

**NOTICE OF
BOARD OF ADMINISTRATION DECISION**

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

Division _____ Plant or Location _____

Address _____

(Number and Street)

(City)

(State)

(Zip Code)

Local

Committee

Employee Involved _____

Case No. _____

DECISION OF BOARD

(Delphi Corporation Representatives)

(International Union-IUE-CWA Representatives)

Date _____

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