

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
Ohio Department of Job and Family Services
[Office Address]
[City, State, ZIP Code]
Subject: Appeal of Unemployment Benefits Determination - [Your Claim Number]
Dear [Name of the Appeals Officer/Adjudicator],
I am writing to formally appeal the determination made regarding my unemployment benefits application dated [Date of Determination]. I believe this decision was made in error based on the following reasons:
1. **Fact 1**: [Provide details about the specific fact/error in the decision.]
2. **Fact 2**: [Include any supporting evidence or information that justifies your claim.]
3. **Fact 3**: [Mention any relevant laws or guidelines that support your appeal.]
I have attached supporting documents to substantiate my claims, including [list any attached documents, e.g., termination letter, paystubs, correspondence, etc.].
I respectfully request a reconsideration of my case and am willing to provide any additional information required to clarify this matter. Thank you for your attention to this request. I look forward to your prompt response.
Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]