

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

Ohio Department of Job and Family Services

[Office Address]
[City, State, Zip Code]

Subject: Appeal of Unemployment Benefits Denial

Dear [Recipient's Name or "To Whom It May Concern"],

I am writing to formally appeal the decision made regarding my unemployment benefits claim, identified by claim number [Your Claim Number]. I received a notice dated [Date of Notice] stating that my application was denied based on [Reason for Denial].

I believe this decision was made in error due to the following reasons:

1. [Reason 1: Briefly explain your circumstance and provide any supporting evidence.]
2. [Reason 2: Include additional information that challenges the basis of the denial.]
3. [Reason 3: Mention any relevant details or documentation that support your case.]

Please find attached copies of [List any documents you are including, such as pay stubs, termination letters, or any other evidence].

I kindly request a reconsideration of my eligibility for unemployment benefits. I am available for any further information or clarification needed to support my appeal.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

[Enclosures: List of attached documents, if any]