

Sample Schedule A Letter for Vocational Rehabilitation Professionals

State

Name of Counselor, M.S.,
Position Title

Department of Rehabilitative Services
Street Address – Suite Number
City, State Zip Code
website

Main Line: xxx-xxx-xxxx
TTY: xxx-xxx-xxx
Fax: xxx-xxx-xxxx
Email:

Direct Line: xxx-xxx-xxxx

Date

To Whom It May Concern:

This letter serves as certification that (name) is an individual with a documented disability, identified by the (vocational rehabilitation services agency name) policy and can be considered for employment under the Schedule A hiring authority 5 CFR 213.3102 (u) for people with intellectual disabilities, severe physical disabilities or psychiatric disabilities. Thank you for your interest in considering this individual for employment. You may contact me at (contact information).

Sincerely,

(Vocational rehabilitation professional's signature)

Sample Schedule A Letter for Licensed Medical Practitioners

The letter must be printed on “medical professional’s” letterhead and must include a signature or it is invalid.

Date

To Whom It May Concern:

This letter serves as certification that (name of patient/applicant) is an individual with an intellectual disability, severe physical disability or psychiatric disability, and can be considered for employment under the Schedule A hiring authority 5 CFR 213,3102(u). Thank you for your interest in considering this individual for employment. You may contact me at (phone number).

Sincerely,

(Medical professional’s signature)

(Medical professional’s title)