

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

Ohio Department of Job and Family Services
Unemployment Compensation
[Office Address]

[City, State, Zip Code]

Subject: Appeal of Unemployment Benefits Decision

Dear [Recipient's Name or "Appeals Board"],

I hope this letter finds you well. I am writing to formally appeal the decision made on [date of the decision] regarding my unemployment benefits claim, assigned Claim Number [insert claim number]. I believe that the determination was made in error, and I would like to present my case for reconsideration.

[Briefly explain the reason for your appeal. Include any relevant details, such as your employment history, the circumstances of your unemployment, and any documentation you are including to support your claim.]

I appreciate your attention to this matter and hope for a favorable resolution. Thank you for considering my appeal. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]