

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

Ohio Department of Job and Family Services
Office of Unemployment Compensation
P.O. Box 182404
Columbus, OH 43218-2404

Subject: Request for Reconsideration of Unemployment Benefits Denial

Dear Sir/Madam,

I am writing to formally appeal the denial of my unemployment benefits, as communicated in your letter dated [insert date of denial letter]. My Social Security Number is [insert SSN], and my claim number is [insert claim number].

I believe the denial was made based on [briefly explain the reason provided in the denial letter], and I would like to provide additional information that may support my case.

[Outline your reasons and any supporting evidence you have, such as employment records, communications with your employer, etc.]

Given this information, I respectfully request a reconsideration of my claim for unemployment benefits. I am available for any further information you may need and can be reached at [insert phone number] or [insert email address].

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

Sincerely,

[Your Name]