

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

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

Re: Unemployment Insurance Appeal - [Your SSN or Claim Number]

Dear Appeals Board,

I am writing to formally appeal the decision made regarding my unemployment benefits claim dated [date of initial decision]. I believe the determination was made in error due to [briefly explain the reason for your appeal, e.g., "misinterpretation of my employment situation" or "the denial of my claim based on incorrect information"].

I would like to provide additional information and evidence that supports my eligibility for unemployment benefits, including [list any documents or evidence you are submitting, such as pay stubs, termination letter, witness statements, etc.].

I respectfully request a hearing to present my case and have the opportunity to clarify any misunderstandings concerning my eligibility for benefits. I am available for a hearing on the following dates: [provide a few dates and times you are available].

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]