

**EMPLOYEE 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, Michigan 48214**

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 – UAW
Local Committee – Management
Local Committee – Union