To Whom It May Concern:

This letter serves as certification that ____________________________
(Name of individual)

is a person with a severe disability that qualifies him/her for consideration under the
Schedule A hiring authority.

______________________________ also is job ready and is likely to succeed in
(Name of individual)
performing ____________________________ /or
(the duties of the position he/she is seeking)

______________________________.
(is qualified to work in office setting, food service, call center, or warehouse, etc.)

You may contact me at: ______________________
                              ______________________
                              ______________________

Signature:______________________________ Date:_____________