

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

Ohio Department of Job and Family Services

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

Subject: Appeal of Unemployment Benefits Decision

Claimant ID: [Your Claimant ID]

Dear [Appeals Officer's Name],

I am writing to formally appeal the decision regarding my unemployment benefits claim dated [date of the decision letter]. I believe that the decision made was incorrect based on the following reasons:

1. **\*\*Specific Details of the Case\*\***: [Explain the circumstances of your unemployment, including dates and relevant details that support your appeal.]
2. **\*\*Supporting Documentation\*\***: [List any documents you are enclosing, such as pay stubs, termination letters, or other evidence that supports your claim.]
3. **\*\*Legal References\*\***: [If applicable, reference any laws or statutes that support your case.]

I request a review of my case, as I am eager to provide any further information required to assist in this process. Thank you for your attention to my appeal; I look forward to your prompt response.

Sincerely,

[Your Name]

[Signature if sending a hard copy]

Enclosures: [List documents attached]