



THE STATE  
of **ALASKA**

GOVERNOR MICHAEL J. DUNLEAVY

**Department of Labor**

DIVISION OF VOCATIONAL REHABILITATION

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Fairbanks, AK 99701  
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Toll free: (800) 478-2839  
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March 22, 2019

NAME: Jane M. Doe  
DOB: 12/25/1973

In accordance with the Office of Personnel Management's criteria for a Schedule A appointment, I certify as follows:

The above named individual has a documented disability, identified by the Alaska Division of Vocational Rehabilitation who can be considered for employment under the Schedule A Hiring Authority [5 CFR 213.3102 (u)].

That this person is available for employment.

**A certification letter will be completed and submitted to the Federal Personnel Office upon participant's selection for a specific position that they are qualified for.**

Sincerely,

*Elizabeth K. Markle*

Elizabeth K. Markle, CRC  
Vocational Rehabilitation Counselor III