

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

Ohio Department of Job and Family Services
Unemployment Compensation Division
P.O. Box 182404
Columbus, OH 43218-2404

Subject: Application for Unemployment Compensation

Dear Sir/Madam,

I am writing to formally apply for unemployment compensation benefits due to my recent job loss. My details are as follows:

Full Name: [Your Name]

Social Security Number: [Your SSN]

Former Employer: [Employer's Name]

Last Day of Work: [Last Day of Employment]

Reason for Unemployment: [Reason for Job Loss]

I have enclosed all required documentation, including my termination letter and any pertinent pay stubs.

Please let me know if you require any additional information to process my claim. I appreciate your assistance in this matter.

Thank you for your attention to my application.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]