

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

Ohio Department of Job and Family Services
Division of Unemployment Compensation
[Department Address]
[City, State, Zip Code]

Subject: Appeal of Unemployment Claim Determination - Claimant ID: [Your Claimant ID]

Dear Appeals Examiner,

I am writing to formally appeal the decision made regarding my unemployment benefits claim dated [date of the initial determination]. I received a notice on [date you received the notice] stating that my claim was denied due to [briefly state the reason for denial].

I believe this decision is incorrect because [provide specific reasons and any supporting evidence or documentation that supports your case].

For example, [mention any relevant facts, employment history, communication with employer, or changes in your employment situation].

I respectfully request a hearing to present my case and provide further evidence in support of my appeal. I believe that upon review, the determination will be reversed.

Thank you for considering my appeal. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]