

Sample Schedule A Letter: Vocational Rehabilitation Professionals

Name of Counselor, M.S., Position Title

Department of State 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)