附件：



**长春光机所保密培训需求计划表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **申请部门** |  | | **计划培训时间** |  | |
| **培训主题** |  | | **培训方式** |  | |
| **培训目的** |  | | **联系人** | |  |
| **需要保密处协作事项** | |  | | | |

**本部门领导签字：**