



COMMONWEALTH of VIRGINIA

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L.P.C.
COMMISSIONER

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To Whom It May Concern:

This letter serves as certification that (name) is an individual with a documented disability, identified by the Virginia Department of Rehabilitative policy and can be considered for employment under the Schedule A hiring authority 5 CFR 213.3102 (u).

(Name of Person) also has certification of job readiness in an office setting and is likely to succeed in performing the duties of the position for which he /she is seeking.

Thank you for your interest in considering this individual for employment.

You may contact me at-----.

Sincerely,

Sample Schedule A Letter for Licensed Medical Practitioners

The letter must be printed on “medical professional’s” letterhead and must include a signature or it is invalid.

Date

To Whom It May Concern:

This letter serves as certification that (name of patient/applicant) is an individual with a severe, documented disability, and can be considered for employment under the Schedule A hiring authority 5 CFR 213,3102(u).

(Name of patient/applicant) also has certification of job readiness in an office setting (or describe the setting if different) and is likely to succeed in performing the duties of the position for which he/she is seeking.

Thank you for your interest in considering this individual for employment.

You may contact me at (phone number).

Sincerely,

(Medical professional’s Signature)

(Medical professional’s title)