

SAMPLE SCHEDULE A DOCUMENTATION
(Must be on official letterhead and must include a signature)

DATE:

FROM:

To Whom it May Concern:

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

I may be contacted at (authorized representative):

(Printed Name)

(Signature)

Organization Address, city, state/Phone

Note: Proof of a disability is required for excepted service appointments - noncompetitive placement - under Schedule A, 5 CFR § 213.3102(u). Proof of disability is the term used to define any number of documents which attest to the fact that the candidate does indeed have a disability. A statement of job readiness, formerly a requirement under this statute, is no longer needed. The above statements meet the requirements for placement under Schedule A.