

**SAMPLE SCHEDULE A LETTER/CERTIFICATION**  
**(Must be on official letterhead and must include a signature)**

DATE:

FROM:

TO (Agency):

This letter serves as certification that (name of patient/applicant) is an individual with a severe physical, intellectual, or psychological disability that qualifies him/her for consideration under 5 CFR 213.3102 (u), Schedule A hiring authority, appointment for Persons with Disabilities.

(Name of patient/applicant) is also job ready and is likely to succeed in performing the duties of the (position he/she is seeking).

I may be contacted at (authorized representative):

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(Printed Name)

(Signature)

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Organization Address, city, state/Phone