

**LOCAL COMMITTEE APPEAL TO DELPHI – UAW
BOARD OF ADMINISTRATION**

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

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

International Union – UAW
Delphi Department
Solidarity House
8000 East Jefferson Avenue
Detroit, MI 48214

This is an appeal from the Company's determination involving _____
(Employee's Name)

_____. An appeal from this determination was taken to the Local Committee
(Division and Plant or Location) by the Employee and 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 the undersigned allege:

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

(Union Member – Local Committee)

(Union Member – Local Committee)

Date _____

- Copies: Board – Delphi
Board – UAW
Local Committee – Management
Local Committee – Union
Employee