

**FORM GM-SUB-7**  
**(Rev 1/2000)**

Local Committee Case No. \_\_\_\_\_

**NOTICE OF  
LOCAL COMMITTEE DECISION**

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

<b>TO:</b> _____	<b>Division</b>
_____	_____
_____	<b>Plant or Location</b>
_____	_____

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