

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

[Date]

[Recipient's Name]

[Tennessee Department of Labor and Workforce Development]

[Office Address]

[City, State, Zip Code]

Subject: Appeal of Unemployment Claim Decision - [Your Claim Number]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my unemployment claim (Claim Number: [Your Claim Number]) dated [Date of Decision]. I respectfully request a review of this decision based on the following information:

[Explain the circumstances of your employment termination, why you believe you are eligible for benefits, and any supporting facts or documents you may include.]

I have attached [list any documents you are including, such as pay stubs, termination letters, or witness statements] to support my appeal and provide further context regarding my situation.

I appreciate your attention to this matter and hope for a favorable reconsideration of my claim.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]