FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APP | ROVAL | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|
| OMB Number: 3235-010 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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|--|---------|-------|---|--|--|--|------------------------------|---|--|-------------------------------|--|
| MURPHY LESLIE A Requirin (Month/ | | | 2. Date of Event Requiring Stater Month/Day/Yea 02/12/2008 | nent - | 3. Issuer Name and Ticker or Trading Symbol KELLY SERVICES INC [kelya] | | | | | | |
| (Last) (First) (Middle) 4811 S CHIPPING GLEN | | | | | | tionship of Reporting Perso all applicable) Director | rson(s) to Issuer | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | |
| (Street) BLOOMFIEL HILLS | .D MI | 48302 | | | | Officer (give title below) | Other (spe below) | ecify | | cable Line) Form filed b | /Group Filing (Check y One Reporting Person y More than One erson |
| (City) | (State) | (Zip) | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | | nt of Securities ally Owned (Instr. 4) | | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| Class A Common Stock, Par Value \$1 | | | | | | 650 | D | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year) | | | ate | d 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Or Exe | | rcise Form: | | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | | | Date | Expiration | | | Amount or Number of | Derivat Securit | tive | or Indirect (I) (Instr. 5) | |

Explanation of Responses:

<u>Leslie A. Murphy</u> <u>02/13/2008</u>

by James M. Polehna, Attorney-in-fact

02/13/2008

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

^{*} If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).