



City of Seattle

CIVIL SERVICE COMMISSIONS

Public Safety Civil Service Commission

Commission Chair Richard Greene

Commissioner Stacy Connole

Commissioner Tom Applegate

Staff

Andrea Scheele, Executive Director

Sarah Butler, Operations & Policy Advisor

Teresa Jacobs, Executive Assistant

October 10, 2024

Fire Chief Harold Scoggins
c/o Sarah Lee, SFD Human Resources Director
sarah.lee@seattle.gov

Sent Via Email Only

Dan Dron
[REDACTED]

Re: PSCSC No. 24-02-005A- Dan Dron v. Seattle Fire Department

Dear Mr. Dron and Chief Scoggins:

On September 10, 2024, the Public Safety Civil Service Commission (PSCSC) received Mr. Dron's Notice of Appeal regarding dismissal from the Seattle Fire Department (SFD). This letter is to acknowledge that Mr. Dron's appeal has been received and to notify SFD of the appeal. I reviewed the materials submitted and make the following findings as to timeliness and jurisdiction.

Timeliness: To be timely, "a notice of appeal shall be filed with the Commission within ten (10) days of the action that is the subject of the appeal." PSCSC Rule 6.02. SFD notified Mr. Dron of the dismissal on August 20, 2024. Mr. Dron submitted his Notice of Appeal to the PSCSC Executive Director on September 10, 2024, which is outside the 10-day appeal window for the decision. His appeal is not timely.

Jurisdiction: At the time of his discharge, Mr. Dron was in probationary status. The PSCSC does not have jurisdiction of an appeal filed by a probationary employee, pursuant to PSCSC Rule 6.01.b.

I am dismissing Mr. Dron's appeal for lack of timeliness and lack of jurisdiction.

Sincerely,

Andrea Scheele

Andrea Scheele
Executive Director

City of Seattle Civil Service Commissions

Seattle Municipal Tower, 700 Fifth Avenue, Suite 1670 PO Box 94729 Seattle, WA 98124-4729

Tel (206) 233-7118, Fax: (206) 684-0755, <http://www.seattle.gov/CivilServiceCommissions/>

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Enclosure:

- Notice of Appeal - Filed September 10, 2024
- Separation Information email string between appellant and SFD HR staff

Copy:

- Chief Harold Scoggins
- Sarah Lee, Director, Human Resources, SFD

CERTIFICATE OF SERVICE

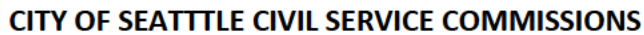
I, Sarah Butler, declare under penalty of perjury under the laws of the State of Washington, that on the date below, I caused to be served upon the below-listed parties, via the method of service listed below, a true and correct copy of the foregoing document: Appeal Acknowledgement.

Party	Method of Service
Appellant Dan Dron [REDACTED]	<input checked="" type="checkbox"/> Email
Respondent: Seattle Fire Department Chief Harold Scoggins c/o Sarah Lee, Director, Human Resources, SFD sarah.lee@seattle.gov	<input checked="" type="checkbox"/> Email

DATED: October 10, 2024, at Seattle, Washington

Sarah Butler

Sarah Butler
Operations & Policy Advisor
Public Safety Civil Service Commission



FILED: September 10, 2024

The appeal must be received by the Executive Director within 10 (ten) days, following the received date or the postmarked date of the final notice from the department to the appellant.

An original signature of the appellant or authorized representative is required for appeals.

II. ACTION BEING APPEALED: (check one)

☐ **Other Personnel Related Issue: (Please briefly state the issue):** _____

If needed, you may provide the following information on an additional sheet of paper and attach any documents or correspondence that you have received from the Department related to your appeal.

Reason for this appeal (Please include dates, location and action): _____

Remedy Sought (What do you want?): _____

III. UNION:

WHAT IS THE NAME OF YOUR UNION ASSOCIATION OR GUILD?

_____ **Local Number:** _____

☐ I HAVE / ☐ I HAVE NOT **filed a grievance on the same issues that I identified in this appeal, with my union or bargaining unit.**

- **This matter ☐ IS / ☐ IS NOT the subject of arbitration pursuant to a collective bargaining agreement.**

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

Name: _____

Firm: _____

Address: _____

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Email: _____

Signature of Attorney/Representative: (If filling out this form):

_____ Date _____

A. APPELLANT:

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

Mailing Address: _____

Personal Email: _____

Home/Cell Phone (Include Area Code): _____



APPELLANT'S NAME (PLEASE PRINT)

SIGNATURE OF APPELLANT

DATE

City of Seattle Civil Service Commissions

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