

**EMPLOYEE APPEAL TO GM-UAW
BOARD OF ADMINISTRATION**

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

**TO: General Motors Global Headquarters
Employee Benefits Group
Mail Code 482-C26-A68
300 Renaissance Center
P. O. Box 300
Detroit, Michigan 48265-3000**

**International Union – UAW
General Motors Department
Solidarity House
8000 East Jefferson Avenue
Detroit, MI 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 – General Motors
Board – UAW
Local Committee – Management
Local Committee – Union
Employee