

**NOTICE OF
LOCAL COMMITTEE DECISION**

**Supplemental Unemployment Benefit Plan
Pursuant to Agreement Between Delphi Corporation and the UAW**

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.

(Management Representatives)

(Union Representatives)

Date _____

APPEAL PROCEDURE

If you disagree with the above decision, you may appeal to the DELPHI-UAW SUB Board of Administration. Your appeal must be in writing on Form **DELPHI-SUB-8A**, copies of which are available at the Local Union Office. **Your appeal must be filed with the Board within 30 days following the date of this notice.**

If you intend to appeal to the Board, save this notice.

Copies: Employee
Management