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 Estimated average burden								
	hours per response	e: 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

1. Name and Add Aldrich Ro	2. Date of Event Requiring Stater Month/Day/Yea 05/18/2005	ment	3. Issuer Name and Ticker or Trading Symbol TEAMSTAFF INC [tstf]									
(Last)	(First)	(Middle)				4. Relationship of Reporting Person(s) to Issu (Check all applicable) X Director 10% Own			(Month/Day/Year)			
(Street)					Officer (give title below)	Other (spe below)	ecify	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
DUBOIS ————	WY	82513								Form filed by Reporting Pe	y More than One erson	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
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 Expiration Date (Month/Day/Year)		3. Title and Amount of Securiti Underlying Derivative Security			4. Conver or Exer	rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratio Date	n Title		Amount or Number of Shares	Price of Derivat Securit	tive	Direct (D) or Indirect (I) (Instr. 5)		
Common Stoc	k Options ⁽¹⁾		06/18/2006	06/18/201	0	Common Stock	5,000	1.4	4	D		

Explanation of Responses:

1. The options grant reported herein were granted pursuant to the Non-Employee Director Option Plan of TeamStaff, Inc and are intended to be an exempt grant under Section 16(b).

s/Ronald Aldrich 06/22/2005

** Signature of Reporting Person Date

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

- * 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.