

**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 has failed to resolve your appeal. The Company's determination from which you appealed remains in effect.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Management Representatives)

\_\_\_\_\_

(Union Representative)

Date \_\_\_\_\_

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**APPEAL PROCEDURE**

If you disagree with the above decision, you may appeal to the GM—IUE-CWA SUB Board of Administration. Your appeal must be in writing on Form **GM-SUB-108A**, 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.

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Copies: Employee  
Management  
Union