

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

[Date]
[Ohio Department of Job and Family Services]
[Address]
[City, State, Zip Code]

Subject: Appeal for Unemployment Benefit Decision - [Your SSN or Claim Number]

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

I am writing to formally appeal the decision made regarding my unemployment benefits claim, reference number [Claim Number], dated [Date of Decision]. I respectfully contest the determination that [briefly state the reason for the denial or issue].

[Explain your situation clearly and concisely. Include any supporting details or evidence that may strengthen your case. Mention any relevant dates, employment details, or extenuating circumstances.]

I believe that the information provided in my initial claim and any subsequent communications clearly support my eligibility for unemployment benefits. I have attached copies of [list any documents you are including to support your appeal, such as pay stubs, termination letter, etc.].

I kindly request that you review my appeal and the supporting documentation provided. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]