

**NOTICE OF
LOCAL COMMITTEE DECISION**

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

TO: _____	Division
_____	_____
_____	Plant or Location
_____	_____

Your appeal, **LOCAL COMMITTEE CASE No.** _____, dated _____, has been considered by the Local Committee. The Local Committee's decision is as follows:

_____	_____
_____	_____
(Management Representatives)	(Union Representative)
Date _____	

Copies: Employee
Management
Union