

NJ State as a Model Employer Program
Schedule B- NJ Letter
NJ State Agency Attestation of Eligibility

Letterhead of the Designated Agency

Date _____

NJ Civil Service Commission
44 South Clinton Avenue
Trenton, NJ 08609

To Whom It May Concern:

This letter serves as certification that _____
First Name Last Name
is an individual with a documented disability confirmed by the

Name of NJ designated state agency

and can be considered for employment opportunities under the Schedule B-NJ fast track hiring authority N.J.S.A. 11A:7-13, et seq. for people with intellectual disabilities, severe physical disabilities, or psychiatric disabilities.

If you have any questions, please contact me at _____ and/or by
Phone number

E-mail

Sincerely,

Designated Agency Professional's Signature

Designated Agency Professional's Printed Name

Designated Agency Professional's Title and Affiliated Organization

Note: (Designated Agency Professional's signature and completion of each field above are required)