

**NOTICE OF
LOCAL COMMITTEE DECISION AND OF APPEAL TO BOARD**

**Supplemental Unemployment Benefit Plan
Pursuant to Agreement Between Delphi Corporation and the IUE-CWA**

TO: _____

Division _____

Plant or Location _____

Your appeal, **LOCAL COMMITTEE CASE No.** _____, dated _____, has been considered by the Local Committee. The Local Committee has failed to resolve your appeal. The Company's determination from which you appealed remains in effect.

An appeal from the Company's determination has been taken in your behalf to the Board of Administration by the Union members of the Local Committee. It will not be necessary for you to file an appeal with the Board in this case. If additional information is needed from you, you will be contacted. If your claim is granted, payment will be mailed to you. If your claim is rejected, you will be advised.

(Management Representatives)

(Union Representatives)

Date _____

Copies: Employee
Management
Union