

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

Ohio Department of Job and Family Services
[Address of the Local ODJFS Office]
[City, State, Zip Code]

Subject: Unemployment Appeal Submission

Dear Sir/Madam,

I am writing to formally appeal the determination made regarding my unemployment benefits case, Claim Number: [Your Claim Number]. I received the decision on [Date of Decision] which stated that I am ineligible for unemployment benefits due to [briefly state the reason for denial].

I believe this decision is incorrect because [briefly explain your reasons for appeal, providing any relevant facts or evidence].

Enclosed, please find [list any documents or evidence you are attaching to support your appeal].

I respectfully request a hearing to reconsider the determination regarding my unemployment benefits. Please let me know if there are any additional forms or information needed.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

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