

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

Ohio Department of Job and Family Services

[Appropriate Office Address]
[City, State, ZIP Code]

Subject: Appeal for Unemployment Claim Decision - [Your SSN or Claim Number]

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

I am writing to formally appeal the decision made regarding my unemployment benefits claim (Claim Number: [Your Claim Number]). I received a notice dated [Date of Notice] stating that my claim was [briefly state the decision, e.g., denied, not eligible, etc.]. I wish to contest this decision based on the following grounds:

1. [Ground 1: Describe your reasons and provide any evidence or documentation that supports your case.]
2. [Ground 2: Additional reasons or clarifications that may influence the decision.]
3. [Ground 3: Further points, if needed.]

I believe that I meet the eligibility requirements for unemployment benefits as outlined by Ohio law. I have enclosed [list any attached documents, e.g., employment records, letters, etc.] to support my appeal. I request a hearing to present my case in further detail and hope to resolve this matter promptly. Thank you for your attention to this matter. Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] should you need any further information.

Sincerely,

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