

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

[Tennessee Department of Labor and Workforce Development]  
[Unemployment Insurance Division]  
[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 dated [Date of Denial Notice] regarding the denial of my unemployment benefits claim (Claim Number: [Your Claim Number]). I believe that the determination was made in error, and I would like to present my case for reconsideration.

I was employed at [Your Former Employer's Name] from [Start Date] until [End Date]. My separation from the company was due to [briefly explain reason for separation, e.g., layoff, reduction in workforce, or other applicable reasons]. I have attached relevant documentation, including [list any supporting documents, e.g., termination letter, pay stubs, or witness statements], to support my appeal.

[Explain your reasons for appealing in more detail, outlining your circumstances and any policies that may apply. Be clear and concise.]

I respectfully request that my case be reviewed and that my eligibility for unemployment benefits be reinstated. 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]