

[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: Unemployment Benefits Claim - [Your SSN or Claim Number]

Dear Sir/Madam,

I am writing to submit my claim for unemployment benefits. My details are as follows:

- Name: [Your Name]
- Social Security Number: [Your SSN]
- Claim Number: [Your Claim Number] (if applicable)
- Date of Birth: [Your DOB]
- Last Employer: [Your Employer's Name]
- Last Day Worked: [Last Day You Worked]
- Reason for Unemployment: [Reason]

I have attached all necessary documentation, including my termination notice and earnings statements. I would appreciate your prompt attention to my claim. Should you require any additional information, please feel free to contact me at [Your Phone Number or Email].

Thank you for your assistance.

Sincerely,

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