FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| - 1 |                          |     |  |  |  |  |  |  |
|-----|--------------------------|-----|--|--|--|--|--|--|
|     | OMB APPROVAL             |     |  |  |  |  |  |  |
|     | OMB Number: 3235-        |     |  |  |  |  |  |  |
|     | 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

| RAMSEY ANTONINA M  |                   |  | . Date of Event<br>Requiring Stater<br>Month/Day/Yea<br>12/11/2009 | nent   | 3. Issuer Name and Ticker or Trading Symbol KELLY SERVICES INC [ kelya ] |   |  |   |                          |  |  |
|--|-------------------|--|--|--|--|---|--|---|--------------------------|--|--|
| (Last)<br>999 W BIG I  | (First) BEAVER RD | (Middle)   | 02/11/2000   |  | Relationship of Reporting Perso<br>(Check all applicable)     Director   | son(s) to Issuer<br>10% Owner   |  | 5. If Amendment, Date of Original Filed (Month/Day/Year)    |                          |  |  |
|  |                   |  |  | X Officer (give title Other (specification below)                                |  |   | Individual or Joint/Group Filing (Check Applicable Line) |   |                          |  |  |
| (Street)   |                   |  |  | Senior Vice Pres   | esident  |   | X Form filed by One Reporting Person                     |   |                          |  |  |
| TROY   | MI                | 48084  |  |  |  |   |  | Form filed by<br>Reporting P                                | y More than One<br>erson |  |  |
| (City)   | (State)           | (Zip)  |  |  |  |   |  |   |                          |  |  |
| Table I - Non-Derivative Securities Beneficially Owned   |                   |  |  |  |  |   |  |   |                          |  |  |
| 1. Title of Security (Instr. 4)  |                   |  |  |  | 2. Amount of Securities<br>Beneficially Owned (Instr. 4)                 | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)  4. Nature of Indirect Beneficial Ownersh (Instr. 5) |  | Beneficial Ownership  |                          |  |  |
| Class A Common Stock, Par Value \$1  |                   |  |  |  | 22,644   | 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 and<br>Expiration Date<br>(Month/Day/Year) |  | d 3. Title and Amount of Securities<br>Underlying Derivative Security (Instr. 4) |  | 4.<br>Conversion  | se Form:   | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |                          |  |  |
|  |                   |  | Date<br>Exercisable  | Expiratior<br>Date   | n Title  | Amount<br>or<br>Number<br>of<br>Shares  | Price of<br>Derivative<br>Security                       | Direct (D)<br>or Indirect<br>(I) (Instr. 5)                 |                          |  |  |
| Incentive Stock Option (right to buy)  |                   | 06/01/2005   | 06/01/2014   | Class A Common Stock, Par Value \$1  | 3,000  | 28.02   | D  |   |                          |  |  |

**Explanation of Responses:** 

Antonina M Ramsey

02/17/2009

by James M Polehna, Attorney-02/17/2009

in-fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.