

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

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

Subject: Jobless Claim Application

Dear [Recipient's Name or "To Whom It May Concern"],

I am writing to formally submit my application for unemployment benefits following my recent job loss. My details are as follows:

- Name: [Your Full Name]
- Social Security Number: [Your SSN]
- Address: [Your Address]
- Date of Birth: [Your Date of Birth]
- Last Employer: [Your Last Employer's Name]
- Last Day of Work: [Your Last Day of Work]

The reason for my job loss is: [Briefly explain the reason for job termination, e.g., layoffs, company closure, etc.].

I have attached the necessary documentation to support my claim, including:

1. [List any documents you are including, such as a termination letter, pay stubs, etc.]
2. [Additional documents]

I request that you process my application at your earliest convenience. Please do not hesitate to contact me if you require any further information or clarification.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]