

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

Ohio Department of Job and Family Services  
Appeals Unit  
P.O. Box 1618  
Columbus, OH 43216

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

Dear Appeals Unit,

I am writing to formally appeal the decision made regarding my unemployment benefits claim, Claim Number [Your Claim Number], dated [Date of Decision]. I respectfully disagree with the determination that [briefly state the reason for denial].

[Explain your situation, including details such as your employment history, the circumstances of your job loss, and any supporting information that counters the decision.]

I have attached relevant documentation, including [list any attached documents, such as termination letters, pay stubs, or witness statements] to support my appeal.

I kindly request a hearing to present my case and further discuss my eligibility for benefits. Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]