

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

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

Subject: Request for Reconsideration of Unemployment Benefits
Determination

Dear Sir/Madam,

I am writing to formally request a reconsideration of the determination regarding my unemployment benefits claim (Claim Number: [Your Claim Number]) dated [Date of Determination]. I respectfully disagree with the decision due to [briefly state the reason for your disagreement, e.g., misunderstanding of circumstances, additional evidence, etc.].

I have attached [list any supporting documents], which I believe clarify my eligibility for benefits. I believe this additional information will illustrate that I meet the qualifications set forth by the Ohio unemployment compensation laws.

I appreciate your attention to this matter and hope for a favorable review of my request. Please let me know if you require any further information.

Thank you for your consideration.

Sincerely,

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