

**BEFORE THE HEARING EXAMINER
CITY OF SEATTLE**

AMY REICHENBACH

Appellant,

v.

SEATTLE PUBLIC UTILITIES

Respondent,

Hearing Examiner File:
CSC-23-03-002

**ORDER OF
DISMISSAL**

On March 3, 2025, the Appellant requested by email to withdraw their appeal. Pursuant to Hearing Examiner Rule 5.08, the matter should be, and hereby is, **DISMISSED** and the hearing scheduled March 24, 2025, and those subsequent, are **CANCELLED**.

Entered March 3, 2025

/s/ Ryan Vancil
Ryan P. Vancil, Hearing Examiner

CERTIFICATE OF SERVICE

I certify under penalty of perjury under the laws of the State of Washington that on this date I sent true and correct copies of the attached **ORDER OF DISMISSAL** to each person listed below, or on the attached mailing list, in the matter of **AMY REICHENBACK v. SEATTLE PUBLIC UTILITIES**. Hearing Examiner File: **CSC-23-03-002** in the manner indicated.

Party	Method of Service
Authorized Representative Judith Lonnquist lojal@aol.com	<input type="checkbox"/> U.S. First Class Mail, postage prepaid <input type="checkbox"/> Inter-office Mail <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Legal Messenger
Respondent/Department Legal Counsel SPU Deborah Fiander Deborah.Fiander@seattle.gov	<input type="checkbox"/> U.S. First Class Mail, postage prepaid <input type="checkbox"/> Inter-office Mail <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Legal Messenger

Dated: March 3, 2025.

/s/ Angela Oberhansly
Angela Oberhansly, Legal Assistant

APPEAL TO THE CIVIL SERVICE COMMISSION (DISCIPLINARY)

Appeal No. 23-01-002
~~XXXXXX-XX~~

Updated Appeal Number: 23-03-002

Date Filed 4/5/2023

TRJ

Full Name of Appellant			Work Address	
Amy Reichenbach			19901 SE Cedar Falls Rd, North Bend, WA, 98045	
Residence Address			Work Telephone	
[REDACTED]			206-733-9796 (work desk), 206-473-9389 (work cell)	
City	State	Zip	Employee ID	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
Home/Cell Phone:			Department	
[REDACTED]			Seattle Public Utilities	
Email:			Job Title	
[REDACTED]			Senior Environmental Analyst	

1. **WHAT ACTION IS BEING APPEALED?**
(CHECK ONE)☐ Demotion (5.01A)☐ Suspension ☐ Probation ☐ Discharge (5.01B)☒ City of Seattle Personnel Ordinance or Rule(s) Violation
(5.01C):

What Personnel rule, regulation, or provision, do you believe was violated?

PR 1.1 (see attached document for further information)

City of Seattle Civil Service CommissionsSeattle Municipal Tower, 700 Fifth Avenue, Suite 1670 PO Box 94729 Seattle, WA 98124-4729
Tel (206) 437-5425, Fax: (206) 684-0755, <http://www.seattle.gov/CivilServiceCommissions/>*An equal employment opportunity employer. Accommodations for people with disabilities provided upon request.*

Reason for this appeal _____ (see attached document for further information) _____ _____	Remedy Sought (What do you want?): (see attached document for further information) _____ _____
2. UNION: If you are a member of a union, what is the name of your union? Protec17 _____ Local Number: 17 _____	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> I HAVE <input checked="" type="checkbox"/> I HAVE NOT </div> <p>_____</p> <p>filed a grievance on the same issues that I identified in this appeal, with my union or bargaining unit.</p> <p>_____</p> <p>This matter <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT the subject of arbitration pursuant to a collective bargaining agreement.</p>
3. EMPLOYEE GRIEVANCE PROCEDURE: Did you receive notification of your right to a timely resolution of this grievance from your Department? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (SMC 4.04.070)	If you filed a grievance through the Employee Grievance Procedure, what was the outcome? (see attached document for further information) _____ _____ _____ _____
<input checked="" type="checkbox"/> I HAVE <input type="checkbox"/> I HAVE NOT filed a grievance on the issues that are identified in this appeal, through the Employee Grievance Procedure. (Personnel Rule 1.4.2)	

Please include with your appeal form the Step 3 Grievance decision of your employing department and Investigatory Report from SDHR, and any documents or correspondence that you have received from the Department related to your appeal. To meet timely filing of your appeal, these documents can be sent after filing this document.

4. **ATTORNEY/AUTHORIZED REPRESENTATIVE:**

An attorney or a representative is NOT required for the appeal process.

Do you have an attorney or another person representing you for this appeal? ☐ YES ☒ NO

If yes, please have your attorney submit a **NOTICE OF APPEARANCE** to the Commission Office and the Department.

All documents and information related to the appeal will go to the attorney or representative.

Name: _____ Firm: _____

Address: _____ Email: _____

5. **APPELLANT:**

If you do not have an attorney or a representative, please enter the address where documents related to this appeal should be sent:

Mailing Address: _____

Personal Email: amy.reichenbach@seattle.gov

Home/Cell Phone: _____

SIGNATURE OF APPELLANT

Amy B. Reichenbach

DATE

4/7/2023

SIGNATURE OF ATTORNEY OR REPRESENTATIVE:
(IF FILLING OUT THIS FORM):

DATE

City of Seattle Civil Service Commissions

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Tel (206) 437-5425, Fax: (206) 684-0755, <http://www.seattle.gov/CivilServiceCommissions/>

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