

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

Kentucky Labor Cabinet  
Office of Unemployment Insurance  
[Address of the Unemployment Office]  
[City, State, ZIP Code]

Subject: Appeal of Unemployment Insurance Decision

Dear [Name of the Recipient/Unemployment Office],

I am writing to formally appeal the decision regarding my unemployment insurance claim, case number [Your Case Number], dated [Date of the Decision].

I respectfully disagree with the determination made on my claim for the following reasons:

1. [State your first reason, providing details and evidence if available].
2. [State your second reason, providing details and evidence if available].
3. [Continue with additional reasons if applicable].

I believe that the evidence indicates that I am eligible for benefits, and I kindly request a re-evaluation of my case. I have attached relevant documents to support my appeal, including [list any documents you are enclosing, such as pay stubs, termination letters, etc.].

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

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]