

**EMPLOYEE APPEAL TO DELPHI – IUE-CWA
BOARD OF ADMINISTRATION**

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

**TO: Delphi Corporation
Employee Benefits Group
Mail Code: 480-410-104
5825 Delphi Drive
Troy, MI 48098**

**International Union – IUE-CWA
IUE-CWA Automotive Conference Board
2360 W. Dorothy Lane
Suite 201
Dayton, Ohio 45439**

My appeal from the Company's determination to the Local Committee was considered by the Local Committee as **CASE No.**_____. The Local Committee having failed to resolve the First Stage Appeal, an appeal from the Company's determination is hereby taken to the Board of Administration.

In support of this appeal I allege:

(State here the respects in which you claim the Supplemental Unemployment Benefit Plan has been violated and set forth the facts relied upon as justifying a reversal or modification of the determination appealed.)

Employee's Signature _____ Social Security No. _____

Address _____
(Number and Street) (City) (State) (Zip Code)

Division _____ Plant or Location _____ Date _____

- Copies: Board – Delphi Corporation
- Board – IUE-CWA
- Local Committee – Management
- Local Committee – Union
- Employee