FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	3235-0104						
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  KORMAN BERNARD J  2. Date of Event Requiring Statement (Month/Day/Year) 01/10/2006			3. Issuer Name and Ticker or Trading Symbol TEAMSTAFF INC [ TSTF ]							
(Last) (First) (Middle) 2129 CHESTNUT STREET			Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director X 10% Owner		er (N	5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) PHILADELPHIA PA 19103 (City) (State) (Zip)			Officer (give title below)	Other (spe- below)		pplicable Line) X Form filed b	t/Group Filing (Check y One Reporting Person y More than One erson			
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)		Amount of Securities eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Common Stock		2,300,000	D							
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)  2. Date Exercis Expiration Date (Month/Day/Yea		ate	3. Title and Amount of Securi Underlying Derivative Securit	ity (Instr. 4) Conve		rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)				

Explanation of Responses:

Bernard J. Korman

01/13/2006

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).