

February 11, 2019

Debra P. Sanchez
6025 Clara Street
Bell Gardens, CA 90201

Dear Debra:

On Thursday February 7, 2019, we confirmed your attendance to meet with Cynthia Limon and me on February 11, 2019 at 10:30AM. Twenty minutes prior to the meeting, you confirmed that you will not be attending the meeting and will not be able to reschedule for a later time. We attempted to call you via phone at 1:48pm without success. As such, this notice will serve in place of the meeting.

As you know, the University of Southern California is an at-will employer and as such your employment has remained at-will. The university is exercising its option under the at-will agreement to terminate your employment, with or without cause, without prior notice. A copy of your signed at-will agreement is attached.

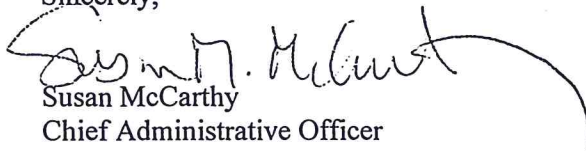
Effective February 11, 2019, your employment with the University of Southern California is terminated as a result of unsatisfactory performance.

You may be eligible to continue your health benefits and those of your dependents for 18 months from the date of your termination via the Consolidated Omnibus Budget Reconciliation Act (COBRA) or the Affordable Care Act.

If you elect COBRA, you will be charged for the full premium cost plus a 2% administrative fee. There will be no University contribution. You may obtain more information on COBRA and other benefits by calling the HR Service Center at (213) 821-8100.

If COBRA is not a viable option you can go to www.healthcare.gov or call (800) 318-2596 which is available 24 hours a day, 7 days a week to review your options through The Affordable Care Act.

Sincerely,


Susan McCarthy
Chief Administrative Officer

Encl: At Will




At-Will Employment Agreement

In consideration of my employment with the University of Southern California (the "University"), I understand that my employment and compensation are at-will and therefore can be terminated, with or without cause, at any time without prior notice, at my option or the University's option. This at-will employment relationship will remain in effect throughout my employment with the University unless it is specifically modified by an express written employment agreement executed by an authorized representative of the University and me. I understand that this at-will employment relationship may not be modified by any oral or implied agreement, and that no employee handbook, nor any course of conduct, practice, policy, award, promotion, performance evaluation, transfer, or length of service can modify this at-will relationship.

I acknowledge that I have carefully read this Agreement, that I understand its terms, and that I have entered into this agreement voluntarily. I further acknowledge that I have been given the opportunity to discuss this Agreement with my private legal counsel before signing it and have availed myself of that opportunity to the extent I wish to do so.

Agreed:

Date: 8/13/15

By: 
(Employee's Signature)

Debra Pauline Sanchez
(Full Name of Employee)

Date: 8/13/15

By: _____
University of Southern California
(Signature of University Representative)

FERNANDO ZATHBEAJO
(Full Name of University Representative)

Dean CFD, PATHOLOGY
(Title of University Representative)