

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

Kentucky Labor Cabinet
Office of Unemployment Insurance
275 E Main St, 2nd Floor
Frankfort, KY 40621

Subject: Dispute of Unemployment Benefits Claim - [Your Claim Number]

Dear [Recipient's Name or "Unemployment Insurance Office"],

I am writing to formally dispute the recent determination regarding my unemployment benefits claim (Claim Number: [Your Claim Number]) dated [Date of Determination].

[Provide a brief description of the situation, including why you believe the determination is incorrect. Include any relevant details or evidence that supports your claim.]

I kindly request a reconsideration of my case based on the above information. I believe that I am entitled to receive the benefits as I have met all eligibility requirements.

Please find attached any supporting documents relevant to my dispute, including [list any documents you are including, such as pay stubs, termination letters, etc.].

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending by mail)]