

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

West Virginia Division of Unemployment Compensation

[Address of the Appeals Office]  
[City, State, Zip Code]

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

Dear Appeals Officer,

I am writing to formally appeal the decision made regarding my unemployment benefits claim (Claim #[Your Claim Number]) dated [Date of Decision]. I believe that the decision was made in error due to [briefly explain reason for appeal, e.g., misunderstanding of circumstances, missing information, etc.].

[Paragraph 2: Provide a detailed explanation of your situation, including relevant dates and facts that support your claim. Include any supporting documents or evidence, if applicable.]

[Paragraph 3: Explain why you believe the decision should be overturned and how it aligns with unemployment benefits regulations or guidelines.]  
I kindly request a review of my case and hope for a favorable resolution.  
Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Your Signature, if sending a hard copy]