

[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: Unemployment Claim Submission

Dear Sir or Madam,

I am writing to formally submit my claim for unemployment benefits due to
[reason for unemployment, e.g., job loss, reduction in hours].

My personal details are as follows:

- Full Name: [Your Full Name]
- Social Security Number: [Your SSN]
- Date of Birth: [Your Date of Birth]
- Previous Employer: [Name of Employer]
- Employment Dates: [Start Date] to [End Date]

I have attached all necessary documentation, including [list of
documents, e.g., separation notice, pay stubs, etc.].

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

Sincerely,
[Your Name]