



Schedule A Letter

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: _____