**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.

I may be contacted at (authorized representative):

(Printed Name) (Signature)

Organization Address, city, state/Phone