.B. ALL APPLICATIONS FOR APPROVAL OF TRAINING PERSONNEL MUST BE MADE IN QUADRUPLICATE ON THIS FORM 5

S/NO.	NAME(S) OF TRAINING PERSONNEL	EDUCATIONAL QUALIFICATION AND YEAR	NATIONALITY	JOB TITLE/ DESIGNATION	DATE APPOINTED AS TRAINING PERSONNEL	FOR ITF OFFICIAL USE ONLY
						REMARKS

**COMPANY'S AUTHORISED REPRESENTATIVE**

**APPROVED BY ITF OFFICIAL**

**NAME:** ..... **DESIGNATION** .....

**NAME:** .....

**SIGNATURE:** ..... **DATE:** .....

**DESIGNATION:** .....

**SIGNATURE/DATE:** .....

**OFFICIAL STAMP**

