

[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 1618  
Columbus, OH 43216-1618  
Subject: Unemployment Claim Application

Dear Sir/Madam,

I am writing to formally submit my claim for unemployment benefits. I was recently employed at [Company Name] as a [Your Job Title] until my employment was terminated on [Date of Termination].

The reason for my termination was [briefly explain reason, e.g., layoff, company downsizing, etc.]. I have attached all relevant documents, including my termination letter and W-2 form, to support my claim.

My Social Security Number is [Your SSN], and my Employee ID (if applicable) was [Your Employee ID].

I kindly request that you process my claim promptly and notify me if any additional information is required.

Thank you for your assistance.

Sincerely,  
[Your Name]