

**NOTICE OF  
BOARD OF ADMINISTRATION DECISION**

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

Division \_\_\_\_\_ Plant or Location \_\_\_\_\_

Address \_\_\_\_\_

(Number and Street)

(City)

(State)

(Zip Code)

Local

Committee

Employee Involved \_\_\_\_\_

Case No. \_\_\_\_\_

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**DECISION OF BOARD**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Delphi Corporation Representatives)

\_\_\_\_\_

(International Union-UAW Representatives)

Date \_\_\_\_\_

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Copies: Board – Delphi Corporation  
Board – UAW  
Local Committee – Management  
Local Committee – Union