To be considered for non-competitive appointment under the Schedule A hiring authority [5 CFR 213.3102(u)] an applicant must provide a certification of disability to the Federal agency where his or her application is being considered.

The certification of disability can be documented in one of several ways:

- by a counselor at either the State Vocational Rehabilitation Agency or the Vocational Rehabilitation and Employment Service of the Department of Veterans Affairs;

- by a statement or letter on a physician or medical professionals letterhead stationery; or

- by a statement, record, or letter from a Federal or State Government agency (including DC or US Territories) which issues or provides disability benefits.

The certification must verify that the applicant has a disability and is therefore eligible under a Schedule A appointment authority, and he or she is able to perform the essential duties of the position.

If you are a person with a disability and interested in being considered non-competitively under the Schedule A hiring authority [5 CFR 213.3102(u)] with the Census Bureau, we need the following documentation from you:

1. Resume
2. Schedule A letter (if you need to see an example, please see the reverse side of this handout)
3. Copy of SF-50 (if current or past federal worker)
4. Copy of college transcripts (if attempting to qualify using education)

Please submit these documents to the Selective Placement Coordination team at census.schedule.a.hiring@census.gov.

For further information about being considered for an appointment under the Schedule A Hiring authority, please contact the Selective Placement Coordinator in the Diversity and Inclusion Office at 301-763-4061 or email census.schedule.a.hiring@census.gov.
Sample Schedule A Letter for Vocational Rehabilitation Professionals

The letter must be printed on professional letterhead and must include a signature or it is invalid.

Date

To Whom It May Concern:

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

Thank you for considering this individual for employment. You may contact me at (phone number) if you have any additional questions.

Sincerely,
(Professional's Signature and Title)

Sample Schedule A Letter for Licensed Medical Practitioners

The letter must be printed on the 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).

Thank you for considering this individual for employment. You may contact me at (phone number) if you have any additional questions.

Sincerely,
(Practitioner's Signature and Title)