

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

West Virginia Division of Unemployment Compensation

[Address]
[City, State, Zip Code]

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

Dear Appeals Examiner,

I am writing to formally appeal the decision regarding my unemployment benefits claim, as specified in the notice dated [Date of Notice]. My claim number is [Your Claim Number].

[Paragraph explaining the reason you believe the decision is incorrect. Provide supporting details including dates, circumstances surrounding your unemployment, and any relevant documentation.]

I respectfully request a review of my claim and the accompanying evidence for reconsideration of my eligibility for benefits.

Thank you for your attention to this matter. I look forward to your response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]